

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 28,154,596 including grants of \$ 26,185,906) (Revenue \$)
See Additional Data	

4b	(Code) (Expenses \$ 876,429 including grants of \$) (Revenue \$)
See Additional Data	



















4c	(Code) (Expenses \$ 925,934 including grants of \$) (Revenue \$)
See Additional Data	

(Code) (Expenses \$ 18,801,361 including grants of \$ 18,801,361) (Revenue \$ 494,753)
DONOR DIRECTED DESIGNATIONS TO SPECIFIC MEMBER AND NON-MEMBER AGENCIES TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS

4d	Other program services (Describe in Schedule O)
(Expenses \$ 18,801,361 including grants of \$ 18,801,361) (Revenue \$ 494,753)	

4e	Total program service expenses ▶ 48,758,320
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	24	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	10	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	152
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 51		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 50		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: WI	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ► FILIPPO CARINI 225 W VINE STREET MILWAUKEE, WI 53212 (414) 263-8100	

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

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

Form **990** (2017)

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A)	(B)	(C)
Name and business address	Description of services	Compensation

Form **990** (2017)

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c	65,050		
d	Related organizations	1d			
e	Government grants (contributions)	1e	1,308,496		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	53,572,080		
g	Noncash contributions included in lines 1a-1f \$	3,453,511			
h	Total. Add lines 1a-1f	54,945,626			

Program Service Revenue

	Business Code				
2a	SERVICE FEES	900099	479,215	479,215	
b					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f	479,215			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		319,169			319,169
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real	(ii) Personal			
		148,600				
b	Less rental expenses	0				
c	Rental income or (loss)	148,600				
d	Net rental income or (loss)		148,600			148,600
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		2,418,245	257,995			
b	Less cost or other basis and sales expenses	2,161,466	109,046			
c	Gain or (loss)	256,779	148,949			
d	Net gain or (loss)		405,728			405,728
8a	Gross income from fundraising events (not including \$ 65,050 of contributions reported on line 1c) See Part IV, line 18	a	24,500			
		b	24,458			
c	Net income or (loss) from fundraising events		42			42
9a	Gross income from gaming activities See Part IV, line 19	a	6,727			
		b	0			
c	Net income or (loss) from gaming activities		6,727			6,727
10a	Gross sales of inventory, less returns and allowances	a				
		b				
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue		15,538	15,538		
e	Total. Add lines 11a-11d		15,538			
12	Total revenue. See Instructions		56,320,645	494,753	0	880,266

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	44,987,267	44,987,267		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	723,043	171,982	412,244	138,817
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	5,232,294	1,976,696	886,584	2,369,014
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	458,291	169,533	86,771	201,987
9 Other employee benefits.	799,393	303,164	160,106	336,123
10 Payroll taxes.	422,040	154,011	81,604	186,425
11 Fees for services (non-employees):				
a Management.				
b Legal.	21,737	3,209	14,648	3,880
c Accounting.	30,600	4,517	20,620	5,463
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	42,825		42,825	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	516,671	254,583	60,760	201,328
12 Advertising and promotion.	235,945	58,228	1,507	176,210
13 Office expenses.	186,851	94,299	40,700	51,852
14 Information technology.	137,497	57,250	14,863	65,384
15 Royalties.				
16 Occupancy.	177,517	57,001	35,748	84,768
17 Travel.	68,296	31,979	5,284	31,033
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	63,688	39,970	6,232	17,486
20 Interest.	464	141	102	221
21 Payments to affiliates.	574,159	174,205	126,059	273,895
22 Depreciation, depletion, and amortization.	195,056	59,181	42,826	93,049
23 Insurance.	27,987	5,469	15,408	7,110
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a CAMPAIGN & AGENCY RELAT	205,359	80,867	7,151	117,341
b PRINTING, PUBLICATIONS,	98,104	33,345	897	63,862
c MISCELLANEOUS	78,133	41,423	22,938	13,772
d UNITED EWAY EXPENSE	70,800			70,800
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	55,354,017	48,758,320	2,085,877	4,509,820
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,653,373	2	5,139,761
	3	Pledges and grants receivable, net		16,196,432	3	14,128,551
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,661	9	82,912
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	4,856,843		
	b	Less: accumulated depreciation	10b	2,927,787		
				1,061,744	10c	1,929,056
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		21,621,599	12	18,310,764
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		287,918	15	342,463	
16	Total assets. Add lines 1 through 15 (must equal line 34)		41,858,727	16	39,933,507	
Liabilities	17	Accounts payable and accrued expenses		851,307	17	1,139,670
	18	Grants payable		9,756,762	18	5,996,405
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		83,400	25	131,984
	26	Total liabilities. Add lines 17 through 25		10,691,469	26	7,268,059
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27,207,759	27	29,285,416
	28	Temporarily restricted net assets		2,739,992	28	2,156,275
	29	Permanently restricted net assets		1,219,507	29	1,223,757
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		31,167,258	33	32,665,448
34	Total liabilities and net assets/fund balances		41,858,727	34	39,933,507	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,320,645
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,354,017
3	Revenue less expenses Subtract line 2 from line 1	3	966,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,167,258
5	Net unrealized gains (losses) on investments	5	585,768
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-54,206
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,665,448

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 39-0806190
Name: UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC

Form 990 (2017)

Form 990, Part III, Line 4a:
COMMUNITY INVESTMENT STRATEGIES - SEE SCHEDULE O

Form 990, Part III, Line 4b:

VOLUNTEER ENGAGEMENT - SEE SCHEDULE O

Form 990, Part III, Line 4c:

GRANTS - SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA BENFIELD DIRECTOR	0 60	X						0	0	0
STEVEN BOOTH DIRECTOR	0 30	X						0	0	0
DANIEL BUKIEWICA DIRECTOR	0 30	X						0	0	0
THOMAS CARDELLA DIRECTOR	0 60	X						0	0	0
CHERYL CARRON DIRECTOR	0 30	X						0	0	0
STEPHANIE CHEDID DIRECTOR	0 30	X						0	0	0
SHEILA COCHRAN DIRECTOR	2 30	X						0	0	0
DARIENNE DRIVER EDD DIRECTOR	0 60	X						0	0	0
JOHN DUNN DIRECTOR	0 30	X						0	0	0
MICHAEL ERWIN DIRECTOR	0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA FENDT DIRECTOR	0 30	X						0	0	0
KEVIN FLETCHER DIRECTOR	0 30	X						0	0	0
JOHN FLORSHEIM DIRECTOR	0 30	X						0	0	0
MICHAEL FLYNN DIRECTOR	0 30	X						0	0	0
CRISTY GARCIA-THOMAS DIRECTOR	0 60	X						0	0	0
DAVID GAY DIRECTOR	0 60	X						0	0	0
KELLY GREBE DIRECTOR	0 30	X						0	0	0
DARRYL GREEN DIRECTOR	0 30	X						0	0	0
EILEEN HANKES DIRECTOR	0 30	X						0	0	0
JACQUELINE HERD-BARBER DIRECTOR	0 60	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY HERNANDEZ DIRECTOR	0 30	X						0	0	0
MARK IRGENS DIRECTOR	0 30	X						0	0	0
CATHERINE JACOBSON DIRECTOR	0 30	X						0	0	0
JASMINE JOHNSON DIRECTOR	0 30	X						0	0	0
SUZANNE KELLEY DIRECTOR	0 30	X						0	0	0
DONALD LAYDEN DIRECTOR	0 60	X						0	0	0
MATTHEW LEVATICH DIRECTOR	2 30	X						0	0	0
JAY MAGULSKI DIRECTOR	2 60	X						0	0	0
GREGORY MARCUS VICE CHAIR	0 60	X		X				0	0	0
RICHARD MEEUSEN DIRECTOR	0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MILLER DIRECTOR	0 30	X						0	0	0
BLAKE MORET DIRECTOR	0 30	X						0	0	0
CORY NETTLES CHAIR	1 60	X		X				0	0	0
GREGORY OBERLAND SECRETARY	0 60	X		X				0	0	0
GEORGE OLIVER DIRECTOR	0 30	X						0	0	0
JEFFREY PEELEN DIRECTOR	0 30	X						0	0	0
CHRISTOPHER PIOTROWSKI DIRECTOR	0 30	X						0	0	0
MICHAEL ROWE DIRECTOR	0 30	X						0	0	0
STEVE SALOUTOS DIRECTOR	0 60	X						0	0	0
PAUL SCHMITZ DIRECTOR	0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BERNIE SHERRY DIRECTOR	0 30	X						0	0	0
THELMA SIAS DIRECTOR	0 30	X						0	0	0
JUDSON SNYDER DIRECTOR	0 30	X						0	0	0
LYNN SPRANGERS DIRECTOR	0 30	X						0	0	0
MARGARET TROY DIRECTOR	0 30	X						0	0	0
ROBERT VALCQ DIRECTOR	0 30	X						0	0	0
GREGORY WESLEY DIRECTOR	0 60	X						0	0	0
THOMAS WESTRICK DIRECTOR	0 30	X						0	0	0
RAYMOUND WILSON DIRECTOR	0 60	X						0	0	0
SCOTT WROBBEL TREASURER	0 60	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY LOU YOUNG CEO	50 00	X		X				307,502	0	38,638
FILIPPO CARINI CHIEF OPERATING OFFICER	50 00			X				201,192	0	44,070
LINDA MCFERRIN VP - RESOURCE DEVELOPMENT	50 00				X			161,080	0	28,386
BRIAN MCKAIG VP - MARKETING & COMMUNICATIONS	50 00				X			155,948	0	31,883
NICOLE ANGRESANO VP - COMMUNITY IMPACT	50 00					X		146,859	0	18,751
CRAIG NUECHTERLEIN VP - IT & PLEDGE PROCESSING	50 00					X		122,797	0	21,038
JAYNE THOMAS VP - VOLUNTEER ENGAGEMENT	50 00					X		108,559	0	22,366

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
39-0806190

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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 _____
- 5

☐

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).**
- 7

☒

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)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **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 university _____
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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.**
- 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.**
- 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.**
- d

☐

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.**
- e

☐

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
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	50,812,885	53,617,309	58,015,256	60,058,019	54,945,626	277,449,095
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	50,812,885	53,617,309	58,015,256	60,058,019	54,945,626	277,449,095
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)						22,600,011
6	Public support. Subtract line 5 from line 4						254,849,084

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	50,812,885	53,617,309	58,015,256	60,058,019	54,945,626	277,449,095
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	403,255	387,415	334,091	426,574	467,769	2,019,104
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						279,468,199
12	Gross receipts from related activities, etc. (see instructions)					12	2,897,862
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 91.190 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 90.240 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 39-0806190
Name: UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318058728

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
39-0806190

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,982,410	4,296,046	4,596,724	4,610,969	4,274,671
b Contributions	1,083,533	637,251	111,239	313,385	47,979
c Net investment earnings, gains, and losses	310,004	471,135	-6,985	138,629	734,574
d Grants or scholarships	116,850	244,046	237,207	398,559	170,629
e Other expenditures for facilities and programs	1,286,160	177,976	167,726	67,700	275,626
f Administrative expenses					
g End of year balance	4,972,937	4,982,410	4,296,046	4,596,724	4,610,969

2

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

a

Board designated or quasi-endowment ▶ 58 400 %

b

Permanent endowment ▶ 24 600 %

c

Temporarily restricted endowment ▶ 17 000 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,235		100,235
b Buildings		1,511,373	1,465,568	45,805
c Leasehold improvements		2,197,035	713,465	1,483,570
d Equipment		667,288	468,004	199,284
e Other		380,912	280,750	100,162
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,929,056

Schedule D (Form 990) 2017

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ENDOWMENT-MUTUAL FUNDS	4,313,627	F
(B) GENERAL - MUTUAL FUNDS	13,273,677	F
(C) ENDOWMENT-CASH FUNDS	323,460	F
(D) OTHER INVESTMENT	400,000	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	18,310,764	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
457(B) PLAN PARTICIPANT LIABILITY	131,984	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	131,984	

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	38,191,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	585,768
b	Donated services and use of facilities	2b	183,278
c	Recoveries of prior year grants	2c	-54,206
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	714,840
3	Subtract line 2e from line 1	3	37,476,459
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,825
b	Other (Describe in Part XIII)	4b	18,801,361
c	Add lines 4a and 4b	4c	18,844,186
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	56,320,645

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

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

1	Total expenses and losses per audited financial statements	1	36,693,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	183,278
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	183,278
3	Subtract line 2e from line 1	3	36,509,831
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,825
b	Other (Describe in Part XIII)	4b	18,801,361
c	Add lines 4a and 4b	4c	18,844,186
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	55,354,017

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0806190
Name: UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UNITED WAY HAS BEEN DETERMINED TO BE A CHARITABLE ORGANIZATION AS DEFINED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, AS SUCH, IS EXEMPT FROM FEDERAL INCOME TAXES. UNITED WAY IS ALSO EXEMPT FROM STATE INCOME TAXES. MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2018 AND 2017.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED FUNDS 18,801,361

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED FUNDS 18,801,361

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
39-0806190

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		WOMEN'S LEADERSHIP LUNCHEON (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	89,550			89,550
	2 Less Contributions	65,050			65,050
	3 Gross income (line 1 minus line 2)	24,500			24,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	17,922			17,922
	8 Entertainment				
	9 Other direct expenses	6,536			6,536
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				24,458
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				42

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
39-0806190

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

635

3

Enter total number of other organizations listed in the line 1 table

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	FOR THOSE DISTRIBUTIONS LABELED "DONOR DESIGNATED PLEDGES," NO MONITORING OF THE USE OF THESE FUNDS IS PERFORMED SINCE THE DOLLARS ARE SENT TO THE AGENCIES AT THE REQUEST OF THE DONOR AND, THEREFORE, ARE NOT DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY FOR ALL THE OTHER DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY'S COMMUNITY IMPACT DIVISION THE AGENCIES COMPLY WITH OUR "AGENCY OUTCOMES POLICY," THE IMPACT OF WHICH IS TO ENABLE UWGMWC TO MEASURE, IN A STANDARD FASHION, THE RESULTS OF THE PROGRAMS THAT IT FUNDS

