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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

225 WEST VINE STREET

City or town, state or province, country, and ZIP or foreign postal code  
MILWAUKEE, WI 53212

D Employer identification number

39-0806190

E Telephone number

(414) 263-8141

G Gross receipts \$ 64,403,192

F Name and address of principal officer:  
AMY LINDNER  
225 WEST VINE STREET  
MILWAUKEE, WI 53212

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UNITEDWAYGMWC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1909

M State of legal domicile: WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
UNITED WAY CHANGES LIVES AND IMPROVES OUR COMMUNITY BY MOBILIZING PEOPLE/RESOURCES TO DRIVE STRATEGIC IMPACT IN HEALTH, EDUCATION AND FINANCIAL STABILITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

351

450

5149

62,500

7a0

7b0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior YearCurrent Year

56,249,89458,882,574

857,622806,960

990,313232,387

46,67939,159

58,144,50859,961,080

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶4,511,414

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Prior YearCurrent Year

48,508,39949,067,847

00

7,528,6267,303,456

00

3,136,9303,060,860

59,173,95559,432,163

-1,029,447528,917

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current YearEnd of Year

38,095,96737,310,546

7,681,3727,905,416

30,414,59529,405,130

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

2020-12-15

Date

FILIPPO CARINI CHIEF OPERATING OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-12-15

Check ☐ if self-employed

PTIN P00188889

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 8215 GREENWAY BOULEVARD SUITE 600

Phone no. (608) 662-8600

MIDDLETON, WI 53562

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 26,400,674 including grants of \$ 24,529,485 ) (Revenue \$ )

See Additional Data

**4b** (Code: ) (Expenses \$ 1,091,312 including grants of \$ ) (Revenue \$ 353,301 )

See Additional Data

**4c** (Code: ) (Expenses \$ 525,317 including grants of \$ ) (Revenue \$ )

See Additional Data

(Code: ) (Expenses \$ 24,538,362 including grants of \$ 24,538,362 ) (Revenue \$ 453,659 )


















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 \$ 24,538,362 including grants of \$ 24,538,362 ) (Revenue \$ 453,659 )

**4e** Total program service expenses ► 52,555,665

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b> Yes	
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b> Yes	
<b>b</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 	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	49
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	7
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

Form **990** (2019)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	50	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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	
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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).		
<b>16a</b>	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>b</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-A 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.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**►FILIPPO CARINI 225 W VINE STREET MILWAUKEE, WI 53212 (414) 263-8100**

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

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,138,885	0	184,650

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 <b>former</b> 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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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



Form 990 (2019)										Page <b>9</b>	
<b>Part VIII Statement of Revenue</b>											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>									
	<b>b</b> Membership dues . . .	<b>1b</b>									
	<b>c</b> Fundraising events . . .	<b>1c</b>	25,508								
	<b>d</b> Related organizations	<b>1d</b>									
	<b>e</b> Government grants (contributions)	<b>1e</b>	783,492								
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	58,073,574								
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	4,744,654								
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶					58,882,574					
<b>Program Service Revenue</b>			<b>Business Code</b>								
	<b>2a</b> SERVICE FEES	900099		446,409		446,409					
	<b>b</b> VOLUNTEER ENGAGEMENT FEES	900099		353,301		353,301					
	<b>c</b> MEMBERSHIP FEES	900099		7,250		7,250					
	<b>d</b>										
	<b>e</b>										
	<b>f</b> All other program service revenue.										
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶					806,960					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			432,528						432,528	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶										
	<b>5</b> Royalties . . . . . ▶										
			(i) Real	(ii) Personal							
	<b>6a</b> Gross rents	<b>6a</b>									
	<b>b</b> Less: rental expenses	<b>6b</b>									
	<b>c</b> Rental income or (loss)	<b>6c</b>									
	<b>d</b> Net rental income or (loss) . . . . . ▶										
			(i) Securities	(ii) Other							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	2,516,201	1,714,719							
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,629,556	1,801,505							
	<b>c</b> Gain or (loss)	<b>7c</b>	-113,355	-86,786							
	<b>d</b> Net gain or (loss) . . . . . ▶			-200,141						-200,141	
	<b>8a</b> Gross income from fundraising events (not including \$ 25,508 of contributions reported on line 1c). See Part IV, line 18 . . . . .			<b>8a</b>		19,382					
	<b>b</b> Less: direct expenses . . . . .			<b>8b</b>		11,051					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					8,331				8,331	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>9a</b>		1,172					
	<b>b</b> Less: direct expenses . . . . .			<b>9b</b>		0					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					1,172				1,172	
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			<b>10a</b>							
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>								
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶											
Miscellaneous Revenue			Business Code								
<b>11a</b>											
<b>b</b>											
<b>c</b>											
<b>d</b> All other revenue . . . . .					29,656				29,656		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					29,656						
<b>12 Total revenue.</b> See instructions . . . . . ▶					59,961,080		806,960		0		
									271,546		