Additional Data

Software ID:
Software Version:
EIN: 39-0806190
Name: UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(88NINE) RADIO MILWAUKEE 220 E PITTSBURGH AVENUE MILWAUKEE, WI 53204	20-1257939	501 (C)(3)	15,425				DONOR DESIGNATION PLEDGE PAYMENTS
ABCD AFTER BREAST CANCER DIAGNOSIS 5775 NORTH GLEN PARK ROAD 201 GLENDALE, WI 53209	39-1967028	501 (C)(3)	5,700				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABCD AFTER BREAST CANCER DIAGNOSIS 5775 NORTH GLEN PARK ROAD 201 GLENDALE, WI 53209	39-1967028	501 (C)(3)	30,000				LATINA PEER SUPPORT INITIATIVE
ACADEMY FOR URBAN SCHOOL LEADERSHIP (AUSL) 3400 NORTH AUSTIN AVENUE CHICAGO, IL 60634	36-4447457	501 (C)(3)	9,250				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVING EDUCATIONAL EXCELLENCE INC 2607 SOUTH 5TH STREET MILWAUKEE, WI 53207	47-1800734	501 (C)(3)	39,529				DONOR DESIGNATION PLEDGE PAYMENTS
ACTS COMMUNITY DEVELOPMENT CORPORATION 2414 WEST VLIET STREET MILWAUKEE, WI 53205	39-1837474	501 (C)(3)	18,975				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE COMMUNITY APPROACH PROGRAM INC (ACAP) 121 WISCONSIN AVENUE WAUKESHA, WI 531864924	39-1867400	501 (C)(3)	6,998				DONOR DESIGNATION PLEDGE PAYMENTS
ADAPTIVE COMMUNITY APPROACH PROGRAM INC (ACAP) 121 WISCONSIN AVENUE WAUKESHA, WI 531864924	39-1867400	501 (C)(3)	8,993				COMMUNITY ORIENTEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES OF OZAUKEE INC PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	24,116				DONOR DESIGNATION PLEDGE PAYMENTS
ADVOCATES OF OZAUKEE INC PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	57,222				DOMESTIC VIOLENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN BREASTFEEDING NETWORK 4340 N 46TH STREET MILWAUKEE, WI 53216	46-2196318	501 (C)(3)	25,000				HEALTHY BIRTH OUTCOMES
AIDS RESOURCE CENTER OF WISCONSIN INC 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	88,164				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OF WISCONSIN INC 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	57,002				LIFEPOINT
AIDS RESOURCE CENTER OF WISCONSIN INC 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	88,097				FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OF WISCONSIN INC 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	90,411				DENTAL CLINIC
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES 648 N PLANKINTON AVE STE 425 MILWAUKEE, WI 532032926	39-1709925	501 (C)(3)	7,469				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA UNITED WAY 200 NORTH VINEYARD BOULEVARD 700 HONOLULU, HI 96817	99-0073494	501 (C)(3)	8,580				DONOR DESIGNATION PLEDGE PAYMENTS
ALVERNO COLLEGE 3401 SOUTH 39 STREET MILWAUKEE, WI 532154093	39-0806263	501 (C)(3)	47,500				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER 620 SOUTH 76 STREET 160 MILWAUKEE, WI 532141549	39-1350965	501 (C)(3)	61,069				DONOR DESIGNATION PLEDGE PAYMENTS
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER 620 SOUTH 76 STREET 160 MILWAUKEE, WI 532141549	39-1350965	501 (C)(3)	21,825				AWARENESS, EDUCATION AND SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION - NATIONAL CENTER 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501 (C)(3)	6,000				DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN LUNG ASSOCIATION OF WISCONSIN UPPER MIDWEST BROOKFIELD 13100 WEST LISBON ROAD SUITE 700 BROOKFIELD, WI 530052508	20-4392201	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	3,000				LOCAL DISASTER RESPONSE
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	117,992				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	50,500				HOME FIRE PREPAREDNESS PROGRAM
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	803,523				LOCAL DISASTER RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3067804	501 (C)(3)	9,005				DONOR DESIGNATION PLEDGE PAYMENTS
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	501 (C)(3)	9,682				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELA HOSPICE HOME CARE INC (MI) 14100 NEWBURGH RD LIVONIA, MI 481545010	38-2755767	501 (C)(3)	15,058				DONOR DESIGNATION PLEDGE PAYMENTS
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193389	501 (C)(3)	11,058				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI-DEFAMATION LEAGUE SOUTHEAST REGION ONCE SECURITIES CENTRE ATLANTA, GA 30305	13-1818723	501 (C)(3)	25,000				DONOR DESIGNATION PLEDGE PAYMENTS
ARTHRITIS FOUNDATION UPPER MIDWEST REGION WEST ALLIS 10427 WEST LINCOLN AVENUE 1400 WEST ALLIS, WI 53227	58-1341679	501 (C)(3)	5,448				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	14,237				DONOR DESIGNATION PLEDGE PAYMENTS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	55,676				AURORA VNA ZILBER FAMILY HOSPICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	507,323				AURORA AT HOME
AURORA FAMILY SERVICE INC 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	40,000				HEALTHY BIRTH OUTCOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA FAMILY SERVICE INC 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	12,612				DONOR DESIGNATION PLEDGE PAYMENTS
AURORA FAMILY SERVICE INC 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	87,835				MILWAUKEE MENTAL HEALTH CONSULTANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA FAMILY SERVICE INC 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	250,663				FAMILY ENRICHMENT
AURORA FAMILY SERVICE INC 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	296,223				ELDER SERVICE MONEY MANAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA FAMILY SERVICE INC 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	362,034				SYSTEMIC FAMILY COUNSELING
AURORA FOUNDATION 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-9044569	501 (C)(3)	25,000				HEALTHY BIRTH OUTCOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA HEALING CENTER 130 WEST BRUCE STREET SUITE 400 MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	48,228				COUNSELING PROGRAM FOR UNDERSERVED SURVIVORS
AURORA HEALING CENTER 130 WEST BRUCE STREET SUITE 400 MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	6,500				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA HEALING CENTER ON BRUCE STREET 130 WEST BRUCE STREET SUITE 400 MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	16,011				DONOR DESIGNATION PLEDGE PAYMENTS
AURORA WALKER'S POINT COMMUNITY CLINIC 130 W BRUCE STREET MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	25,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADGER ADVOCATES 10 EAST DOTY STREET 836 MADISON, WI 53703	27-5033472	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS
BADGER INSTITUTE 633 W WISCONSIN AVE 330 MILWAUKEE, WI 53203	39-1592727	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASICS IN MILWAUKEE INC 2224 WEST KILBOURN AVENUE SUITE 210 210 MILWAUKEE, WI 53233	39-1880148	501 (C)(3)	6,196				DONOR DESIGNATION PLEDGE PAYMENTS
BAY VIEW COMMUNITY CENTER INC 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	5,000				EMERGENCY FOOD PURCHASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY VIEW COMMUNITY CENTER INC 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	19,138				DONOR DESIGNATION PLEDGE PAYMENTS
BAY VIEW COMMUNITY CENTER INC 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	16,702				50 PLUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY VIEW COMMUNITY CENTER INC 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	29,987				FOOD PANTRY
BAY VIEW COMMUNITY CENTER INC 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	90,900				FAMILY AND CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEDICT CENTER THE 1849 N DR MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	7,758				DONOR DESIGNATION PLEDGE PAYMENTS
BENEDICT CENTER THE 1849 N DR MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	50,000				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEDICT CENTER THE 1849 N DR MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	2,500				WI WEATHER WELLNESS
BEST BUDDIES WISCONSIN 10425 W NORTH AVE STE 340 WAUWATOSA, WI 53226	52-1614576	501 (C)(3)	20,372				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 WEST LAKE STREET FLOOR 5 CHICAGO, IL 60661	36-2681212	501 (C)(3)	9,250				DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE INC 788 NORTH JEFFERSON STREET SUITE 600 MILWAUKEE, WI 532023739	39-1239687	501 (C)(3)	187,311				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE INC 788 NORTH JEFFERSON STREET SUITE 600 MILWAUKEE, WI 532023739	39-1239687	501 (C)(3)	196,050				ONE TO ONE MENTORING PROGRAM
BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC 885 BADGER CIRCLE GRAFTON, WI 53024	39-1229374	501 (C)(3)	19,993				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC 885 BADGER CIRCLE GRAFTON, WI 53024	39-1229374	501 (C)(3)	26,580				MATCH ME
BIZSTARTS MILWAUKEE INC 1555 NORTH RIVERCENTER DRIVE SUITE 210 MILWAUKEE, WI 53212	26-1766033	501 (C)(3)	7,223				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK ARTS MKE 929 NORTH WATER STREET MILWAUKEE, WI 53202	47-1889202	501 (C)(3)	9,000				DONOR DESIGNATION PLEDGE PAYMENTS
BLOODCENTER OF WISCONSIN INC 638 NORTH 18 STREET MILWAUKEE, WI 532332121	39-0807235	501 (C)(3)	10,855				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL 1776 W WARREN AVE DETROIT, MI 482082215	45-4003240	501 (C)(3)	5,044				DONOR DESIGNATION PLEDGE PAYMENTS
BOY SCOUTS OF AMERICA POTAWATOMI AREA COUNCIL 804 BLUEMOUND RD WAUKESHA, WI 53188	39-0806342	501 (C)(3)	41,710				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA POTAWATOMI AREA COUNCIL 804 BLUEMOUND RD WAUKESHA, WI 53188	39-0806342	501 (C)(3)	118,712				CUB SCOUTS
BOYS & GIRLS CLUBS OF AMERICA NATIONAL HEADQUARTERS ATTN PAUL SANSONE ATLANTA, GA 303093447	13-5562976	501 (C)(3)	18,509				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686	501 (C)(3)	5,794				DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	1,138,227				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	110,303				SPARK EARLY LITERACY PROGRAM
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	118,100				SPONSOR-A-SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	1,206,185				SCHOOL ACHIEVEMENT
BRADLEY IMPACT FUND 1249 NORTH FRANKLIN PLACE MILWAUKEE, WI 53202	45-4678325	501 (C)(3)	63,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	11,361				DONOR DESIGNATION PLEDGE PAYMENTS
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	47,750				COMMUNITY MED SHARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	110,000				MHCP GRANT
BREWERS COMMUNITY FOUNDATION MILLER PARK MILWAUKEE, WI 53214	39-1970152	501 (C)(3)	19,082				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN COUNTY UNITED WAY 112 NORTH ADAMS STREET GREEN BAY, WI 543015010	39-0806299	501 (C)(3)	121,024				DONOR DESIGNATION PLEDGE PAYMENTS
BRUCE GUADALUPE SCHOOL 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204	39-1146191	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILD INC 1223 NORTH MILWAUKEE AVENUE CHICAGO, IL 60622	23-7022085	501 (C)(3)	7,321				DONOR DESIGNATION PLEDGE PAYMENTS
CANCERCURE OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	81-0648432	501 (C)(3)	5,615				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL STRITCH UNIVERSITY 6801 NORTH YATES ROAD MILWAUKEE, WI 532173945	39-0806196	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS
CARE NET PREGNANCY CENTER OF MILWAUKEE 2917 NORTH OAKLAND AVENUE MILWAUKEE, WI 53211	39-1496868	501 (C)(3)	15,111				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING PLACE INC THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	7,538				DONOR DESIGNATION PLEDGE PAYMENTS
CARING PLACE INC THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	15,139				MEALS ON WHEELS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING PLACE INC THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	28,115				ADULT DAY CARE
CARMEN HIGH SCHOOL OF SCIENCE AND TECHNOLOGY 1712 SOUTH 32 STREET MILWAUKEE, WI 53215	56-2569203	501 (C)(3)	14,189				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL CENTER INC 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	34,682				DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER INC THE 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	63,899				EMERGENCY SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL CENTER INC THE 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	5,000				THERMOSTATS & SHELTER
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	237,711				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	23,881				OUTREACH & CASE MANAGEMENT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	42,630				SUPPORTED PARENTING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	50,793				OUTREACH & CASE MANAGEMENT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	54,698				PREGNANCY AND PARENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	237,353				BEHAVIORAL HEALTH SERVICES
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	147,061				IN HOME SUPPORT & HOARDING INTERVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF GREEN BAY 1825 RIVERSIDE DRIVE GREEN BAY, WI 54301	39-0808438	501 (C)(3)	5,129				DONOR DESIGNATION PLEDGE PAYMENTS
CATHOLIC MEMORIAL HIGH SCHOOL 601 EAST COLLEGE AVENUE WAUKESHA, WI 531865598	39-0964819	501 (C)(3)	41,263				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LEGAL POR DERECHOS HUMANOS INC 611 WEST NATIONAL AVENUE 103 MILWAUKEE, WI 532041768	39-1710549	501 (C)(3)	77,783				DONOR DESIGNATION PLEDGE PAYMENTS
CENTRO LEGAL POR DERECHOS HUMANOS INC 611 WEST NATIONAL AVENUE 103 MILWAUKEE, WI 532041768	39-1710549	501 (C)(3)	73,271				DOMESTIC ABUSE AND FAMILY LAW PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF DOWNTOWN 1301 N ASTOR ST MILWAUKEE, WI 53202	39-1672482	501 (C)(3)	43,000				DONOR DESIGNATION PLEDGE PAYMENTS
CHARLES E KUBLY FOUNDATION 1341 W MEQUON RD 220 MEQUON, WI 530923241	20-0375310	501 (C)(3)	7,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3148588	501 (C)(3)	5,275				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S COMMUNITY HEALTH PLAN 9000 W WISCONSIN AVE MILWAUKEE, WI 53226	27-1494977	501 (C)(3)	25,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTH ALLIANCE OF WISCONSIN 6737 W WASHINGTON STREET SUITE 1111 WEST ALLIS, WI 53214	39-0812532	501 (C)(3)	18,000				MHCP GRANT
CHILDREN'S HOSPITAL & HEALTH SYSTEM FDN MS 3050 MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	378,514				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF WISCONSIN 9000 W WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	431,997				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HOSPITAL OF WISCONSIN 9000 W WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	125,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES 9000 W WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	59,814				VOLUNTEER RESPITE CARE
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES 9000 W WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	93,877				MILWAUKEE START RIGHT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES 9000 W WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	133,743				COUNSELING FOR CHILDREN AND FAMILIES
CHILDREN'S HOSPITAL OF WISCONSIN-CS COMMUNITY SERVICES 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 532141549	39-0806380	501 (C)(3)	60,890				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MERCY HOSPITALS & CLINICS (MO) 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501 (C)(3)	7,054				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S ONCOLOGY SERVICES OF ILLINOIS INC 213 WEST INSTITUTE PLACE SUITE 306 CHICAGO, IL 60610	36-4263831	501 (C)(3)	7,314				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST THE KING BAPTIST CHURCH 7750 NORTH 60 STREET MILWAUKEE, WI 53223	39-1528628	501 (C)(3)	10,143				DONOR DESIGNATION PLEDGE PAYMENTS
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147	94-3193374	501 (C)(3)	7,297				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MILWAUKEE HEALTH DEPT 841 BROADWAY MILWAUKEE, WI 53202	39-6005532	501 (C)(3)	40,000				HEALTHY BIRTH OUTCOMES
CITY YEAR MILWAUKEE INC 648 NORTH PLANKINTON AVENUE SUITE 190 MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	78,067				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY YEAR MILWAUKEE INC 648 NORTH PLANKINTON AVENUE SUITE 190 MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	94,500				WHOLE SCHOOL WHOLE CHILD
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE SUITE 400 ALEXANDRIA, VA 22314	23-7122882	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	210,128				DONOR DESIGNATION PLEDGE PAYMENTS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	86,084				EARLY CHILDHOOD EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	202,125				HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPIY)
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	340,945				YOUTH & FAMILY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	5,000				FOOD PANTRY
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	75,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	6,297				PROGRAM INVESTMENT
COALITION FOR CHILDREN YOUTH AND FAMILIES 6682 WEST GREENFIELD SUITE 310 MILWAUKEE, WI 53214	39-1496074	501 (C)(3)	11,529				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE POSSIBLE (WI) 1515 N RIVERCENTER DRIVE SUITE 105 MILWAUKEE, WI 53212	41-1968798	501 (C)(3)	22,819				DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA COLLEGE OF NURSING 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212	39-1596986	501 (C)(3)	27,500				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA ST MARY'S - OZAUKEE 13111 NORTH PORT WASHINGTON ROAD MEQUON, WI 53097	39-0806315	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST MARY'S FOUNDATION INC 2320 NORTH LAKE DRIVE MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	16,350				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA ST MARY'S FOUNDATION INC 2320 NORTH LAKE DRIVE MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	25,000				HEALTHY BIRTH OUTCOMES
COLUMBIA ST MARY'S FOUNDATION INC 2320 NORTH LAKE DRIVE MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	50,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ADVOCATES 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	200,000				SIEMER INSTITUTE GRANT
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	23,433				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	69,274				EMERGENCY SUPPORT/ADVOCACY CONTINUUM
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	73,849				HOMELESS OUTREACH NURSING CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	162,020				FAMILY SUPPORT CENTER EMERGENCY SHELTER
COMMUNITY HEALTH CHARITIES FEDERATION 1199 N FAIRFAX ST SUITE 600 ALEXANDRIA, VA 22314	13-6167225	501 (C)(3)	20,816				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES LOCAL 1199 N FAIRFAX ST STE 600 ALEXANDRIA, VA 22314	85-0258784	501 (C)(3)	690,275				DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY OUTPATIENT HEALTH SERVICE W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	47,509				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTPATIENT HEALTH SERVICE W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	31,587				COMMUNITY OUTREACH HEALTH CLINIC
COMMUNITY SHARES OF GREATER MILWAUKEE 5027 W NORTH AVENUE MILWAUKEE, WI 53208	39-1362120	501 (C)(3)	153,927				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPE SERVICES INC 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1335672	501 (C)(3)	14,361				DONOR DESIGNATION PLEDGE PAYMENTS
COPE SERVICES INC 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1335672	501 (C)(3)	18,400				COPE HOTLINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR THE SPANISH SPEAKING INC 614 WEST NATIONAL AVENUE MILWAUKEE, WI 532041713	39-1048542	501 (C)(3)	2,912				DONOR DESIGNATION PLEDGE PAYMENTS
COUNCIL FOR THE SPANISH SPEAKING INC 614 WEST NATIONAL AVENUE MILWAUKEE, WI 532041713	39-1048542	501 (C)(3)	26,012				BILINGUAL IMMIGRATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT MILWAUKEE HIGH SCHOOL 1215 SOUTH 45 STREET WEST MILWAUKEE, WI 53214	53-0196617	501 (C)(3)	5,020				DONOR DESIGNATION PLEDGE PAYMENTS
CROHN'S & COLITIS FOUNDATION WISCONSIN CHAPTER 17100 W BLUEMOUND RD STE 101 BROOKFIELD, WI 530055950	13-6193105	501 (C)(3)	10,500				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	33,625				DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	21,706				SENIOR SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	374,799				CHILDREN'S SERVICES