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	49,067,847	49,067,847		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	552,364	101,236	341,845	109,283
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	5,217,347	1,865,650	1,062,031	2,289,666
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	406,969	169,540	87,360	150,069
<b>9</b> Other employee benefits . . . . .	714,993	254,714	153,640	306,639
<b>10</b> Payroll taxes . . . . .	411,783	138,335	91,518	181,930
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	23,600	1,275	17,934	4,391
<b>c</b> Accounting . . . . .	30,401	1,643	23,102	5,656
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	32,637		32,637	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	493,735	115,391	163,707	214,637
<b>12</b> Advertising and promotion . . . . .	156,990	816	87	156,087
<b>13</b> Office expenses . . . . .	100,619	23,449	30,927	46,243
<b>14</b> Information technology . . . . .	161,225	29,818	22,722	108,685
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	184,835	78,928	32,331	73,576
<b>17</b> Travel . . . . .	48,385	17,583	5,407	25,395
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	57,038	40,166	5,777	11,095
<b>20</b> Interest . . . . .	2,025	616	485	924
<b>21</b> Payments to affiliates . . . . .	583,413	177,520	139,765	266,128
<b>22</b> Depreciation, depletion, and amortization . . . . .	213,859	65,072	51,234	97,553
<b>23</b> Insurance . . . . .	27,921	3,777	17,455	6,689
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	425,975	102,941	80,230	242,804
<b>b</b> CAMPAIGN & AGENCY RELAT	341,121	242,986	2,811	95,324
<b>c</b> PRINTING, PUBLICATIONS,	106,888	56,362	2,079	48,447
<b>d</b> UNITED EWAY EXPENSE	70,193			70,193
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	59,432,163	52,555,665	2,365,084	4,511,414
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		5,128,576	<b>2</b>	4,759,520	
	<b>3</b>	Pledges and grants receivable, net . . . . .		12,862,290	<b>3</b>	12,084,162	
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>		
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		400,000	<b>7</b>	400,000	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		55,550	<b>9</b>	48,768	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	5,260,344			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	3,273,510	2,119,836	<b>10c</b>	1,986,834
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		17,274,352	<b>12</b>	17,736,536	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		255,363	<b>15</b>	294,726	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		38,095,967	<b>16</b>	37,310,546		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		831,346	<b>17</b>	756,083	
	<b>18</b>	Grants payable . . . . .		6,278,579	<b>18</b>	5,428,121	
	<b>19</b>	Deferred revenue . . . . .		524,250	<b>19</b>	1,627,450	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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		47,197	<b>25</b>	93,762	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		7,681,372	<b>26</b>	7,905,416	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		25,976,962	<b>27</b>	24,862,530	
	<b>28</b>	Net assets with donor restrictions . . . . .		4,437,633	<b>28</b>	4,542,600	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		30,414,595	<b>32</b>	29,405,130	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		38,095,967	<b>33</b>	37,310,546		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	59,961,080
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	59,432,163
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	528,917
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,414,595
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	311,535
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,849,917
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	29,405,130

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2019)

Form 990, Part III, Line 4a:

COMMUNITY INVESTMENT STRATEGIES - SEE SCHEDULE O

<b>Form 990, Part III, Line 4b:</b>
<b>VOLUNTEER ENGAGEMENT - SEE SCHEDULE O</b>
<hr/>