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	558,670				ADULT DAY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION WISCONSIN WAUKESHA 400 S EXECUTIVE DR STE 109 BROOKFIELD, WI 53005	39-0987132	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
DETROIT RESCUE MISSION MINISTRIES GENESIS HOUSE (MI) 150 STIMSON ST DETROIT, MI 482012410	38-1459371	501 (C)(3)	25,027				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISCOVERY WORLD 500 HARBOR DRIVE MILWAUKEE, WI 532025601	39-1691578	501 (C)(3)	32,543				DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	10,717				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	48,000				HEALTHY GIRLS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	265,000				TEEN PREGNANCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	75,000				END HIV
DIVINE SAVIOR HOLY ANGELS HIGH SCHOOL 4257 NORTH 100 STREET MILWAUKEE, WI 532221391	39-6054869	501 (C)(3)	81,671				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOGTAG BAKERY 3206 GRACE STREET NW WASHINGTON, DC 20007	45-2130904	501 (C)(3)	20,000				DONOR DESIGNATION PLEDGE PAYMENTS
DOMINICAN CENTER FOR WOMEN INC 2470 WEST LOCUST STREET MILWAUKEE, WI 53206	41-1685734	501 (C)(3)	5,416				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRAKE UNIVERSITY 2621 CARPENTER AVENUE DES MOINES, IA 503113018	42-0680460	501 (C)(3)	25,000				DONOR DESIGNATION PLEDGE PAYMENTS
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BOULEVARD ERLANGER, KY 41018	26-4549213	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE WISCONSIN 7735 OLD GEORGETOWN RD STE 510 BETHESDA, MD 20814	52-1601960	501 (C)(3)	26,565				DONOR DESIGNATION PLEDGE PAYMENTS
EASTERSEALS SOUTHEAST WISCONSIN 2222 S 114 STREET MILWAUKEE, WI 532271031	39-0816849	501 (C)(3)	29,907				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS SOUTHEAST WISCONSIN 2222 S 114 STREET MILWAUKEE, WI 532271031	39-0816849	501 (C)(3)	26,206				CHILDBIRTH & INFANT PREPARATION SERVICES (SBHF)
EASTERSEALS SOUTHEAST WISCONSIN 2222 S 114 STREET MILWAUKEE, WI 532271031	39-0816849	501 (C)(3)	105,814				CASE MANAGEMENT (SBHF)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS SOUTHEAST WISCONSIN 2222 S 114 STREET MILWAUKEE, WI 532271031	39-0816849	501 (C)(3)	114,235				SUPPORTED EMPLOYMENT
ELEVATE INC N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	3,288				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATE INC N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	39,554				GERMANTOWN PREVENTION
ERAS SENIOR NETWORK INC 210 NORTHWEST BARSTOW STREET SUITE 101 WAUKESHA, WI 531883771	39-1393171	501 (C)(3)	6,009				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERAS SENIOR NETWORK INC 210 NORTHWEST BARSTOW STREET SUITE 101 WAUKESHA, WI 531883771	39-1393171	501 (C)(3)	27,467				RETIRED AND SENIOR VOLUNTEER (RSVP)
ERAS SENIOR NETWORK INC 210 NORTHWEST BARSTOW STREET SUITE 101 WAUKESHA, WI 531883771	39-1393171	501 (C)(3)	27,721				FIND A RIDE WAUKESHA COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERAS SENIOR NETWORK INC 210 NORTHWEST BARSTOW STREET SUITE 101 WAUKESHA, WI 531883771	39-1393171	501 (C)(3)	57,741				FAITH IN ACTION
EVANGELICAL CHILD & FAMILY AGENCY 1617 SOUTH 124 STREET NEW BERLIN, WI 53151	36-2229573	501 (C)(3)	14,212				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGELICAL COVENANT CHURCH HINDSDALE IL 412 SOUTH GARFIELD STREET HINDSDALE, IL 60521	36-2480776	501 (C)(3)	13,697				DONOR DESIGNATION PLEDGE PAYMENTS
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2518129	501 (C)(3)	13,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	7,589				DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	13,605				COOPERATIVE PARENTING CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	26,724				CENTER FOR THE PREVENTION OF FAMILY VIOLENCE
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	42,743				C A R E CENTER, THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	250,463				MENTAL HEALTH COUNSELING
FEEDING AMERICA EASTERN WISCONSIN 1700 WEST FOND DU LAC AVENUE MILWAUKEE, WI 532051299	39-1384593	501 (C)(3)	27,362				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINANCIAL STABILITY-IDA BOYS GIRLS CLUBS OF GREATER MILWAUKEE MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	51,206				DONOR DESIGNATION PLEDGE PAYMENTS
FIRST CHRISTIAN AND MISSIONARY ALLIANCE CHURCH W156 N10041 PILGRIM ROAD GERMANTOWN, WI 53022	39-1430204	501 (C)(3)	17,364				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST STEP-WESTERN WAYNE COUNTY PROJECT ON DOMESTIC ASSAULT 44567 PINETREE DRIVE PLYMOUTH, MI 48170	38-2208980	501 (C)(3)	13,892				DONOR DESIGNATION PLEDGE PAYMENTS
FISHER HOUSE WISCONSIN 5000 WEST NATIONAL AVENUE MILWAUKEE, WI 53295	27-5461119	501 (C)(3)	12,225				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY FOUNDATION 625 EAST TENNESSEE STREET SUITE 100 100 TALLAHASSEE, FL 32308	59-6175096	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
FONDY FOOD CENTER INC 1617 WEST NORTH AVENUE SUITE 4 MILWAUKEE, WI 532051253	31-1751969	501 (C)(3)	6,413				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FONDY FOOD CENTER INC 1617 WEST NORTH AVENUE SUITE 4 MILWAUKEE, WI 532051253	31-1751969	501 (C)(3)	35,555				FONDY FARMER'S MARKET
FRESH COAST BASKETBALL CLASSIC 1300 A WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205	26-3023610	501 (C)(3)	20,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIEDENS COMMUNITY MINISTRIES INC 1220 WEST VLIET STREET MILWAUKEE, WI 532050411	39-1587037	501 (C)(3)	9,379				DONOR DESIGNATION PLEDGE PAYMENTS
FRIEDENS COMMUNITY MINISTRIES INC 1220 WEST VLIET STREET MILWAUKEE, WI 532050411	39-1587037	501 (C)(3)	57,891				EMERGENCY FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS INC POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	11,802				DONOR DESIGNATION PLEDGE PAYMENTS
FRIENDS INC POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	19,665				DOMESTIC VIOLENCE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATHERING OF SOUTHEAST WI INC THE 804 EAST JUNEAU AVENUE MILWAUKEE, WI 53202	39-1891030	501 (C)(3)	23,144				DONOR DESIGNATION PLEDGE PAYMENTS
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	54-1603842	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIGIS PLAYHOUSE (MILW) 8685 N PORT WASHINGTON RD FOX POINT, WI 53217	20-0058563	501 (C)(3)	9,526				DONOR DESIGNATION PLEDGE PAYMENTS
GIRL SCOUTS OF WISCONSIN SOUTHEAST INC 131 SOUTH 69TH STREET MILWAUKEE, WI 532141663	39-0892833	501 (C)(3)	64,086				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WISCONSIN SOUTHEAST INC 131 SOUTH 69TH STREET MILWAUKEE, WI 532141663	39-0892833	501 (C)(3)	98,236				LEADERSHIP & CRITICAL LIFE SKILLS DEVELOPMENT FOR GIRLS (UWWC) -COMBINE
GIRL SCOUTS OF WISCONSIN SOUTHEAST INC 131 SOUTH 69TH STREET MILWAUKEE, WI 532141663	39-0892833	501 (C)(3)	548,720				LEADERSHIP & CRITICAL LIFE SKILLS DEVELOPMENT FOR GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN 2131 BEAUFIT DETROIT, MI 482073410	38-2156255	501 (C)(3)	14,716				DONOR DESIGNATION PLEDGE PAYMENTS
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET SUITE 300 300 ALEXANDRIA, VA 22314	52-1273585	501 (C)(3)	18,756				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF SE WI 5400 S 60TH STREET GREENDALE, WI 531290509	39-0808491	501 (C)(3)	35,377				DONOR DESIGNATION PLEDGE PAYMENTS
GPS EDUCATION PARTNERS 20633 WATERTOWN CT WAUKESHA, WI 53186	39-1667442	501 (C)(3)	6,296				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GPS EDUCATION PARTNERS INC 20633 WATERTOWN CT WAUKESHA, WI 53186	39-1667442	501 (C)(3)	84,792				PATHWAYS TO EMPLOYABILITY
GRAND AVENUE CLUB INC 210 EAST MICHIGAN STREET MILWAUKEE, WI 532024901	39-1708177	501 (C)(3)	44,705				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND AVENUE CLUB INC 210 EAST MICHIGAN STREET MILWAUKEE, WI 532024901	39-1708177	501 (C)(3)	45,686				GRAND AVENUE CLUB
GREAT RIVERS UNITED WAY INC 1855 EAST MAIN STREET ONALASKA, WI 546506727	39-0848188	501 (C)(3)	10,646				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	24,077				DONOR DESIGNATION PLEDGE PAYMENTS
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	250,000				MILWAUKEE SUCCEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER OTTAWA COUNTY UNITED WAY POST OFFICE BOX 1349 HOLLAND, MI 49422	38-3522782	501 (C)(3)	10,153				DONOR DESIGNATION PLEDGE PAYMENTS
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501 (C)(3)	48,250				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWTH WORKS INC (MI) 271 S MAIN ST PLYMOUTH, MI 481701637	38-2036653	501 (C)(3)	6,247				DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	50,122				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	63,306				EMERGENCY SHELTER
HABITAT FOR HUMANITY HURON VALLEY (MI) 170 APRILL DR STE A ANN ARBOR, MI 481031989	38-2874694	501 (C)(3)	6,274				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF WISCONSIN 420 S 1ST ST 6 MILWAUKEE, WI 53204	27-0819276	501 (C)(3)	20,356				DONOR DESIGNATION PLEDGE PAYMENTS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	38,720				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	28,190				SCHOOL AGED SPECIAL NEEDS-SHILUV
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	45,847				SPECIAL NEEDS- CHAVERIM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	184,320				OLDER ADULT SENIORS
HEALTH AND MEDICAL RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217739	501 (C)(3)	6,802				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAR WISCONSIN INC 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028	39-0826101	501 (C)(3)	28,904				DONOR DESIGNATION PLEDGE PAYMENTS
HEAR WISCONSIN INC 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028	39-0826101	501 (C)(3)	199,510				LANGUAGE ACCESS SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 328044714	59-0808854	501 (C)(3)	25,613				DONOR DESIGNATION PLEDGE PAYMENTS
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SUITE 100 GRAND RAPIDS, MI 495034106	38-1360923	501 (C)(3)	6,847				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	24,435				DONOR DESIGNATION PLEDGE PAYMENTS
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	47,111				JEREMY HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	61,483				HOUSING ASSISTANCE
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	145,404				EMERGENCY SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC ASSOCIATION ON CORPORATE RESPONSIBILITY 1220 L STREET NW SUITE 701 WASHINGTON, DC 20005	85-0356947	501 (C)(3)	25,000				DONOR DESIGNATION PLEDGE PAYMENTS
HOLY APOSTLES 16000 WEST NATIONAL AVENUE NEW BERLIN, WI 53151	39-0806818	501 (C)(3)	8,697				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING ACTION COALITION OF WAUKESHA CTY POST OFFICE BOX 605 WAUKESHA, WI 53187	26-4291024	501 (C)(3)	10,000				PROGRAM COORD POSITION
HOUSING ACTION COALITION OF WAUKESHA CTY POST OFFICE BOX 605 WAUKESHA, WI 53187	26-4291024	501 (C)(3)	638				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	11,724				DONOR DESIGNATION PLEDGE PAYMENTS
HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	31,673				POST PURCHASE COUNSELING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF HURON VALLEY (MI) 3100 CHERRY HILL RD ANN ARBOR, MI 48105	38-1474931	501 (C)(3)	5,159				DONOR DESIGNATION PLEDGE PAYMENTS
HUNGER RELIEF FUND OF WISCONSIN HUNGER TASK FORCE INC MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	121,419				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER TASK FORCE INC 201 SOUTH HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	161,786				DONOR DESIGNATION PLEDGE PAYMENTS
IGNACE INDIAN HEALTH CENTER 930 HISTORIC MITCHELL STREET MILWAUKEE, WI 53204	39-1958089	501 (C)(3)	20,126				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT INC 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE, WI 532142619	39-0988784	501 (C)(3)	18,661				DONOR DESIGNATION PLEDGE PAYMENTS
IMPACT INC 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE, WI 532142619	39-0988784	501 (C)(3)	99,840				ASSESSMENT AND REFERRAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT INC 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE, WI 532142619	39-0988784	501 (C)(3)	818,526				IMPACT 2-1-1
INDEPENDENCEFIRST INC 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	20,311				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENCEFIRST INC 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	18,474				ATTENDANT REFERRAL PROGRAM
INDEPENDENCEFIRST INC 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	48,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INITIATIVE FOR A COMPETITIVE INNER CITY 56 WARREN STREET 300 ROXBURY, MA 02119	13-3772904	501 (C)(3)	12,500				DONOR DESIGNATION PLEDGE PAYMENTS
INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE, WI 532041551	39-1217963	501 (C)(3)	13,633				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE, WI 532041551	39-1217963	501 (C)(3)	39,690				FAMILY CAREGIVER SUPPORT NETWORK
INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE, WI 532041551	39-1217963	501 (C)(3)	76,710				EMPLOYMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE, WI 532041551	39-1217963	501 (C)(3)	187,109				NEIGHBORHOOD OUTREACH
INTERNATIONAL INSTITUTE OF WISCONSIN 1110 NORTH OLD WORLD THIRD ST SUITE 420 MILWAUKEE, WI 532031102	39-0806350	501 (C)(3)	4,056				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL INSTITUTE OF WISCONSIN 1110 NORTH OLD WORLD THIRD ST SUITE 420 MILWAUKEE, WI 532031102	39-0806350	501 (C)(3)	200,735				IMMIGRATION AND CITIZENSHIP SERVICES
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	42-1143702	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JA WORLDWIDE INC 745 ATLANTIC AVENUE 723 BOSTON, MA 02111	27-3666259	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS
JDRF INTERNATIONAL SOUTHEASTERN WISCONSIN CHAPTER 3333 NORTH MAYFAIR ROAD SUITE 107 WAUWATOSA, WI 53222	13-3272289	501 (C)(3)	5,600				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES INC 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	152,744				DONOR DESIGNATION PLEDGE PAYMENTS
JEWISH FAMILY SERVICES INC 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	91,528				CASE MANAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES INC 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	215,708				INDIVIDUAL & FAMILY COUNSELING
JEWISH FEDERATION OF METRO CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606	36-2167761	501 (C)(3)	10,470				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN XXIII EDUCATIONAL CENTER 1101 DOUGLAS AVE RACINE, WI 53402	53-0196617	501 (C)(3)	7,149				DONOR DESIGNATION PLEDGE PAYMENTS
JOURNEY HOUSE INC 2110 W SCOTT ST MILWAUKEE, WI 532042077	39-1203539	501 (C)(3)	20,878				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF WISCONSIN INC 11111 WEST LIBERTY DRIVE MILWAUKEE, WI 53224	39-0826295	501 (C)(3)	190,799				DONOR DESIGNATION PLEDGE PAYMENTS
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 809064477	84-1267604	501 (C)(3)	12,500				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA, WI 531865086	39-2030167	501 (C)(3)	25,807				WORKFORCE DEVELOPMENT
LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA, WI 531865086	39-2030167	501 (C)(3)	53,014				EARLY CHILDHOOD EDUCATION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA, WI 531865086	39-2030167	501 (C)(3)	79,520				SCHOOL AGE EDUCATION PROGRAM
LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA, WI 531865086	39-2030167	501 (C)(3)	211,222				FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA, WI 531865086	39-1144446	501 (C)(3)	14,624				DONOR DESIGNATION PLEDGE PAYMENTS
LA CAUSA INC 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	18,653				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CAUSA INC 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	37,149				CRISIS NURSERY AND RESPITE CENTER
LA CAUSA INC 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	50,805				EARLY EDUCATION AND CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CAUSA INC 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	25,000				HEALTHY GIRLS
LABOR COUNCIL 633 S HAWLEY RD MILWAUKEE, WI 53214	39-0965630	501 (C)(3)	300,000				UNITED WAY PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE UNIVERSITY OF WISCONSIN 711 EAST BOLDT WAY APPLETON, WI 54915	39-0806297	501 (C)(3)	30,000				DONOR DESIGNATION PLEDGE PAYMENTS
LAYTON BOULEVARD WEST NEIGHBORS 1545 SOUTH LAYTON BOULEVARD MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	7,100				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEG UP FARM 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501 (C)(3)	8,578				DONOR DESIGNATION PLEDGE PAYMENTS
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST 3RD FL NO SUITE MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	39,336				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST 3RD FL NO SUITE MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	151,227				CIVIL DIVISION
LEUKEMIA & LYMPHOMA SOCIETY WISCONSIN CHAPTER BROOKFIELD 6737 W WASHINGTON STREET SUITE 2100 2100 MILWAUKEE, WI 53214	13-5644916	501 (C)(3)	21,920				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE NAVIGATORS 7203 WEST CENTER STREET WAUWATOSA, WI 532101126	39-0978146	501 (C)(3)	24,651				DONOR DESIGNATION PLEDGE PAYMENTS
LITERACY SERVICES OF WISCONSIN INC 555 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532032910	39-1091203	501 (C)(3)	54,092				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY SERVICES OF WISCONSIN INC 555 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532032910	39-1091203	501 (C)(3)	47,250				ADULT EDUCATION PROGRAM
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 481169436	38-2174453	501 (C)(3)	11,657				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORPORATION 234 WEST FLORIDA ST STE 204 MILWAUKEE, WI 53204	13-3030229	501 (C)(3)	38,500				DONOR DESIGNATION PLEDGE PAYMENTS
LOTUS LEGAL CLINIC POST OFFICE BOX 13491 MILWAUKEE, WI 53213	47-5156371	501 (C)(3)	206				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOTUS LEGAL CLINIC POST OFFICE BOX 13491 MILWAUKEE, WI 53213	47-5156371	501 (C)(3)	50,000				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE
LUMEN CHRISTI PARISH 11300 ST JAMES LANE MEQUON, WI 53092	30-0664758	501 (C)(3)	18,597				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN 6737 W WASHINGTON ST STE 2275 WEST ALLIS, WI 532145666	39-0816846	501 (C)(3)	34,227				DONOR DESIGNATION PLEDGE PAYMENTS
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN 6737 W WASHINGTON ST STE 2275 WEST ALLIS, WI 532145666	39-0816846	501 (C)(3)	8,871				COUNSELING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN 6737 W WASHINGTON ST STE 2275 WEST ALLIS, WI 532145666	39-0816846	501 (C)(3)	14,328				SPRING CITY CORNER CLUBHOUSE
MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER) 10000 WEST INNOVATION DRIVE 135 MILWAUKEE, WI 53226	39-1270290	501 (C)(3)	18,500				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADINA ACADEMY INC 519 PALISADO AVENUE WINDSOR, CT 06095	06-1589428	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE STE 175 BRIGHTON, MI 48114	38-2505812	501 (C)(3)	5,379				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK COURT SUITE 200 WAUWATOSA, WI 53226	39-1543541	501 (C)(3)	19,350				DONOR DESIGNATION PLEDGE PAYMENTS
MALAIKA EARLY LEARNING CENTER 125 WEST AUER MILWAUKEE, WI 53212	39-2021628	501 (C)(3)	11,090				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE, WI 53233	39-0806251	501 (C)(3)	27,929				DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0806826	501 (C)(3)	25,598				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHFIELD AREA UNITED WAY 156 SOUTH CENTRAL AVE MARSHFIELD, WI 54449	39-1035073	501 (C)(3)	5,753				DONOR DESIGNATION PLEDGE PAYMENTS
MATC FOUNDATION 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	20,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATC FOUNDATION 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	5,000				EMERGENCY FUND
MEDICAL COLLEGE OF WI - CANCER CENTER 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501 (C)(3)	11,500				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD WAUWATOSA, WI 53226	39-0806261	501 (C)(3)	330,543				DONOR DESIGNATION PLEDGE PAYMENTS
MENOMONEE VALLEY PARTNERS INC 231 W MICHIGAN ST P421 MILWAUKEE, WI 53203	31-1683712	501 (C)(3)	5,336				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	15,827				DONOR DESIGNATION PLEDGE PAYMENTS
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	68,130				MENTAL HEALTH ADVANCEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	71,395				MENTAL HEALTH ACCESS
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	35,000				HEALTHY BIRTH OUTCOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEQUON-THIENSVILLE EDUCATION FOUNDATION 5000 WEST MEQUON ROAD MEQUON, WI 53092	31-1625167	501 (C)(3)	8,831				DONOR DESIGNATION PLEDGE PAYMENTS
META HOUSE INC 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	109,492				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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META HOUSE INC 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	194,418				TRANSITIONAL LIVING
META HOUSE INC 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	40,000				HEALTHY BIRTH OUTCOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO UNITED WAY INC DEPT 52860 LOUISVILLE, KY 402950148	61-0444680	501 (C)(3)	11,170				DONOR DESIGNATION PLEDGE PAYMENTS
METROGO INC PO BOX 1184 MILWAUKEE, WI 532011184	39-1717955	501 (C)(3)	20,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILE HIGH UNITED WAY INC 711 PARK AVE W DENVER, CO 802052891	84-0404235	501 (C)(3)	19,568				DONOR DESIGNATION PLEDGE PAYMENTS
MILESTONES PROGRAMS FOR CHILDREN 2214 EAST CAPITOL DRIVE SHOREWOOD, WI 532112105	39-1326721	501 (C)(3)	5,785				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA FEDERATION ME 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193418	501 (C)(3)	12,169				DONOR DESIGNATION PLEDGE PAYMENTS
MILW AREA TECH COLL FOUNDATION AREA OF GREATEST NEED 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	50,130				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE ART MUSEUM 700 NORTH ART MUSEUM DRIVE MILWAUKEE, WI 53202	39-0806316	501 (C)(3)	22,590				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BALLET COMPANY LTD 504 WEST NATIONAL AVENUE MILWAUKEE, WI 532041792	39-1134735	501 (C)(3)	21,400				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE BAR ASSOCIATION FOUNDATION 424 EAST WELLS STREET MILWAUKEE, WI 53202	39-6040219	501 (C)(3)	20,000				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BUCKS FOUNDATION 1001 NORTH 4 STREET MILWAUKEE, WI 53203	47-3620094	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE CENTER FOR CHILDREN AND YOUTH 2004 N DR MLK JR DRIVE MILWAUKEE, WI 53212	45-3068553	501 (C)(3)	25,000				HEALTHY GIRLS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 532332720	39-0806257	501 (C)(3)	75,562				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	10,331				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	64,932				EMERGENCY FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	72,919				ELDERLY ADULT SUPPORT SERVICES
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	86,024				YOUTH DEVELOPMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE COLLEGE PREPARATORY - 36TH ST OF WI 2449 NORTH 36TH STREET MILWAUKEE, WI 53210	39-1881295	501 (C)(3)	127,564				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COLLEGIATE ACADEMY 4030 NORTH 29TH ST MILWAUKEE, WI 53216	30-0322248	501 (C)(3)	22,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE POST OFFICE BOX 12360 MILWAUKEE, WI 53213	46-3689224	501 (C)(3)	8,751				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE DOWNTOWN 600 EAST WELLS STREET MILWAUKEE, WI 53202	39-1988035	501 (C)(3)	50,100				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE EXCELLENCE CHARTER SCHOOL 4950 NORTH 24 STREET MILWAUKEE, WI 53209	47-4978181	501 (C)(3)	6,444				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE FILM INC 1037 W MCKINLEY AVE 700 MILWAUKEE, WI 532052530	26-3049630	501 (C)(3)	11,879				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE FIRE BELL FUND 300 S 84TH ST MILWAUKEE, WI 532141468	39-0289860	501 (C)(3)	8,246				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	21,174				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	80,000				HIGH RISK WOMEN CARE
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	6,979				CW NAVIGATOR SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	286,300				MHCP GRANT
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	50,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	15,021				CW NAVIGATOR SUPPORT
MILWAUKEE HEALTH SERVICES 2555 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	35,384				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HEALTH SERVICES 2555 NORTH MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	48				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE INSTITUTE OF ART & DESIGN 273 EAST ERIE STREET MILWAUKEE, WI 532026003	39-1201561	501 (C)(3)	23,590				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE STE 1 MILWAUKEE, WI 532023094	39-0806312	501 (C)(3)	363,698				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET 2 MILWAUKEE, WI 532023139	39-1893808	501 (C)(3)	22,608				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET 2 MILWAUKEE, WI 532023139	39-1893808	501 (C)(3)	40,513				PROJECT Q HEALTH & WELLNESS
MILWAUKEE PUBLIC LIBRARY FOUNDATION 814 WEST WISCONSIN AVENUE MILWAUKEE, WI 53233	39-1610233	501 (C)(3)	27,250				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE PUBLIC MUSEUM 800 WEST WELLS MILWAUKEE, WI 53233	39-1723105	501 (C)(3)	54,297				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE PUBLIC SCHOOLS POST OFFICE BOX 2181 MILWAUKEE, WI 53201	39-1929112	501 (C)(3)	14,000				MY VERY OWN LIBRARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE PUBLIC SCHOOLS FOUNDATION POST OFFICE BOX 2181 MILWAUKEE, WI 53201	39-1929112	501 (C)(3)	38,101				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE PUBLIC TELEVISION FRIENDS 700 WEST STATE STREET MILWAUKEE, WI 532331419	39-6081120	501 (C)(3)	14,476				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE RESCUE MISSION 830 NORTH 19 STREET MILWAUKEE, WI 53233	39-0816851	501 (C)(3)	141,012				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE RIVERWALK DISTRICT 101 WEST PLEASANT STREET MILWAUKEE, WI 53212	39-1749659	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE SYMPHONY ORCHESTRA 1101 NO MARKET ST SUITE 100 MILWAUKEE, WI 532023148	39-6023436	501 (C)(3)	6,497				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 532123146	39-0826861	501 (C)(3)	20,037				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 532123146	39-0826861	501 (C)(3)	132,866				MUL EMPLOYMENT ASSISTANCE
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 532123146	39-0826861	501 (C)(3)	139,123				CAMPAIGN FOR ACADEMIC ACHIEVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE WOMEN'S CENTER INC THE 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	7,918				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE WOMEN'S CENTER INC THE 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	44,311				EMERGENCY SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE WOMEN'S CENTER INC THE 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	61,627				NEVERMORE BATTERERS TREATMENT
MUSEUM OF WISCONSIN ART 205 VETERANS AVENUE WEST BEND, WI 53095	39-1017647	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM COMMUNITY AND HEALTH CENTER 803 WEST LAYTON AVENUE MILWAUKEE, WI 53221	45-2385629	501 (C)(3)	5,540				DONOR DESIGNATION PLEDGE PAYMENTS
MUSLIM COMMUNITY AND HEALTH CENTER 804 WEST LAYTON AVENUE MILWAUKEE, WI 53222	45-2385629	501 (C)(3)	100,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI WAUKESHA INC (NATIONAL ALLIANCE FOR MENTAL ILLNESS) 219 2ND AVENUE SUITE B EDWARDSVILLE, IL 62025	37-1322048	501 (C)(3)	13,044				COURT SUPPORT & ADVOCACY
NAMI WAUKESHA INC (NATIONAL ALLIANCE ON MENTAL ILLNESS) 217 WISCONSIN AVENUE SUITE 300 WAUKESHA, WI 531864946	39-1485627	501 (C)(3)	14,251				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACTION COUNCIL FOR MINORITIES IN ENGINEERING INC 1 NORTH BROADWAY STE 601 WHITE PLAINS, NY 10601	52-1190664	501 (C)(3)	9,255				DONOR DESIGNATION PLEDGE PAYMENTS
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FFA FOUNDATION POST OFFICE BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501 (C)(3)	15,000				DONOR DESIGNATION PLEDGE PAYMENTS
NATIVITY JESUIT ACADEMY 1515 SOUTH 29 STREET MILWAUKEE, WI 53215	39-1741141	501 (C)(3)	25,470				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEHEMIAH PROJECT INC 2506 WEST VLIET STREET MILWAUKEE, WI 53205	39-1841047	501 (C)(3)	17,365				DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 W RICHARDSON PLACE MILWAUKEE, WI 532083546	39-0806269	501 (C)(3)	56,376				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 W RICHARDSON PLACE MILWAUKEE, WI 532083546	39-0806269	501 (C)(3)	107,823				EARLY CHILDHOOD EDUCATION
NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 W RICHARDSON PLACE MILWAUKEE, WI 532083546	39-0806269	501 (C)(3)	216,098				YOUTH DEVELOPMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	2,900				DONOR DESIGNATION PLEDGE PAYMENTS
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	25,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	25,000				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE
NEW COMMUNITY SHELTER 301 MATHER STREET GREEN BAY, WI 54303	39-1787059	501 (C)(3)	5,214				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CONCEPT SELF DEVELOPMENT CENTER INC 1531 WEST VLIET STREET MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	43,728				MLK SOCIAL SERVICE
NEW CONCEPT SELF DEVELOPMENT CENTER INC 1531 WEST VLIET STREET MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	67,252				EACH ONE REACH ONE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CONCEPT SELF DEVELOPMENT CENTER 1531 WEST VLIET STREET MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	38,725				HEALTHY GIRLS
NEW CONCEPT SELF DEVELOPMENT CENTER INC 1531 WEST VLIET STREET MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	6,986				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT DOOR FOUNDATION INC 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	58,955				SKILLS BUILDING & GED FAST TRACK PROGRAM
NEXT DOOR FOUNDATION INC 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	285,296				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT DOOR FOUNDATION INC 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	2,000				SUMMER READING
NOTRE DAME SCHOOLS OF MILWAUKEE 1418 S LAYTON BLVD MILWAUKEE, WI 53215	39-1850760	501 (C)(3)	5,035				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE IRVINE, CA 926146008	33-0047994	501 (C)(3)	7,664				DONOR DESIGNATION PLEDGE PAYMENTS
OSHKOSH AREA UNITED WAY INC 36 BROAD STREET 100 OSHKOSH, WI 54901	39-1017908	501 (C)(3)	7,168				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR NEXT GENERATION INC 3421 W LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501 (C)(3)	10,909				DONOR DESIGNATION PLEDGE PAYMENTS
OUTREACH COMMUNITY HEALTH CENTERS INC 711 W CAPITOL DR MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	2,600				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH COMMUNITY HEALTH CENTERS INC 711 W CAPITOL DR MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	71,479				MHCP GRANT
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1208203	501 (C)(3)	49,961				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1208203	501 (C)(3)	8,155				PREVENTION
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1208203	501 (C)(3)	25,603				COUNSELING SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZAUKEE YOUTH HOCKEY ASSOCIATION 5505 PIONEER ROAD MEQUON, WI 53097	33-1051343	501 (C)(3)	41,073				DONOR DESIGNATION PLEDGE PAYMENTS
PANTHEON INDUSTRIES 1745 EXECUTIVE DRIVE OCONOMOWOC, WI 53066	39-1458096	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	15,493				DONOR DESIGNATION PLEDGE PAYMENTS
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	85,729				PARENT HELPLINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	92,881				PARENTING EDUCATION & SUPPORT SERVICES
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	45,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS PLACE INC 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	4,700				DONOR DESIGNATION PLEDGE PAYMENTS
PARENTS PLACE INC 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	13,548				SUPERVISED VISITATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS PLACE INC 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	63,635				COMMUNITY EDUCATION/BORN LEARNING
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	58,907				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	45,124				Q-BLOK
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	50,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	100,000				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	190,049				CLINICAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	303,972				PATHFINDERS YOUTH SHELTER
PAVE PARTNERS ADVANCING VALUES IN EDUCATION 301 W WISCONSIN AVE SUITE 300 MILWAUKEE, WI 53203	39-1590212	501 (C)(3)	15,587				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEARLS FOR TEEN GIRLS INC 1805 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	109,040				DONOR DESIGNATION PLEDGE PAYMENTS
PEARLS FOR TEEN GIRLS INC 1805 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	100,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 532331507	39-1093701	501 (C)(3)	150,322				DONOR DESIGNATION PLEDGE PAYMENTS
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 532331507	39-1093701	501 (C)(3)	47,412				BEHAVIORAL HEALTH CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 532331507	39-1093701	501 (C)(3)	484,839				EARLY INTERVENTION/PARENT PROGRAM
PLANNED PARENTHOOD OF WISCONSIN ATTN DEVELOPMENT DEPARTMENT MILWAUKEE, WI 532025917	39-0863391	501 (C)(3)	125,951				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH COMMUNITY UNITED WAY 960 W ANN ARBOR TRAIL PLYMOUTH, MI 48170	23-7327248	501 (C)(3)	201,914				DONOR DESIGNATION PLEDGE PAYMENTS
PORTAL INC 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	15,093				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTAL INC 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	10,329				EMPLOYMENT READINESS AND ADVANCEMENT
PREVENT BLINDNESS WISCONSIN 731 NORTH JACKSON STREET SUITE 220 MILWAUKEE, WI 53202	39-6096227	501 (C)(3)	31,150				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVENUE MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	630				DONOR DESIGNATION PLEDGE PAYMENTS
PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVENUE MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	50,000				HEALTHY BIRTH OUTCOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVENUE MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	19,000				MHCP GRANT
PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVENUE MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	76,407				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501 (C)(3)	10,172				DONOR DESIGNATION PLEDGE PAYMENTS
RONALD MCDONALD HOUSE (DE) 1901 ROCKLAND RD WILMINGTON, DE 19803	51-0295320	501 (C)(3)	5,019				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN 8948 W WATERTOWN PLANK ROAD WAUWATOSA, WI 53226	39-1433107	501 (C)(3)	14,200				DONOR DESIGNATION PLEDGE PAYMENTS
RUNNING REBELS COMMUNITY ORGANIZATION 1300A WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205	39-3910464	501 (C)(3)	1,371				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUNNING REBELS COMMUNITY ORGANIZATION 1300A WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205	39-3910464	501 (C)(3)	25,000				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE
SET MINISTRY INC 2977 NORTH 50 STREET MILWAUKEE, WI 53210	39-1618277	501 (C)(3)	22,263				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SET MINISTRY INC 2977 NORTH 50 STREET MILWAUKEE, WI 53210	39-1618277	501 (C)(3)	31,587				PEACE PROGRAM
SALVATION ARMY - PLYMOUTH (MI) 9451 S MAIN ST PLYMOUTH, MI 48170	38-1370971	501 (C)(3)	7,845				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	23,975				DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	4,370				COMMUNITY MEAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	22,437				FAMILY SERVICES
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	65,109				EMERGENCY LODGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	66,924				DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY THE- WISCONSIN & UPPER MICHIGAN 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	21,973				EMPLOYMENT ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALVATION ARMY THE-WISCONSIN & UPPER MICHIGAN 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	155,666				EMERGENCY LODGE
SCHOOL DISTRICT OF WAUKESHA 222 MAPLE AVE WAUKESHA, WI 53186	39-9005053		65,000				HELPING KIDS SUCCEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOLS THAT CAN MILWAUKEE 111 W PLEASANT ST 101 MILWAUKEE, WI 532123939	27-2818891	501 (C)(3)	234,015				DONOR DESIGNATION PLEDGE PAYMENTS
SECURE FUTURES 710 PLANKINTON AVENUE MILWAUKEE, WI 53203	20-5203533	501 (C)(3)	14,536				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERENITY INNS INC ATTN ELLEN BLATHERS MILWAUKEE, WI 53208	41-2034019	501 (C)(3)	12,000				DONOR DESIGNATION PLEDGE PAYMENTS
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS 305 7TH AVENUE 6TH FLOOR NEW YORK CITY, NY 10001	13-2947657	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARON LYNNE WILSON CENTER FOR THE ARTS INC 19805 WEST CAPITOL DRIVE BROOKFIELD, WI 53045	39-1787648	501 (C)(3)	25,500				DONOR DESIGNATION PLEDGE PAYMENTS
SHARP LITERACY INC 5775 N GLEN PARK RD 202 MILWAUKEE, WI 53209	39-1963963	501 (C)(3)	13,801				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOREWOOD SEED FOUNDATION POST OFFICE BOX 71235 GLENDALE, WI 53211	04-3750042	501 (C)(3)	27,911				DONOR DESIGNATION PLEDGE PAYMENTS
SILVER SPRING NEIGHBORHOOD CENTER INC 5460 NORTH 64TH STREET MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	73,315				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER SPRING NEIGHBORHOOD CENTER INC 5460 NORTH 64TH STREET MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	20,074				COMMUNITY FOOD BANK
SILVER SPRING NEIGHBORHOOD CENTER INC 5460 NORTH 64TH STREET MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	162,068				ELAINE SCHREIBER CHILD DEVELOPMENT CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER SPRING NEIGHBORHOOD CENTER INC 5460 NORTH 64TH STREET MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	293,418				YOUTH SOCIAL DEVELOPMENT
SIXTEENTH STREET COMMUNITY HEALTH CENTER INC 1337 SOUTH 16TH STREET 2ND FLOOR MILWAUKEE, WI 532042712	39-1180475	501 (C)(3)	138,772				THE GREAT START PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1337 SOUTH 16TH STREET 2ND FLOOR MILWAUKEE, WI 532042712	39-1180475	501 (C)(3)	661,604				MHCP GRANT
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1337 SOUTH 16TH STREET 2ND FLOOR MILWAUKEE, WI 532042712	39-1180475	501 (C)(3)	37,500				AODA AND BEHAVIORIAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1337 SOUTH 16TH STREET 2ND FLOOR MILWAUKEE, WI 532042712	39-1180475	501 (C)(3)	46,630				DONOR DESIGNATION PLEDGE PAYMENTS
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	889,365				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	16,358				DOMESTIC ABUSE VICTIM ADVOCATES
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	23,531				BEYOND ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	38,043				EMERGENCY SHELTER
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	117,256				COURTHOUSE ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN WISCONSIN YOUTH FOR CHRIST 3001 CARPENTER AVE MT PLEASANT, WI 53403	39-0977052	501 (C)(3)	6,282				DONOR DESIGNATION PLEDGE PAYMENTS
SPECIAL OLYMPICS MICHIGAN INC (MI) CENTRAL MICHIGAN UNIVERSITY MOUNT PLEASANT, MI 48858	38-1964643	501 (C)(3)	11,115				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS WISCONSIN-GREATER MILWAUKEE AREA 10224 NORTH PORT WASHINGTON ROAD MEQUON, WI 53092	39-1176591	501 (C)(3)	10,715				DONOR DESIGNATION PLEDGE PAYMENTS
ST ANN CENTER FOR INTERGENERATIONAL CARE 2801 EAST MORGAN AVENUE MILWAUKEE, WI 53207	39-1757756	501 (C)(3)	93,480				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST BENEDICT COMMUNITY MEAL PROGRAM 1015 NORTH NINTH STREET MILWAUKEE, WI 53233	39-0806264	501 (C)(3)	6,540				DONOR DESIGNATION PLEDGE PAYMENTS
ST COLETTA OF WISCONSIN INC N4637 COUNTY ROAD Y JEFFERSON, WI 53549	39-0816855	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	18,032				DONOR DESIGNATION PLEDGE PAYMENTS
ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	31,587				HEALTHY TEETH FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	50,731				RESTORATIVE CARE