**Form 990, Part III, Line 4c:**

GRANTS - SEE SCHEDULE O

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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 ..... VICE CHAIR	1.10 .....	X		X				0	0	0
STEVEN BOOTH ..... DIRECTOR	0.30 .....	X						0	0	0
DANIEL BUKIEWICA ..... DIRECTOR	0.30 .....	X						0	0	0
CHERYL CARRON ..... DIRECTOR	0.30 .....	X						0	0	0
MICHAEL CARTER ..... DIRECTOR	0.30 .....	X						0	0	0
SHEILA COCHRAN ..... DIRECTOR	0.30 .....	X						0	0	0
ERIC CONLEY ..... DIRECTOR	0.30 .....	X						0	0	0
NICOLE CONRAD ..... DIRECTOR	0.30 .....	X						0	0	0
PAMELA FENDT ..... DIRECTOR	0.60 .....	X						0	0	0
KEVIN FLETCHER ..... 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 FLORSHEIM ..... DIRECTOR	0.30 .....	X						0	0	0
MICHAEL FLYNN ..... DIRECTOR	0.30 .....	X						0	0	0
CRISTY GARCIA-THOMAS ..... DIRECTOR	0.30 .....	X						0	0	0
CINDY GNADINGER ..... DIRECTOR	0.30 .....	X						0	0	0
CECELIA GORE ..... DIRECTOR	0.30 .....	X						0	0	0
KELLY GREBE ..... SECRETARY	2.60 .....	X		X				0	0	0
JACQUELINE HERD-BARBER ..... DIRECTOR	0.60 .....	X						0	0	0
NANCY HERNANDEZ ..... DIRECTOR	0.30 .....	X						0	0	0
MARK IRGENS ..... DIRECTOR	0.30 .....	X						0	0	0
JASMINE JOHNSON ..... 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			
SUZANNE KELLEY ..... DIRECTOR	0.30 .....	X						0	0	0
JOHN KISSINGER ..... DIRECTOR	0.30 .....	X						0	0	0
DR JEANNETTE KOWALIK ..... DIRECTOR	0.30 .....	X						0	0	0
DONALD LAYDEN ..... VICE CHAIR	0.60 .....	X		X				0	0	0
MATTHEW LEVATICH ..... DIRECTOR	0.30 .....	X						0	0	0
EARNELL LUCAS ..... DIRECTOR	0.30 .....	X						0	0	0
ROBYN LUDTKE ..... DIRECTOR	0.30 .....	X						0	0	0
JAY MAGULSKI ..... DIRECTOR	0.30 .....	X						0	0	0
GREGORY MARCUS ..... DIRECTOR	0.60 .....	X						0	0	0
BLAKE MORET ..... 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			
WAYNE MORGAN ..... DIRECTOR	0.60 .....	X						0	0	0
CORY NETTLES ..... DIRECTOR	0.60 .....	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	0.60 .....	X						0	0	0
DR KEITH POSLEY ..... DIRECTOR	0.30 .....	X						0	0	0
JONAS PRISING ..... DIRECTOR	0.30 .....	X						0	0	0
AUSTIN RAMIREZ ..... DIRECTOR	2.60 .....	X						0	0	0
DR JOHN RAYMOND ..... DIRECTOR	2.60 .....	X						0	0	0
MICHAEL ROWE ..... 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			
STEVE SALOUTOS ..... DIRECTOR	0.30 .....	X						0	0	0
BERNIE SHERRY ..... DIRECTOR	0.30 .....	X						0	0	0
THELMA SIAS ..... DIRECTOR	0.30 .....	X						0	0	0
ERIKA SMITH ..... DIRECTOR	0.30 .....	X						0	0	0
JUDSON SNYDER ..... DIRECTOR	2.60 .....	X						0	0	0
SCOTT TURNER ..... DIRECTOR	0.30 .....	X						0	0	0
ROBERT VALCQ ..... DIRECTOR	0.30 .....	X						0	0	0
DALE VAN DAM ..... DIRECTOR	0.30 .....	X						0	0	0
THOMAS WESTRICK ..... DIRECTOR	0.30 .....	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 FORMER ..... PRESIDENT & CEO	50.00 .....	X		X				33,386	0	6,031
AMY LINDNER ..... PRESIDENT & CEO	50.00 .....	X		X				241,560	0	22,563
FILIPPO CARINI ..... CHIEF OPERATING OFFICER	50.00 .....			X				219,627	0	47,360
NICOLE ANGRESANO ..... VP - COMMUNITY IMPACT	50.00 .....					X		157,743	0	21,568
CRAIG NUECHTERLEIN ..... VP - IT & PLEDGE PROCESSIN	50.00 .....					X		138,482	0	22,835
GINA SANTIGATI ..... VP - RESOURCE DEVELOPMENT	50.00 .....					X		123,287	0	33,431
JAYNE THOMA ..... VP - VOLUNTEER ENGAGEMENT	50.00 .....					X		118,003	0	25,233
TINA MOY ..... VP - STRATEGIC PLAN	50.00 .....					X		106,797	0	5,629

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ▶</b>		<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	58,015,256	60,058,019	54,945,626	56,249,894	58,882,574	288,151,369
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	58,015,256	60,058,019	54,945,626	56,249,894	58,882,574	288,151,369
<b>5</b>	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). . .						24,622,232
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						263,529,137

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ▶</b>		<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>7</b>	Amounts from line 4. . .	58,015,256	60,058,019	54,945,626	56,249,894	58,882,574	288,151,369
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	334,091	426,574	467,769	392,884	432,528	2,053,846
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						290,205,215

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 3,434,890

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	90.810 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	90.750 %

**16a** **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

**b** **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**17a** **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**b** **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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>		
<b>10a</b>		
<b>b</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>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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 <b>Part VI</b> 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>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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: 93493351004080

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number  
39-0806190

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

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

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

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

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

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

☐ 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) 2019

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 . . . . .	5,208,346	4,972,938	4,982,410	4,296,046	4,596,724
b Contributions . . . . .	496,115	253,070	1,083,533	637,251	111,239
c Net investment earnings, gains, and losses	89,821	302,785	310,006	471,135	-6,985
d Grants or scholarships . . . . .	127,102	144,764	116,850	244,046	237,207
e Other expenditures for facilities and programs . . . . .	131,693	175,683	1,286,161	177,976	167,726
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,535,487	5,208,346	4,972,938	4,982,410	4,296,046