ST FRANCIS CHILDREN'S CENTER 6700 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-6092761	501 (C)(3)	45,008				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN NEUMANN PARISH 44800 WARREN ROAD CANTON, MI 48187	38-1359274	501 (C)(3)	5,746				DONOR DESIGNATION PLEDGE PAYMENTS
ST JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 532154518	39-0806262	501 (C)(3)	5,130				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 532154518	39-0806262	501 (C)(3)	58,049				EARLY CHILDHOOD EDUCATION CENTER
ST JOSEPH'S MEDICAL CLINIC INC 826 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1273248	501 (C)(3)	89,628				MEDICAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARCUS LUTHERAN SCHOOL 2215 NORTH PALMER STREET MILWAUKEE, WI 53212	39-0850377	501 (C)(3)	127,133				DONOR DESIGNATION PLEDGE PAYMENTS
STARTING POINT INC 11514 N PORT WASHINGTON RD MEQUON, WI 53092	39-1246685	501 (C)(3)	25,012				LEAD PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARTING POINT INC 11514 N PORT WASHINGTON RD MEQUON, WI 53092	39-1246685	501 (C)(3)	9,769				DONOR DESIGNATION PLEDGE PAYMENTS
STILLWATER'S CENTER INC 2607 N GRANDVIEW BLVD STE 108 WAUKESHA, WI 531881690	39-1818956	501 (C)(3)	9,609				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STILLWATERS CENTER INC 2607 N GRANDVIEW BLVD STE 108 WAUKESHA, WI 531881690	39-1818956	501 (C)(3)	6,510				STILLWATERS CANCER CENTER
TEACH FOR AMERICA MILWAUKEE 700 W VIRGINIA STREET SUITE 610 MILWAUKEE, WI 53204	13-3541913	501 (C)(3)	69,343				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEEN CHALLENGE INTERNATIONAL WISCONSIN 9236 WEST APPLETON AVENUE MILWAUKEE, WI 53225	39-1447329	501 (C)(3)	23,410				DONOR DESIGNATION PLEDGE PAYMENTS
THE CHARLESTON CATHOLIC SCHOOL 888 KING STREET CHARLESTON, SC 29403	57-0930700	501 (C)(3)	5,120				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE HARBORS COUNCIL BOY SCOUTS OF AMERICA 330 SOUTH 84 STREET MILWAUKEE, WI 532141468	45-3321626	501 (C)(3)	100,191				DONOR DESIGNATION PLEDGE PAYMENTS
THREE HARBORS COUNCIL BOY SCOUTS OF AMERICA 330 SOUTH 84 STREET MILWAUKEE, WI 532141468	45-3321626	501 (C)(3)	595,464				LEARNING FOR LIFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THURGOOD MARSHALL COLLEGE FUND 901 F ST NW STE 300 WASHINGTON, DC 200041481	41-1750692	501 (C)(3)	6,417				DONOR DESIGNATION PLEDGE PAYMENTS
TOMAHAWK STAR FOUNDATION PO BOX 402 TOMAHAWK, WI 544870000	20-0290123	501 (C)(3)	5,170				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIDENT UNITED WAY 6296 RIVERS AVE NORTH CHARLESTON, SC 29406	57-0314378	501 (C)(3)	6,180				DONOR DESIGNATION PLEDGE PAYMENTS
UEC MVP PROJECT INC ATTN COREY ZETTS MILWAUKEE, WI 53203	27-2140266	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMOS INC 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450	39-1047172	501 (C)(3)	1,000				DONOR DESIGNATION PLEDGE PAYMENTS
UMOS INC 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450	39-1047172	501 (C)(3)	30,000				HEALTHY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMOS INC 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450	39-1047172	501 (C)(3)	50,000				HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	101,336				AFTER SCHOOL ACHIEVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	115,194				ELDERLY PROGRAM
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	200,304				YOUTH EMPOWERED TO SUCCEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	309,764				BEFORE & AFTER SCHOOL
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	201,401				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVE SUITE 600 MILWAUKEE, WI 53203	39-6100399	501 (C)(3)	141,137				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	94-1312348	501 (C)(3)	7,284				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY BLACKHAWK REGION 205 NORTH MAIN STREET SUITE 101 JANESVILLE, WI 53545	39-6006734	501 (C)(3)	21,011				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOR GREATER AUSTIN 2000 EAST MLK JR BOULEVARD AUSTIN, TX 787021340	74-1193439	501 (C)(3)	6,095				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVENUE SUITE 300 DETROIT, MI 48226	20-3099071	501 (C)(3)	75,584				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOX CITIES INC 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501 (C)(3)	55,178				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 329226806	59-0836384	501 (C)(3)	12,682				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 333161838	59-0624402	501 (C)(3)	5,326				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL ALABAMA INC 3600 EIGHTH AVENUE SOUTH BIRMINGHAM, AL 35222	63-0288846	501 (C)(3)	7,270				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL CAROLINAS INC 301 SOUTH BREVARD STREET CHARLOTTE, NC 282022317	56-0529948	501 (C)(3)	21,830				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL INDIANA 3901 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1007590	501 (C)(3)	12,783				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CHAMPAIGN COUNTY 404 WEST CHURCH STREET CHAMPAIGN, IL 618203411	37-0662519	501 (C)(3)	14,458				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVENUE MADISON, WI 53704	39-0817532	501 (C)(3)	156,994				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DENTON COUNTY INC 1314 TEASLEY LN DENTON, TX 76205	75-1251128	501 (C)(3)	6,633				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF DODGE COUNTY 122 W WATER STREET BEAVER DAM, WI 53916	39-6030786	501 (C)(3)	4,586				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DODGE COUNTY POST OFFICE BOX 718 DODGE CENTER, MN 55927	41-1657224	501 (C)(3)	416				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF DOOR COUNTY 57 NORTH THIRD AVENUE STURGEON BAY, WI 54235	39-1799879	501 (C)(3)	9,853				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF ERIE COUNTY 420 WEST SIXTH STREET SUITE 200 ERIE, PA 16507	25-1053091	501 (C)(3)	7,372				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 295014133	57-0368721	501 (C)(3)	35,737				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501 (C)(3)	10,544				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FORSYTH COUNTY 407 EAST MAPLE STREET SUITE 112 CUMMING, GA 30040	58-1925396	501 (C)(3)	2,794				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501 (C)(3)	23,503				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER CHIPPEWA VALLEY INC 3603 NORTH HASTINGS WAY SUITE 200 EAU CLAIRE, WI 54703	39-1077901	501 (C)(3)	9,229				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501 (C)(3)	11,655				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 441151819	34-6516654	501 (C)(3)	131,657				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501 (C)(3)	33,291				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST STE 500 KANSAS CITY, MO 641121239	44-0545812	501 (C)(3)	37,246				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC 225 WEST VINE STREET MILWAUKEE, WI 53212	39-0806190	501 (C)(3)	67,373				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 14607	16-1015782	501 (C)(3)	5,972				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ST JOSEPH 118 SOUTH FIFTH STREET FIRST FLOOR SAINT JOSEPH, MO 64501	44-0547802	501 (C)(3)	65,974				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH ELEVENTH STREET SAINT LOUIS, MO 63101	43-0714167	501 (C)(3)	20,948				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	34-4427947	501 (C)(3)	6,238				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF JEFFERSON & N WALWORTH COUNTIES 734 MADISON AVENUE FORT ATKINSON, WI 53538	39-6046361	501 (C)(3)	6,709				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF KENOSHA COUNTY 5500 6TH AVENUE SUITE 210 KENOSHA, WI 531403710	39-0806285	501 (C)(3)	30,734				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501 (C)(3)	19,272				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LAKE COUNTY INC 9285 PROGRESS PARKWAY MENTOR, OH 440601854	34-1105038	501 (C)(3)	32,739				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LAKE COUNTY INC 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501 (C)(3)	6,308				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LEE COUNTY INC 2133 EXECUTIVE PARK DRIVE OPELIKA, AL 36801	23-7107722	501 (C)(3)	6,503				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MARATHON COUNTY INC 705 S 24TH ST STE 400B WAUSAU, WI 54401	39-0935496	501 (C)(3)	20,972				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 022101208	04-2382233	501 (C)(3)	10,898				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN CHICAGO 333 S WABASH AVE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501 (C)(3)	214,288				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF METROPOLITAN DALLAS INC 1800 NORTH LAMAR STREET DALLAS, TX 75202	75-6005352	501 (C)(3)	16,592				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORMAN INC (OK) 2424 SPRINGER DR SUITE 304 NORMAN, OK 73069	73-0668684	501 (C)(3)	64,626				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF NORTHERN OZAUKEE COUNTY POST OFFICE BOX 39 PORT WASHINGTON, WI 53074	23-7084522	501 (C)(3)	16,675				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN UTAH 2955 HARRISON BOULEVARD SUITE 201 OGDEN, UT 84403	87-0224251	501 (C)(3)	6,143				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF OCONEE COUNTY 409 EAST NORTH FIRST STREET SUITE A A SENECA, SC 29678	57-0479292	501 (C)(3)	6,792				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031208	23-1556045	501 (C)(3)	5,824				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF PORTAGE COUNTY (OH) POST OFFICE BOX 845 RAVENNA, OH 442660845	34-1024769	501 (C)(3)	9,748				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PORTAGE COUNTY (WI) 1100 CENTERPOINT DRIVE 302 STEVENS POINT, WI 54481	39-0831152	501 (C)(3)	38,041				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF RACINE COUNTY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501 (C)(3)	167,816				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF RICE LAKE POST OFFICE BOX 325 RICE LAKE, WI 54868	39-6105426	501 (C)(3)	5,448				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET SUITE 300 ROCKFORD, IL 61103	36-2167843	501 (C)(3)	9,562				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SAN LUIS OBISPO COUNTY 1288 MORRO STREET SUITE 10 SAN LUIS OBISPO, CA 93401	95-3459538	501 (C)(3)	5,225				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SOUTH WOOD & ADAMS COUNTIES 351 OAK STREET WISCONSIN RAPIDS, WI 54494	39-1212595	501 (C)(3)	8,865				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHEAST MISSISSIPPI INC 210 WEST FRONT STREET HATTIESBURG, MS 39401	64-0410475	501 (C)(3)	6,792				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SUMMIT COUNTY INC 37 N HIGH ST SUITE A AKRON, OH 44308	34-1169257	501 (C)(3)	29,613				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE COLUMBIA-WILLAMETTE 619 SW 11 AVENUE SUITE 300 PORTLAND, OR 972052646	93-0582124	501 (C)(3)	8,534				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE GREATER TRIANGLE INC 800 PARK OFFICES DRIVE DURHAM, NC 27709	56-1949103	501 (C)(3)	10,622				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST STE 200 OMAHA, NE 681021251	47-0376605	501 (C)(3)	4,438				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE MIDLANDS 1818 BLANDING ST COLUMBIA, SC 29201	57-0314396	501 (C)(3)	580				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE PLAINS 245 NORTH WATER STREET WICHITA, KS 672022090	48-0547688	501 (C)(3)	72,853				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WALWORTH COUNTY N6359 HIGHWAY 12/67 ELKHORN, WI 53121	39-6108550	501 (C)(3)	10,986				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WASHINGTON COUNTY 215 NORTH MAIN STREET STE 110 WEST BEND, WI 53095	23-7281696	501 (C)(3)	77,258				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WASHINGTON COUNTY 590 WASHINGTON ROAD WASHINGTON, PA 15301	25-6070133	501 (C)(3)	89				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WASHTENAW 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501 (C)(3)	30,852				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WILLIAMSON COUNTY POST OFFICE BOX 708 ROUND ROCK, TX 786800708	23-7396732	501 (C)(3)	3,069				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT SUITE 107 FRANKLIN, TN 370672810	62-6049469	501 (C)(3)	3,134				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501 (C)(3)	85,122				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF YUMA COUNTY 180 WEST 1ST STREET SUITE B YUMA, AZ 85364	86-0211326	501 (C)(3)	19,514				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY SERVICES OF GEAUGA COUNTY 209 CENTER STREET CHARDON, OH 440241189	20-5575556	501 (C)(3)	13,664				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY SUNCOAST (TAMPA BAY AREA) 5201 WEST KENNEDY BLVD TAMPA, FL 33609	59-3725701	501 (C)(3)	5,128				DONOR DESIGNATION PLEDGE PAYMENTS
UNITY IN MOTION INC POST OFFICE BOX 511131 MILWAUKEE, WI 53203	26-3696451	501 (C)(3)	49,749				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN-ELBEL CLUB (MI) ATTN K BAUMGARTNER - REVELLI HALL ANN ARBOR, MI 481043707	38-6006309	501 (C)(3)	10,518				DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY OF WISCONSIN - FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 537264090	39-0743975	501 (C)(3)	1,640,688				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501 (C)(3)	61,214				DONOR DESIGNATION PLEDGE PAYMENTS
URBAN ECOLOGY CENTER 1500 EAST PARK PLACE MILWAUKEE, WI 532113587	39-1712663	501 (C)(3)	59,758				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USHERS NEW LOOK 500 BISHOP ST NW STE B5 ATLANTA, GA 303184369	58-2480934	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
USO OF WISCONSIN INC SOUTHEASTERN REGION 750 N LINCOLN MEMORIAL DRIVE SUITE 407 MILWAUKEE, WI 53202	39-1703157	501 (C)(3)	11,593				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UWM FOUNDATION THE 1440 E NORTH AVE MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	1,000,498				DONOR DESIGNATION PLEDGE PAYMENTS
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501 (C)(3)	41,920				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION FORWARD ASSOCIATION INC 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	36,186				DONOR DESIGNATION PLEDGE PAYMENTS
VISION FORWARD ASSOCIATION INC 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	38,964				CHILDREN'S SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALKER'S POINT YOUTH & FAMILY CENTER INC 2030 WEST NATIONAL AVENUE MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	25,000				HEALTHY GIRLS
WALKER'S POINT YOUTH & FAMILY CENTER INC 2030 WEST NATIONAL AVENUE MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	26,461				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALKER'S POINT YOUTH & FAMILY CENTER INC 2030 WEST NATIONAL AVENUE MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	178,035				RUNAWAY SERVICES
WALTER SCHROEDER AQUATIC CENTER 9240 NORTH GREEN BAY ROAD BROWN DEER, WI 53209	33-1195220	501 (C)(3)	50,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC 210 NW BARSTOW STREET SUITE 305 WAUKESHA, WI 53188	30-0436162	501 (C)(3)	6,355				DONOR DESIGNATION PLEDGE PAYMENTS
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC 210 NW BARSTOW STREET SUITE 305 WAUKESHA, WI 53188	30-0436162	501 (C)(3)	26,214				ADULT DENTAL CARE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUKESHA COUNTY COMMUNITY FOUNDATION 2727 NORTH GRANDVIEW BOULEVARD SUITE 122 WAUKESHA, WI 53188	39-1969122	501 (C)(3)	7,523				DONOR DESIGNATION PLEDGE PAYMENTS
WEST ALLIS-WEST MKE EDUCATION FOUNDATION EDUCATION FOUNDATION 1205 SOUTH 70 STREET WEST ALLIS, WI 53214	20-8209763	501 (C)(3)	7,906				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEATON FRANCISCAN ST JOSEPH 5000 W CHAMBERS STREET MILWAUKEE, WI 53210	39-1636804	501 (C)(3)	50,000				HEALTHY BIRTH OUTCOMES
WIREGRASS UNITED WAY INC POST OFFICE BOX 405 DOTHAN, AL 363020405	63-6000270	501 (C)(3)	13,247				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	3,161				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	31,587				DRIVER'S LICENSE RECOVERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	38,686				MEDIATION AND RESTORATIVE JUSTICE CENTER
WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	89,427				YOUTH ENHANCED SUPPORT (YES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	141,465				COMMUNITY REINTEGRATION SERVICES
WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	256,648				CRIMINAL JUSTICE RECOVERY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN EQUAL JUSTICE FUND POST OFFICE BOX 475 WAUSAU, WI 544020475	39-1904737	501 (C)(3)	5,040				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 532083156	39-0810533	501 (C)(3)	22,672				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN LUTHERAN CHILD & FAMILY SERVICE W175 N11120 STONEWOOD DRIVE GERMANTOWN, WI 53022	39-1047224	501 (C)(3)	31,550				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN HIGH SCHOOL 330 NORTH GLENVIEW AVENUE MILWAUKEE, WI 53213	39-0888758	501 (C)(3)	15,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN POLICY FORUM 633 WEST WISCONSIN AVENUE SUITE 406 406 MILWAUKEE, WI 53203	39-0210040	501 (C)(3)	40,000				MHCP GRANT
WISCONSIN PRIMARY HEALTH ASSOCIATION 5202 EASTPARK BLVD SUITE 109 MADISON, WI 537182151	39-1407034	501 (C)(3)	150,000				MHCP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN REAL ESTATE ALUMNI ASSOCIATION POST OFFICE BOX 307 PEWAUKEE, WI 53072	39-1673863	501 (C)(3)	6,000				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN RIGHT TO LIFE EDUCATION FUND 5317 N 118TH CT MILWAUKEE, WI 53217	39-1548867	501 (C)(3)	7,149				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER INC THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	25,727				CHILD ABUSE PREVENTION
WOMEN'S CENTER INC THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	30,704				SEXUAL ABUSE & ASSAULT COUNSELING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER INC THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	34,587				EMPLOYMENT
WOMEN'S CENTER INC THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	146,924				TRANSITIONAL LIVING & DOMESTIC VIOLENCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	40,095				DONOR DESIGNATION PLEDGE PAYMENTS
WOMEN'S FUND OF GREATER MILWAUKEE INC 316 NORTH MILWAUKEE STREET SUITE 215 MILWAUKEE, WI 53202	20-3514894	501 (C)(3)	20,109				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRTPBIG STEP 3841 WEST WISCONSIN AVE MILWAUKEE, WI 53208	39-1838210	501 (C)(3)	14,177				DONOR DESIGNATION PLEDGE PAYMENTS
YESHIVA ELEMENTARY SCHOOL 5115 W KEEFE AVE MILWAUKEE, WI 53216	39-1631932	501 (C)(3)	20,000				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA AT PABST FARM 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	7,447				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	14,772				YOUTH & COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	30,657				SPECIAL PROGRAMS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	34,955				DAY CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 531865060	45-5119441	501 (C)(3)	10,164				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 531865060	45-5119441	501 (C)(3)	13,842				EARLY CHILDHOOD EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 531865060	45-5119441	501 (C)(3)	17,712				OLDER ADULTS
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 531865060	45-5119441	501 (C)(3)	74,071				DAY CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	158,776				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	177,115				EARLY CHILDHOOD EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	230,764				DAY CAMP
YOU CAN MISSIONS N8492 BANCROFT ROAD THERESA, WI 53091	81-4323200	501 (C)(3)	6,200				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE MILWAUKEE NORTH SHORE 6134 N LYDELL AVE WHITEFISH BAY, WI 53217	84-0385934	501 (C)(3)	5,241				DONOR DESIGNATION PLEDGE PAYMENTS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675	39-0806258	501 (C)(3)	9,369				DONOR DESIGNATION PLEDGE PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675	39-0806258	501 (C)(3)	213,318				AUTO LOAN ACCESS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675	39-0806258	501 (C)(3)	217,140				COMMUNITY ADULT LEARNING LAB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY 10005 WEST BLUEMOUND ROAD MILWAUKEE, WI 53226	39-6077242	501 (C)(3)	7,928				DONOR DESIGNATION PLEDGE PAYMENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC	Employer identification number 39-0806190
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Part I Questions Regarding Compensation

	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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

[illegible]

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.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
39-0806190

Part I Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	133	3,425,927	STOCK QUOTE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (FOOD AND DRINKS FOR EVENT)	X	1	5,804	BOOK VALUE
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?					
b If "Yes," describe the arrangement in Part II					
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					
b If "Yes," describe in Part II					
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II					

Part II**Supplemental Information.**

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318058728	
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold;">2017</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Open to Public Inspection</div>	
	Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC			Employer identification number 39-0806190	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>DIVERSITY & INCLUSION VALUE STATEMENT WE BELIEVE DIVERSITY GOES BEYOND VISIBLE DIFFERENCES AND AFFIRMS THE ESSENCE OF ALL INDIVIDUALS INCLUDING THE REALITIES, BACKGROUND, EXPERIENCES, SKILLS AND PERSPECTIVES THAT MAKE EACH PERSON WHO THEY ARE DIVERSITY AND INCLUSION ARE AT THE HEART OF WHAT IT MEANS TO LIVE UNITED OUR VALUES * WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY * WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY * WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY * WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION * WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTERNALLY AND EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING * RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE * INTEGRITY IN EVERY ACTION WE TAKE * ETHICAL BEHAVIOR IN ALL WE DO * HONEST, OPEN COMMUNICATIONS * PRUDENT RISK-TAKING * COOPERATION AND TEAMWORK * CREATIVITY AND INNOVATION * OWNERSHIP OF OUR ACTIONS * WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	<p>OUR VISION UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ASPIRES TO ACCOMPLISH THE FOLLOWING *PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF EDUCATION, INCOME AND HEALTH *CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE ACTION ON PRIORITY ISSUES *RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND INTEGRATED, COMMUNITY-FOCUSED WORK *SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS *BE RECOGNIZED AS A LEADER IN EFFECTING LONG-TERM SOCIETAL CHANGE *ATTAIN ROBUST REVENUE GROWTH AS DONORS' CHARITY OF CHOICE DIVERSITY & INCLUSION VALUE STATEMENT WE BELIEVE DIVERSITY GOES BEYOND VISIBLE DIFFERENCES AND AFFIRMS THE ESSENCE OF ALL INDIVIDUALS INCLUDING THE REALITIES, BACKGROUND, EXPERIENCES, SKILLS AND PERSPECTIVES THAT MAKE EACH PERSON WHO THEY ARE DIVERSITY AND INCLUSION ARE AT THE HEART OF WHAT IT MEANS TO LIVE UNITED OUR VALUES *WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY *WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY *WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY *WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION *WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTERNALLY AND EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING * RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE * INTEGRITY IN EVERY ACTION WE TAKE * ETHICAL BEHAVIOR IN ALL WE DO * HONEST, OPEN COMMUNICATIONS * PRUDENT RISK-TAKING * COOPERATION AND TEAMWORK * CREATIVITY AND INNOVATION * OWNERSHIP OF OUR ACTIONS *WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 A LL OF LIFE'S STAGES, GOOD HEALTH AND A SAFE HOME GOAL TO CREATE LONG-LASTING CHANGE BY A DDRESSING OUR COMMUNITY'S MOST SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OU R 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 I NDICATOR 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 O LDER AGE TO IMPROVE THE HEALTH OF OUR COMMUNITY WE MUST ALL BECOME MORE AWARE OF HEALTH R ISKS, STARTING FROM BEFORE BIRTH WHETHER IT IS A TEEN STRUGGLING TO MAKE THE RIGHT DECISI ON, A SENIOR IN NEED OF HOME HEALTH CARE, OR A SURVIVOR OF ABUSE SEEKING A SAFER ENVIRONME NT, 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 HEALT H CARE, SURVIVORS OF ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR ADDICTION IN 2018-19, UNITED WAY WILL INVEST \$12,563,513 IN HEALTH PROGRAMS GOALS IN HEALTH PROVIDE FUNDING TO INCREASE THE NUMBER OF YOUTH AND ADULTS WHO * ARE ABLE TO LIVE INDEPENDENTLY A ND WITH DIGNITY * HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAVIORAL, DENTAL, AND GENERAL HEALTH CARE SERVICES * HAVE ACCESS TO PREVENTION EDUCATION AND CAN AVOID RISK Y BEHAVIORS * HAVE A NETWORK OF SUPPORT FOR CHILDREN WITH DISABILITIES, THEIR FAMILIES, A ND CAREGIVERS * HAVE ACCESS TO HIGH QUALITY, AFFORDABLE PRENATAL CARE AND PREGNANCY SUPPO RT SERVICES UNITED WAY'S INVESTMENT AREAS IN HEALTH ACCESS TO HEALTHCARE * ADVANCING HE ALTH EQUITY REMOVING BARRIERS TO ENSURE ALL YOUTH AND ADULTS HAVE ACCESS TO QUALITY AND A FFFORDABLE HEALTHCARE * HEALTHCARE ENROLLMENT & UTILIZATION * COLLABORATIVE ENGAGEMENT TO COMBAT ETHNIC/CULTURAL DISPARITIES * IMPLEMENTING INNOVATIVE STRATEGIES TO ADDRESS MENTAL HEALTH SAFE & HEALTHY COMMUNITIES * BUILDING CAPACITY TO FOSTER HEALTHY AND SAFE COMMUNITI ES TRANSFORMING COMMUNITIES THROUGH EDUCATION AND ACCESS TO SUPPORT, MAKING HEALTHY CHOIC ES EASY, SAFE AND AFFORDABLE * PROMOTING HEALTHY LIFESTYLES * SUBSTANCE ABUSE/OPIOID PREV ENTION, INTERVENTION, & TREATMENT * SAFETY FROM VIOLENCE & ABUSE HEALTH & WELLNESS * PROMO TING SELF-SUFFICIENCY & INDEPENDENCE SUPPORTING YOUTH AND ADULTS OF ALL AGES AND ABILITIE S TO ENSURE EVERYONE HAS THE OPPORTUNITY TO LIVE WITH INDEPENDENCE AND DIGNITY * REMOVING BARRIERS, COMMUNITY INCLUSION & DIGNITY ASSESSMENT, REFERRAL, AND SUPPORT * SUPPORT FOR 2 -1-1'S 24 HOUR A DAY CENTRAL ACCESS POINT OF RESOURCES AND REFERRALS UNITED WAY'S IMPACT IN HEALTH OF ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PRO GRAMS, 93% WERE BETTER ABLE TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IDENTIFY STRESSORS IN THEIR LIVES, 90% WERE ABLE TO CREATE A PLAN TO MANAGE THEIR STRESS, 92% WERE BETTER ABLE TO COMMUNICATE WITH OTHERS, 90% FELT THEIR RELATIONSHIPS WERE BETTER , 94% HAD A BETTER UNDERSTANDING OF THE PROBLEMS THEY WERE STRUGGLING WITH AND 94% KNEW SPECIFIC STEPS TO IMPROVE THEIR SITUATION OF CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS, 95% LEFT THEIR SOCIAL/EMOTIONAL WELL-BEING WAS SUPPORTED WITHIN THE CONTEXT OF THE FAMILY, 87% MAINTAINED OR IMPROVED BEHAVIOR WITH THEIR PEERS, 93% MAINTAINED OR IMPROVED THEIR BEHAVIOR AT HOME, 89% DISPLAYED SIGNS OF IMPROVEMENT IN SOCIAL SKILLS AND 87% DISPLAYED SIGNS OF DEVELOPMENT IMPROVEMENT IN SELF-REGULATION OF EMOTIONS OF THE ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED CHEMICAL ABUSE AND DEPENDENCY PROGRAMS, 100% FELT THEIR MENTAL HEALTH HAS IMPROVED, 100% FELT THEY HAD MADE PROGRESS TOWARDS THEIR GOALS AND 100% FELT MORE CONNECTED TO THE RECOVERY COMMUNITY OF THE ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES PROGRAMS, 93% FELT THEIR FINANCIAL CONCERNS WERE ADDRESSED, 93% FELT THEIR HOUSING CONCERNS WERE ADDRESSED, 88% ATTENDED SOCIAL ACTIVITIES, 89% WERE COMMENTED TO SUPPORT NETWORKS, 99% FELT THEY WERE TREATED WITH RESPECT AND DIGNITY, 93% MADE THEIR OWN CHOICES AND 96% LET THEIR NEEDS BE KNOWN (ADVOCATED) OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES PROGRAMS, 93% COOPERATED WITH OTHER CHILDREN, 94% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED BEHAVIOR, 93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-HELP/ADAPTING, 93% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COGNITIVE SKILLS, 93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SOCIAL SKILLS AND 93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-REGULATION OF EMOTIONS OF THE CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES PROGRAMS, 99% FELT THAT THE PROGRAM HELPED THEM TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE AND 98% FELT THAT THE PROGRAM USED THEM TO UNDERSTAND RIGHTS AND ADVOCATE FOR THE INDIVIDUAL OF THE YOUTH WHO STAYED AT A UNITED WAY-FUNDED EMERGENCY SHELTER, 84% RETURNED TO THEIR HOME OR A SAFE, ACCEPTABLE ALTERNATIVE, 89% FELT THEIR RELATIONSHIP WITH THEIR PARENT/GUARDIAN REMAINED THE SAME OR IMPROVED AND 81% WERE BETTER ABLE TO COPE WITH THE PROBLEMS THAT CAUSED THEM TO SEEK SERVICES OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH CARE ACCESS PROGRAMS, 98% FELT THEY RECEIVED THE SUPPORT THEY NEEDED IN MAKING DECISIONS, 98% FELT THEY RECEIVED THE EDUCATION THEY NEED TO CARE FOR THEMSELVES, 96% FELT THEY WERE INCLUDED IN SETTING A PLAN FOR THEIR OWN HEALTH, 88% FELT THEIR PAIN WAS RELIEVED OR MANAGED, AND 96% FELT THEIR NEEDS WERE MET OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION PREVENTION (HEALTH) PROGRAMS, 100% WERE GIVEN THE NECESSARY RESOURCES AROUND TREATMENT OPTIONS, 99% WERE GIVEN OTHER RESOURCES THEY NEEDED, 98% DEMONSTRATED AN INCREASED KNOWLEDGE OF HIV AND/OR STIS AND 95% WERE AWARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OF THEIR HIV AND/OR STI STATUS OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION PREVENTION (RESISTANCE) PROGRAMS, 90% FELT THEY HAD AN ADULT THEY COULD TRUST TO TALK TO ABOUT THINGS THAT ARE BOTHERING THEM AND 93% LEARNED TO HAVE FUN WITHOUT FOLLOWING OTHERS WHEN THEY ARE NOT MAKING GOOD DECISIONS OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PARTNER VIOLENCE (BATTERERS INTERVENTION) PROGRAMS, 95% DISPLAYED INTENT TO REMAIN VIOLENCE FREE IN THE FUTURE, 97% HAD A BETTER UNDERSTANDING THAT THE ABUSE WAS THE IR FAULT AND 97% FELT THEY HAD A BETTER UNDERSTANDING OF THE EFFECTS OF DOMESTIC VIOLENCE OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PARTNER VIOLENCE (VICTIM SAFETY) PROGRAMS, 95% HAD MORE KNOWLEDGE ABOUT SAFETY PLANNING, 95% WERE MORE AWARE OF RESOURCES THEY COULD USE IN THE FUTURE AND 95% KNEW MORE ABOUT THEIR RIGHTS AND OPTIONS IN THE LEGAL SYSTEM OF THE ADULTS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 83% UNDERSTOOD THEIR RIGHTS, 86% PHYSICAL HEALTH CONCERNS WERE ADDRESSED, 86% FELT SAFER AND MORE SECURE, 85% WERE MORE PHYSICALLY ACTIVE, 83% WERE BETTER ABLE TO COPE WITH STRESS, 76% ATTENDED SOCIAL ACTIVITIES, 82% SOCIALIZED AND MADE FRIENDS, 83% FELT THEY HAD A VOICE IN MAKING THEIR OWN CHOICE, 88% EXPRESSED THEIR NEEDS AND 85% COULD SOLVE THEIR OWN PROBLEMS OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 99% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS, 85% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT, 96% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL AND 95% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED PREGNANCY PARENTING AND SUPPORT SERVICES PROGRAMS, 98% CONNECTED TO A MEDICAL HOME, 87% BROUGHT BABY IN FOR A SIX-WEEK CHECKUP, 90% ATTENDED A PARENTING PROGRAM OR WERE REFERRED TO A PARENTING PROGRAM, 98% WERE EDUCATED ON THE BENEFITS OF BREASTFEEDING, 97% WERE EDUCATED ON SAFE SLEEP ENVIRONMENTS, 100% HAD A HEALTHY PREGNANCY OUTCOME, 91% CARRIED THE BABY TO TERM AND 92% DELIVERED A BABY WITH A HEALTHY BIRTH WEIGHT OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED ASSESSMENT REFERRAL AND SUPPORT PROGRAMS, 99% FELT THEY WERE LISTENED TO AND SUPPORTED, 96% FELT THEY HAD AN INCREASED SENSE OF HOPE AFTER THE CALL, 98% FELT THEY KNEW WHAT THEIR NEXT STEPS WERE AND 98% FELT THEY GOT WHAT THEY NEEDED FROM THE CALL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS STRONG, PRODUCTIVE COMMUNITIES ARE DEPENDENT UPON A SKILLED WORKFORCE THAT CAN COMPETE IN A GLOBAL ECONOMY IT'S NOT ENOUGH TO INTERVENE IN HIGH SCHOOL IT IS CRITICAL TO REACH CHILDREN EARLY-EVEN BEFORE THEY START SCHOOL ONCE A YOUNG PERSON FALLS BEHIND, IT CAN BE VERY DIFFICULT TO CATCH UP IF A CHILD ISN'T READING AT GRADE LEVEL BY 3RD GRADE-THEY MAY NEVER CATCH UP UNITED WAY IS WORKING WITH SCHOOLS AND ORGANIZATIONS TO CHANGE THAT, AND HELPING TO ENSURE THAT EVERY CHILD HAS A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN PROGRAMS THAT PRODUCE RESULTS IN 2018 - 2019, UNITED WAY WILL INVEST \$8,906,701 IN EDUCATION PROGRAMS GOALS IN EDUCATION PROVIDE FUNDING TO INCREASE THE NUMBER OF CHILDREN WHO * ENTER SCHOOL READY TO SUCCEED * READ PROFICIENTLY BY THIRD GRADE * ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL * HAVE GOALS FOR THEIR FUTURES * DISPLAY IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS * GRADUATE FROM HIGH SCHOOL ON TIME * ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE UNITED WAY'S INVESTMENT AREAS IN EDUCATION * EARLY CHILDHOOD EDUCATION AIMS TO INCREASE THE NUMBER OF CHILDREN WHO ENTER SCHOOL READY TO SUCCEED * STRENGTHENING FAMILIES SUPPORTS SUCCESS WITHIN THE FAMILY UNIT AND IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS AMONG CHILDREN YOUTH DEVELOPMENT FOCUSES ON INCREASING THE NUMBER OF CHILDREN WHO READ PROFICIENTLY BY THIRD GRADE, ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL, DEVELOP RESISTANCE SKILLS, INCREASE SCHOOL ENGAGEMENT, HAVE GOALS AND ASPIRATION, GRADUATE HIGH SCHOOL ON TIME, AND ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE UNITED WAY'S IMPACT IN EDUCATION OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS, 86% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS, 81% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS, AND 82% COOPERATED WITH OTHER CHILDREN OF THE PARENTS /CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS, 90% LEARNED POSITIVE WAYS TO DEAL WITH STRESS, 92% HAD IMPROVED OVERALL HEALTH, 91% HAD DECREASED STRESS LEVELS, 96% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS, 97% IMPROVED THEIR EMOTIONAL/BONDING RELATIONSHIP WITH THEIR CHILD(REN) AND 98% WERE BETTER ABLE TO CONTROL THEIR ANGER OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS, 85% COOPERATED WITH OTHER CHILDREN, 85% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED THEIR BEHAVIOR, 87% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN SOCIAL/EMOTIONAL SKILLS, 92% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS AND 84% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS, 90% LEARNED POSITIVE WAYS TO DEAL WITH STRESS, 85% DECREASED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THEIR STRESS, 96% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS, 98% USED THE SKILLS THEY LEARNED FROM THE PROGRAM AND 96% WERE ABLE TO CONTROL THEIR ANGER OF THE CHILDREN AGE 5-11 WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS, 91% HAVE GOALS AND PLANS FOR THE FUTURE, 95% HAVE PLANS FOR THE NEXT YEAR, 96% TRIED THEIR BEST IN SCHOOL, 87% FINISHED THEIR HOMEWORK ON TIME AND 89% WENT TO SCHOOL EACH DAY (UNLESS THEY WERE SICK) OF THE CHILDREN AGES 12 AND OLDER WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS, 88% BELIEVED THEY COULD MAKE A DIFFERENCE IN THEIR COMMUNITY, 81% VOLUNTEERED IN THEIR COMMUNITY, 86% WERE ABLE TO RESIST PRESSURE FROM OTHER WHO TRY TO GET THEM TO DO THINGS THEY DON'T WANT TO DO, 82% KNEW HOW TO REFUSE SOMEONE THEY LIKED IF ASKED TO HAVE SEX AND 88% SPEND TIME WITH FRIENDS WHO DID NOT USE ALCOHOL OR OTHER DRUGS FINANCIAL STABILITY - HELPING FAMILIES ACHIEVE FINANCIAL STABILITY THROUGH INCREASED ADULT EDUCATION OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL FAMILIES ARE FINANCIALLY STABLE FEWER FINANCIAL STRESSES LEAD TO HEALTHIER LIVES, IMPROVED WORK PERFORMANCE, AND BETTER EDUCATION OUTCOMES UNITED WAY INVESTS IN PROGRAMS THAT HELP ADULTS IMPROVE THEIR EDUCATION LEVEL AND CREATE A MORE FINANCIALLY SECURE FUTURE FOR THEMSELVES AND THEIR FAMILIES UNITED WAY'S WORK IN INCOME IS FOCUSED ON ENSURING ALL FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY IN 2018-19, UNITED WAY WILL INVEST \$4,194,027 IN FINANCIAL STABILITY PROGRAMS GOALS IN INCOME INCREASE THE NUMBER OF ADULTS & FAMILIES WHO * ARE ABLE TO MEET THEIR BASIC NEEDS * GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY-SUSTAINING WAGE * HAVE ACCESS TO CULTURALLY APPROPRIATE RELOCATION AND REUNIFICATION SERVICES AS IMMIGRANTS OR REFUGEES * HAVE ACCESS TO HIGH QUALITY, FREE, OR LOW COST LEGAL SERVICES * SAVE FOR A HOME OR POSTSECONDARY EDUCATION UNITED WAY'S INVESTMENT ARE AS IN INCOME BASIC NEEDS SUPPORTING THE BASIC NEEDS OF THOSE WHO ARE MOST VULNERABLE * FOOD ASSISTANCE ENSURES YOUTH AND ADULTS HAVE ACCESS TO HEALTHY MEALS AND FRESH PRODUCE IN AREAS WHERE FOOD IS SCARCE * EMERGENCY SHELTER & HOUSING ASSISTANCE PROVIDES EMERGENCY ASSISTANCE FOR UTILITIES AND SHELTER TO INDIVIDUALS AND FAMILIES * TRANSPORTATION ASSISTS INDIVIDUALS WHO CANNOT DRIVE, DO NOT OWN A CAR, CANNOT AFFORD TO REPAIR THEIR CAR, OR OTHERWISE HAVE NO TRANSPORTATION AND FACE SIGNIFICANT BARRIERS WHEN ACCESSING SERVICES FOR HEALTH, EMPLOYMENT, AND SELF-SUFFICIENCY * LEGAL AID PROVIDES FREE TO MODERATELY-PRICED LEGAL SERVICES TO VULNERABLE RESIDENTS * EMPLOYMENT BUILDING EDUCATION CREDENTIALS AND SKILL CERTIFICATION TO OVERCOME BARRIERS TO EMPLOYMENT * ADULT EDUCATION CREDENTIALS INCREASES ENROLLMENT IN AND COMPLETION OF LITERACY CERTIFICATION, TRAINING, AND DEGREE PROGRAMS * FINANCIAL CAPABILITY PROMOTING FINANCIAL STABILITY AND INDEPENDENCE UNITED WAY'S IMPACT IN INCOME OF THOSE WHO UT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ILIZED UNITED WAY-FUNDED ADULT LEARNING PROGRAMS, 97% LEARNED THE BASICS OF A CHECKING/SAVINGS ACCOUNT, 78% PUT MONEY IN A CHECKING/SAVINGS ACCOUNT, 97% MADE PROGRESS TOWARDS THEIR ACADEMIC GOALS, 88% IMPROVED THEIR COMPUTER SKILLS, 100% HAD A GREATER BELIEF IN THEMSELVES AND 96% LEARNED PROBLEM SOLVING SKILLS OF THOSE THAT UTILIZED UNITED WAY-FUNDED EMERGENCY SHELTERS, 82% FELT THEIR HOUSING WOULD IMPROVE AFTER LEAVING THE SHELTER, 88% SET PERSONAL GOALS TOWARDS SELF-IMPROVEMENT, 76% MADE PROGRESS TOWARDS THEIR GOALS AND 96% FELT THEIR BASIC NEEDS WERE MET OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED FINANCIAL LITERACY PROGRAMS, 99% KNEW THAT THERE ARE BENEFITS TO USING A BANK ACCOUNT, 95% OPENED A CHECKING/SAVINGS ACCOUNT, 90% PUT MONEY IN A CHECKING/SAVINGS ACCOUNT, 99% HAD A GREATER BELIEF IN THEMSELVES, 97% LEARNED TO ORGANIZE THEIR TIME AND 97% LEARNED PROBLEM SOLVING SKILLS OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED EMERGENCY FOOD PANTRIES, 83% HAD A BETTER UNDERSTANDING OF HEALTHY EATING HABITS, 83% WERE OFFERED RESOURCES ABOUT HEALTHY EATING HABITS, 75% WERE ABLE TO USE THEIR MONEY TOWARDS OTHER AREAS OF THEIR BUDGET AND 78% FELT THEIR 3-5 DAY EMERGENCY FOOD NEEDS WERE MET OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED ACCESS TO AFFORDABLE AND HEALTHY FOOD PROGRAMS, 85% SAVED MONEY ON THEIR GROCERY BILLS, 96% SAID THAT THE LOCATION WAS CONVENIENT AND 73% INCREASED THEIR CONSUMPTION OF HEALTHY FOODS OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HOUSING AND HOMEOWNERSHIP PROGRAMS, 100% WILL BE BETTER ABLE TO HANDLE SIMILAR SITUATIONS IN THE FUTURE BECAUSE OF WHAT THEY LEARNED, 90% AVOIDED FORECLOSURE, EVICTION OR HOMELESSNESS, AND 94% WERE ABLE TO MAINTAIN OR SECURE SAFE AND AFFORDABLE HOUSING OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED IMMIGRATION AND REFUGEE SERVICES PROGRAMS, 89% RECEIVED ASSISTANCE OR RESOURCES FOR LEGAL HELP, 89% UNDERSTOOD THEIR LEGAL STATUS, 89% UNDERSTOOD THEIR EMPLOYMENT ELIGIBILITY, 81% KNEW WHEN THEY WOULD QUALIFY FOR PERMANENT RESIDENCY OR CITIZENSHIP, 97% FELT STAFF WERE RESPECTFUL OF THEIR CULTURE AND 98% UNDERSTOOD WHAT TO EXPECT NEXT OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 83% UNDERSTOOD THEIR RIGHTS, 86% PHYSICAL HEALTH CONCERNS WERE ADDRESSED, 86% FELT SAFER AND MORE SECURE, 85% WERE MORE PHYSICALLY ACTIVE, 83% WERE BETTER ABLE TO COPE WITH STRESS, 76% ATTENDED SOCIAL ACTIVITIES, 82% SOCIALIZED AND MADE FRIENDS, 83% FELT THEY HAD A VOICE IN MAKING THEIR OWN CHOICE, 88% EXPRESSED THEIR NEEDS AND 85% COULD SOLVE THEIR OWN PROBLEMS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 99% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS, 85% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT, 96% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL, AND 95% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED REDUCING BARRIERS TO EMPLOYMENT PROGRAMS, 87% ACHIEVED/GAINED JOB-SPECIFIC CREDENTIALS (CERTIFICATE, LICENSE, ETC), 83% IMPROVED THEIR COMPUTER SKILLS, 83% IMPROVED THEIR JOB INTERVIEWING SKILLS AND 90% IMPROVED THEIR RESUME WRITING SKILLS SPECIAL INITIATIVES AS A COMMUNITY, WE MUST INVEST OUR RESOURCES EFFICIENTLY AND IN A WAY THAT WILL LEAD TO LONG-TERM CHANGE UNITED WAY ENGAGES THE COMMUNITY IN A NUMBER OF SPECIAL INITIATIVES THAT BRING PEOPLE AND RESOURCES FROM ACROSS THE COMMUNITY TOGETHER WE WORK TOGETHER TO SET PRIORITIES AND BUILD STRATEGIES THAT DRIVE LONG-TERM CHANGE WE DO THIS THROUGH A NUMBER OF SPECIAL INITIATIVES IN OUR STRATEGIC ISSUE AREAS OF EDUCATION, INCOME, AND HEALTH EDUCATION INITIATIVES MILWAUKEE SUCCEEDS UNITED WAY IS LEADING THE WORK TO HELP CHILDREN REACH THEIR HIGHEST LEVEL OF SCHOOL READINESS BEFORE THEY ENROLL IN KINDERGARTEN AS A FOUNDING PARTNER IN MILWAUKEE SUCCEEDS, A COMMUNITY-WIDE INITIATIVE ENSURING SUCCESS FOR EVERY CHILD, IN EVERY SCHOOL, CRADLE TO CAREER, UNITED WAY HAS BUILT COLLABORATIONS WITH OVER 100 ORGANIZATIONS TO ACHIEVE THE FOLLOWING QUALITY EARLY CHILDHOOD EDUCATION WE SURPASSED OUR 2020 TARGET FOR THE NUMBER OF CHILDREN IN HIGH QUALITY (FOUR STAR AND FIVE STAR-RATED) CHILD CARE PROGRAMS AS A RESULT, THE NUMBER OF CHILDREN ENROLLED IN HIGH-QUALITY PROGRAMS INCREASED FROM 13% TO 18% QUALITY IMPROVEMENT OF CHILD CARE IN PARTNERSHIP WITH WISCONSIN EARLY CHILDHOOD ASSOCIATION, MILWAUKEE AREA TECHNICAL COLLEGE, AND MILWAUKEE PUBLIC LIBRARY, WE HAVE PROVIDED PROFESSIONAL DEVELOPMENT, COLLEGE CREDITS, AND COACHING AND MENTORING FOR OVER 50 EARLY CHILDHOOD EDUCATION TEACHERS OVER THE PAST YEAR DEVELOPMENTAL SCREENING OVER 300 EARLY CHILDHOOD HEALTH AND EDUCATION PROFESSIONALS HAVE BEEN TRAINED TO IMPLEMENT EVIDENCE-BASED DEVELOPMENTAL SCREENING DEVELOPMENTAL SCREENING IS CRITICAL TO EDUCATE PARENTS ABOUT THEIR CHILD'S DEVELOPMENT AND HELP CHILDREN ACHIEVE THEIR FULLEST POTENTIAL EARLY CHILDHOOD IMMUNIZATION ALL OF MILWAUKEE'S HOSPITAL HEALTH SYSTEMS AND FEDERALLY QUALIFIED HEALTH CLINICS ARE WORKING TOGETHER TO INCREASE IMMUNIZATIONS BY SHARING IMMUNIZATION DATA, BEST PRACTICES, AND MESSAGING STRATEGIES UP-TO-DATE IMMUNIZATIONS PLAY A CRITICAL ROLE IN THE HEALTH AND WELLBEING OF YOUNG CHILDREN LEARN MORE ABOUT OUR WORK WITH MILWAUKEE SUCCEEDS AT HTTPS://WWW.UNITEDWAYGMWC.ORG/MILWAUKEE-SUCCEEDS-HELPING-KIDS-SUCCEED - WAUKESHA IN 2018, UNITED WAY WILL CONTINUE TO SUPPORT PROGRAMS AT GPS EDUCATION PARTNERS, WISCONSIN COMMUNITY SERVICES, AND THE SCHOOL DISTRICT OF WAUKESHA TO IMPACT THE HIGH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HIGH-NEED SCHOOLS IN THE WAUKESHA SCHOOL DISTRICT THE GOALS FOR HELPING KIDS SUCCEED INCLUDE SUPPORTING EDUCATORS, INCREASING STUDENT ACHIEVEMENT, ENHANCING FAMILY STABILITY AND EMPOWERMENT, AND IMPROVING COMMUNITY ENGAGEMENT AND AWARENESS LEARN MORE ABOUT HELPING KIDS SUCCEED AT WWW.UNITEDWAYGMWC.ORG/HELPING-KIDS-SUCCEED-INITIATIVE READERS UNITED A YEAR-ROUND INITIATIVE TO PROMOTE LITERACY INCLUDES BUILD MY BOOKSHELF BUILD MY BOOKSHELF IS A LITERACY PROGRAM THAT PUTS BOOKS INTO THE HANDS OF SCHOOL DISTRICT OF WAUKESHA STUDENTS WHO MAY HAVE NEVER OWNED THEIR OWN BOOK TAKING PLACE THROUGHOUT THE SCHOOL YEAR, PARTICIPATING SCHOOLS HOST TWO BOOK FAIRS WHERE VOLUNTEERS HELP STUDENTS CHOOSE THREE BRAND NEW, FREE BOOKS, TO BUILD THEIR OWN HOME LIBRARIES EMERGING READERS LAUNCHED BY THE UNITED WAY EMERGING LEADERS, EMERGING READERS PROVIDES THE OPPORTUNITY TO MAKE A POSITIVE IMPACT IN THE LIFE OF A LOCAL CHILDREN BY SHARING THE JOY OF READING PARTICIPANTS ARE MATCHED WITH A FAMILY OR A CHILD AT A UNITED WAY PARTNER AGENCY AND DONATE AGE-APPROPRIATE READING MATERIALS FOR THE CHILD OR FAMILY FOUR TIMES A YEAR CHILDREN RECEIVING BOOKS PARTICIPATED IN YOUTH PROGRAMMING AT THE FOLLOWING PROGRAM PARTNER AGENCIES BIG BROTHERS BIG SISTERS OF GREATER MILWAUKEE, BOYS & GIRLS CLUBS OF GREATER MILWAUKEE, COA YOUTH & FAMILY CENTERS, PENFIELD CHILDREN'S CENTER, AND UNITED COMMUNITY CENTER GROWING LITTLE READERS UNITED WAY HAS PARTNERED WITH NEXT DOOR TO PROVIDE FREE BOOKS AND FUN LITERACY ACTIVITIES IN WORKSHOPS TO FAMILIES AT EACH OF NEXT DOOR'S 14 EARLY HEAD START LOCATIONS ALL SUMMER LONG PARENTS WHO HAVE BOOKS TO READ WITH THEIR KIDS, AND KNOW STRATEGIES TO HELP THEIR CHILDREN LEARN AND LOVE TO READ EARLY ON, SET THEIR FAMILY UP FOR SUCCESS IN THE FUTURE MY VERY OWN LIBRARY IN 2017-18, UNITED WAY, WITH OUR PARTNERS AT MILWAUKEE PUBLIC SCHOOLS, SCHOLASTIC AND A FAMILY FOUNDATION CONTINUE TO SUPPORT MY VERY OWN LIBRARY, A LITERACY INITIATIVE DEDICATED TO PUTTING BOOKS INTO THE HANDS OF CHILDREN IN NEED TO DATE, WE'VE DISTRIBUTED OVER 60,000 BOOKS TO STUDENTS IN 14 MILWAUKEE PUBLIC SCHOOLS PARTICIPATING STUDENTS IN THE CHOSEN SCHOOLS HAVE THE OPPORTUNITY TO SELECT 10 NEW CHILDREN'S BOOKS OVER THE COURSE OF THREE BOOK FAIRS TO CREATE THEIR OWN HOME LIBRARY NEW! READS FOR SUMMER LEARNING UNITED WAY IS LAUNCHING THE READS FOR SUMMER LEARNING PROJECT IN 2018 OVER THE SUMMER, CHILDREN CAN LOSE TWO TO THREE MONTHS OF READING SKILLS LEARNED DURING THE SCHOOL YEAR - OFTEN CALLED THE SUMMER SLIDE READS USES AN EVIDENCE-BASED MODEL FROM HARVARD UNIVERSITY RESEARCHERS TO PRESERVE OR GROW STUDENTS' READING SKILLS OVER THE SUMMER IN 2018, STUDENTS IN SUMMER PROGRAMMING AT LINCOLN AVENUE SCHOOL AND BROWNING ELEMENTARY WILL BE MATCHED WITH 10 NEW BOOKS INDIVIDUALIZED TO THEIR INTERESTS AND ABILITIES THE BOOKS ARE PAIRED WITH COMPREHENSION ACTIVITY SHEETS FOR STUDENTS AND THEIR PARENTS TO COMPLETE, AND THE CHILDREN GET TO KEEP THE BOOKS NEW! VELLO VIRTUAL R</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>EADING TUTORS UNITED WAY SUPPORTS VELLO, AN ONLINE TUTORING PROGRAM THAT CONNECTS VOLUNTEER RS TO LOCAL 1ST-3RD GRADE STUDENTS TO GUIDE THEM THROUGH ADAPTIVE READING SOFTWARE WITHOU T LEAVING WORK, VOLUNTEERS CAN READ WITH CHILDREN RIGHT IN THEIR CLASSROOMS IN JUST 30-MIN UTES PER WEEK IN THE 2017-18 SCHOOL YEAR, 37 VOLUNTEERS PROVIDED 270 HOURS OF TUTORING TO HELP 23 CHILDREN CATCH UP IN THEIR READING SKILLS THANKS TO SPONSORSHIPS FROM MARQUETTE UNIVERSITY, NORTHWESTERN MUTUAL, AND OTHER PARTNERS, WE WILL CONTINUE TO ASSIST MORE STUDE NTS TO BE PROFICIENT READERS IN 2018 FINANCIAL STABILITY INITIATIVES ASSET BUILDING - WAU KESHA UNITED WAY HAS ADDRESSED THE INABILITY FOR SOME OF WAUKESHA COUNTY'S CITIZENS TO MEE T THEIR BASIC NEEDS, WHICH AFFECTS THE ENTIRE COMMUNITY WE FOCUS FUNDING FOR ASSET BUILDI NG ON TEACHING FAMILIES AND INDIVIDUALS WHO ARE STRUGGLING TO MEET THEIR BASIC NEEDS THE S KILLS NEEDED TO INCREASE INCOME, BUILD SAVINGS, AND GAIN ASSETS UNITED WAY FUNDS STRATEGI ES THAT PROVIDE INTENSIVE ONE-ON-ONE CASE MANAGEMENT TO TEACH BUDGETING SKILLS AND CREATE SHORT-AND LONG-TERM GOALS RAISE AWARENESS OF THE IMPORTANCE OF BUILDING AND INCREASING S AVINGS AND CREDIT THROUGH FINANCIAL LITERACY SEMINARS, EDUCATIONAL MATERIALS, AND WORKSHOP S INCREASE EMPLOYABILITY AND DEVELOP A DEPENDABLE WORKFORCE UTILIZING CAREER COUNSELORS A ND CLASSROOM TRAINING USE SKILLS THAT THEY LEARN TO INCREASE TOTAL INCOME SO THEY CAN INV EST THEIR MONEY IN LARGER PURCHASES SUCH AS CARS, HOMES, AND INSURANCE CONTINUUM OF CARE - COORDINATED ENTRY UNITED WAY IS THE LEAD AGENCY FOR THE CONTINUUM OF CARE COORDINATED EN TRY WORKGROUP AND SURROUNDING EFFORTS THE WORKGROUP DESIGNED AND NOW MAINTAINS A COORDINA TED ENTRY SYSTEM TO IMPROVE EFFECTIVE ACCESS TO HOMELESSNESS PREVENTION, SHELTER DIVERSION , COMMUNITY CASE MANAGEMENT, EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND OTHER SERVICES T O SUPPORT HOUSING STABILITY COORDINATED ENTRY IS BASED ON THE HOUSING FIRST MODEL THAT PR OVES IT IS LESS EXPENSIVE TO PROVIDE PERMANENT HOUSING WITH WRAP-AROUND SUPPORTIVE SERVICE S TO SOMEONE THAN IT IS TO PAY FOR EMERGENCY SERVICES THAT THOSE SAME INDIVIDUALS WOULD AC CESS LIVING ON THE STREETS ONCE A PERSON HAS SAFE, STABLE HOUSING, THEY CAN THEN FOCUS ON REBUILDING THE OTHER ASPECTS OF THEIR LIFE BETWEEN APRIL 2017 AND APRIL 2018, COORDINATE D ENTRY LED TO THE FOLLOWING 132 FAMILIES EXPERIENCING HOMELESSNESS WERE GIVEN PERMANENT HOUSING 289 SINGLE ADULTS EXPERIENCING CHRONIC HOMELESSNESS MOVED INTO PERMANENT, SUPPORT IVE HOUSING ABOUT 100 HOUSEHOLDS WERE PROVIDED EMERGENCY SHELTER EACH MONTH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>COMMUNITY MEDIA EFFORTS SERVE, A NONPROFIT AD AGENCY HAS DEVELOPED THE LOOK AND MESSAGING FOR THE MEDIA-DRIVEN TEEN PREGNANCY PREVENTION CAMPAIGN A TIMELINE COMMEMORATING TEN YEARS OF THE TEEN PREGNANCY PREVENTION COLLABORATIVE CAN BE FOUND HERE</p> <p>HTTPS //WWW UNITEDWAYGMWC ORG/TEEN-PREGNANCY-PREVENTION-CAMPAIGNS CURRENT IMPACT THE MOST RECENT DATA (2014) SHOWS THAT THE TEEN BIRTHRATE HAS DROPPED BELOW 300 FOR THE FIRST TIME IN HISTORY HOWEVER, BECAUSE THERE ARE FEWER TEENS OVERALL, THE OVERALL TEEN BIRTHRATE TICKED UPWARD SLIGHTLY FROM 22 9 BIRTHS PER 1,000 FEMALES AGED 15 TO 17 TO 23 7 BIRTHS PER 1,000 FEMALES AGES 15 TO 17 SINCE 2006, THE EFFORT TO REDUCE TEEN PREGNANCY HAS BEEN LED BY UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, WHICH HAS BROUGHT TOGETHER A DIVERSE COLLABORATIVE OF COMMUNITY STAKEHOLDERS THAT INCLUDED LOCAL BUSINESSES, MEDIA OUTLETS, HEALTH CARE PROVIDERS, SCHOOLS, AND COMMUNITY AND FAITH-BASED ORGANIZATIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	VOLUNTEER ENGAGEMENT UNITED WAY PROVIDES MULTIPLE WAYS FOR COMMUNITY MEMBERS TO ENGAGE BY INVITING INDIVIDUALS, BUSINESSES AND COMMUNITY ORGANIZATIONS TO LIVE UNITED BY GIVING, ADVOCATING AND VOLUNTEERING VOLUNTEERING THROUGH UNITED WAY GREATER MILWAUKEE & WAUKESHA COUNTY IS A GREAT WAY TO GIVE BACK, WHILE GETTING INVOLVED IN HELPING SOME OF THE 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 UNITED WAY IS ALSO MEETING THE NEEDS OF OUR CORPORATE CUSTOMERS AND DONORS THROUGH YEAR-ROUND ENGAGEMENT UNITED WAY ENGAGED MORE THAN 175 BUSINESSES AND COMMUNITY GROUPS THIS PAST FISCAL YEAR EXAMPLES OF UNITED WAY VOLUNTEER SIGNATURE EVENTS INCLUDE SEASON OF CARING, INTERN DAY OF ACTION, PROJECT HOMELESS CONNECT, MY VERY OWN LIBRARY, THE MEN'S AND WOMEN'S JOB SEMINARS, AND FILL THE FREEZER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>GRANTS MILWAUKEE LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES COLLABORATIVE UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY WAS SELECTED BY THE WISCONSIN PARTNERSHIP PROGRAM (WPP) AT THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH TO LEAD ITS LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES (LIHF) IN MILWAUKEE, ALLOWING UNITED WAY TO EXPAND ITS EFFORTS TO REDUCE MILWAUKEE'S INFANT MORTALITY RATE THE MILWAUKEE LIHF COLLABORATIVE IS DEDICATED TO IMPROVING COMMUNITY CONDITIONS THAT SUPPORT HEALTHY BIRTH OUTCOMES IT CONVENES DIVERSE COMMUNITY STAKEHOLDERS FROM AFFECTED COMMUNITIES, AS WELL AS BUSINESSES, NONPROFIT ORGANIZATIONS, AND THE PUBLIC SECTOR TO IDENTIFY A SHARED AGENDA TO PREVENT PREMATURETY AND REDUCE INFANT MORTALITY RATES IN MILWAUKEE MILWAUKEE LIHF COLLABORATIVE HAS THREE INTERCONNECTED STRATEGIES TO REDUCE THE INFANT MORTALITY RATE * REDUCE POVERTY AND ENVIRONMENTAL STRESS * EXPAND HEALTH CARE ACCESS OVER THE LIFE COURSE OF PARENTS AND CHILDREN * STRENGTHEN FATHER INVOLVEMENT COMMUNITY SCHOOLS INITIATIVE THE MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP (MCSP) IS A STRATEGY IMPLEMENTED BY MILWAUKEE PUBLIC SCHOOLS AND UNITED WAY TO TRANSFORM THE WAY A SCHOOL INTERACTS WITH ITS STUDENTS, THEIR FAMILIES AND THE SURROUNDING COMMUNITY TO BETTER SUPPORT ALL THE NEEDS OF A CHILD THE COMMUNITY SCHOOLS MODEL WORKS TO INCREASE A SCHOOL'S CAPACITY TO GROW STRONG PARTNERSHIPS WITH ITS SURROUNDING COMMUNITY AND BETTER ENGAGE AND ALIGN RESOURCES CENTERED ON THE SELF-IDENTIFIED, REAL-TIME NEEDS OF COMMUNITIES OUR STRATEGY PLACES THE FOCUS ON THE WHOLE CHILD, WITH THE UNDERSTANDING THAT A CHILD BELONGS TO A FAMILY, AND THAT FAMILY LIVES AND INTERACTS WITHIN A LARGER COMMUNITY CURRENT MCSP SCHOOLS (AUER AVENUE SCHOOL, BRADLEY TECH, HOPKINS-LLOYD COMMUNITY SCHOOL AND JAMES MADISON ACADEMIC CAMPUS) MAY HAVE DIFFERENT FOCUSES AND ACTIVITIES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES, BUT ALL SHARE CORE CHARACTERISTICS * A SHARED VISION THAT INTEGRATES INTO THE WORK OF THE SCHOOL AND ALL PARTNERS * DEMONSTRATED LONG-TERM COMMITMENT AND SHARED OWNERSHIP AS EVIDENCED BY A PARTNERSHIP AGREEMENT SIGNED BY THE SCHOOL, DISTRICT, AND LEAD PARTNER AGENCY * A FULL-TIME COMMUNITY SCHOOL COORDINATOR HIRED BY A NON-PROFIT PARTNER AND PLACED IN THE SCHOOL TO ASSESS, ALIGN, AND SUPPORT PROGRAMS AND RESOURCES TO ACHIEVE THE SHARED VISION * LOCAL DECISION-MAKING REGARDING THE SHARED VISION AND PRIORITIES OF 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 RESPOND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>S TO THE SELF-IDENTITIES OF STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS * A FOCUS ON EQUITY THAT PERMEATES ALL ACTIVITIES OF THE COMMUNITY SCHOOL TO ENSURE THAT STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS ALL HAVE THE SAME OPPORTUNITIES AND ACCESS TO RESOURCES TO HELP THEM SUCCEED SUCCESSFUL IMPLEMENTATION OF A COMMUNITY SCHOOLS MODEL HAS BEEN PROVEN ACROSS THE COUNTRY TO IMPROVE CLIMATE AND CULTURE, ACADEMIC ACHIEVEMENT, AND INVESTMENT IN LOCAL NEIGHBORHOODS HERE IN MILWAUKEE, WE ARE DIRECTLY WORKING TO IMPROVE * STUDENT ATTENDANCE AND ACADEMIC ENGAGEMENT * LEVELS OF TRUST BETWEEN SCHOOL, FAMILY AND BROADER COMMUNITY * ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STUDENT SUCCESS * THE 2015-2016 SCHOOL YEAR WAS THE FIRST FULL YEAR OF IMPLEMENTATION FOR THE MCSP BROWNING ELEMENTARY, LINCOLN AVENUE SCHOOL AND SOUTH DIVISION HIGH SCHOOL HAVE BEEN ADDED FOR THE 2016-17 SCHOOL YEAR AND LONGFELLOW SCHOOL WAS ADDED IN 2017-2018 BRINGING THE TOTAL NUMBER OF SCHOOLS IN THE PARTNERSHIP TO EIGHT PROJECT LIFELINE, TEEN PREGNANCY PREVENTION GRANT THE BOYS AND GIRLS CLUBS OFFICE ON ADOLESCENT HEALTH TEEN PREGNANCY PREVENTION (B GCGM TPP) GRANT SPECIFICALLY REACHES YOUTH IN TARGET ZIP CODES (53204, 53206, 53208, 53210 , 53212, AND 53215) THROUGH IN-SCHOOL, AFTERSCHOOL, COMMUNITY-BASED AND HOUSE OF CORRECTIONS OUTREACH USING EVIDENCE-BASED COMPREHENSIVE AND ABSTINENCE-BASED SEXUAL HEALTH CURRICULA, SERVING OVER 3,000 YOUTH PER YEAR THE BCGM TPP GRANT ALSO BRINGS TOGETHER A COMMUNITY ADVISORY COMMITTEE FOR INFORMATION SHARING AND TRAINING, A YOUTH LEADERSHIP COUNCIL - MADE UP OF YOUTH FROM THE TARGET ZIP CODES TO ADVISE US ON STRATEGIES FOR THE GRANT, YOUTH FRIENDLY HEALTH & RESOURCE FAIRS ON THE NORTH AND SOUTH SIDES OF MILWAUKEE, A COMMUNITY-WIDE YOUTH SYMPOSIUM, AND WILL UTILIZE THE EXISTING BABYCANWAIT COM WEBSITE AND SOCIAL MEDIA OUTLETS TO REACH YOUTH WITH MEDICALLY ACCURATE INFORMATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BYLAWS ALLOW FOR DELEGATION OF AUTHORIZITY TO THE EXECUTIVE COMMITTEE WHICH ONLY INCLUDES BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MEMBERS OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA'S EXECUTIVE AND AUDIT COMMITTEE REVIEWED FORM 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12B	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE CODE OF PROFESSIONAL ETHICS DOCUMENT NEW EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFIDENTIALITY DOCUMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE CODE OF PROFESSIONAL ETHICS DOCUMENT NEW EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFIDENTIALITY DOCUMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN EXECUTIVE REVIEW COMMITTEE COMPRISED OF MEMBERS OF THE BOARD EVALUATES THE CEO'S ANNUAL PERFORMANCE AND MAKES A RECOMMENDATION FOR COMPENSATION ADJUSTMENTS TO THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATIONS WEBSITE AND UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PROVISION FOR UNCOLLECTIBLE PLEDGES -54,206

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C EXPLANATION	THE AUDIT COMMITTEE IS RESPONSIBLE FOR APPROVAL OF THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTING FIRM TO PERFORM THE ANNUAL AUDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
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