2

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

a

Board designated or quasi-endowment ▶ 65.430 %

b

Permanent endowment ▶ 24.280 %

c

Temporarily restricted endowment ▶ 10.290 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		100,235		100,235
b Buildings . . . . .		1,511,373	1,511,373	0
c Leasehold improvements		2,398,994	967,289	1,431,705
d Equipment . . . . .		879,136	496,330	382,806
e Other . . . . .		370,606	298,518	72,088
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,986,834

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	4,986,065	F
(B) GENERAL - MUTUAL FUNDS	12,441,229	F
(C) ENDOWMENT-CASH FUNDS	309,242	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,736,536	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	93,762

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	34,035,180
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	311,535
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	183,481
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	-1,849,917
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,354,901
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	35,390,081
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	32,637
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	24,538,362
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,570,999
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	59,961,080

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	35,044,645
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	183,481
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	183,481
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	34,861,164
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	32,637
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	24,538,362
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,570,999
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	59,432,163

**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:	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, 2020 AND 2019.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 24,538,362.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 24,538,362.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 10 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			
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) Total events
		<b>SPREE</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	44,890			44,890
	<b>2</b> Less: Contributions . . . . .	25,508			25,508
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	19,382			19,382
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	6,928			6,928
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	4,123			4,123
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				11,051
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				8,331	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</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
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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

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 . . . . . 661

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
CITY OF MILWAUKEE HEALTH DEPT 200 E WELLS STREET MILWAUKEE, WI 53202		GOVT	5,000				HEALTHY BIRTH OUTCOMES AWARD
CITY OF MILWAUKEE HEALTH DEPT 200 E WELLS STREET MILWAUKEE, WI 53202		GOVT	15,000				BACK TO SCHOOL HEALTH FAIR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	26,926				DONOR DESIGNATION PLEDGE PAYMENTS
PORTAL INC 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	8,728				EMPLOYMENT READINESS AND 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
SAINTA 28901 W CAPITOL DRIVE MILWAUKEE, WI 53222	39-1338354	501 (C)(3)	50,000				HEALTH IMPROVEMENT FUND AWARD
RIVERWEST FOOD PANTRY 2610 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212	46-3422131	501 (C)(3)	6,137				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)	6,800				DONOR DESIGNATION PLEDGE PAYMENTS
PREVENT BLINDNESS WISCONSIN 731 N JACKSON ST STE 405 MILWAUKEE, WI 532027600	39-6096227	501 (C)(3)	61,100				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
PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVENUE MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	184,324				SHARED COMMUNITY INVESTMENT FUND
PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVENUE MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	30,000				HEALTHY BIRTH OUTCOMES AWARD



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	16,680				COVID 19 FUNDING
MATC FOUNDATION (PROMISE SCHOLARSHIP FUND) 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	175,927				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
RIVEREDGE NATURE CENTER INC 4458 COUNTY HWY Y NEWBURG, WI 53060	39-6108549	501 (C)(3)	5,442				DONOR DESIGNATION PLEDGE PAYMENTS
ROCKETSHIP EDUCATION WISCONSIN 3003 WEST CLEVELAND AVENUE MILWAUKEE, WI 53215	90-0951861	501 (C)(3)	6,000				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
NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 W RICHARDSON PLACE MILWAUKEE, WI 532083546	39-0806269	501 (C)(3)	93,159				EARLY CHILDHOOD EDUCATION
RUNNING REBELS COMMUNITY ORGANIZATION 225 W CAPITOL DR MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	7,008				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
RUNNING REBELS COMMUNITY ORGANIZATION 225 W CAPITOL DR MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	35,000				HEALTHY YOUTH INITIATIVE
PORTAL INC 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	12,994				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
SAFE AND SOUND 801 WEST MICHIGAN STREET MILWAUKEE, WI 53233	39-1940292	501 (C)(3)	13,588				DONOR DESIGNATION PLEDGE PAYMENTS
RECIPE FOR CHANGE 1266 NORTH MILWAUKEE AVENUE CHICAGO, IL 60622	47-2510670	501 (C)(3)	5,875				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
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 532331507	39-1093701	501 (C)(3)	40,964				BEHAVIORAL HEALTH CLINIC
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	30,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	36,605				SUPPORTED HOUSING
PARENTS PLACE 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	51,626				COMMUNITY EDUCATION/BORN LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
META HOUSE INC 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	164,283				TRANSITIONAL LIVING
SKYLIGHT OPERA THEATRE 158 N BROADWAY ST STE 400 MILWAUKEE, WI 532026038	39-0975374	501 (C)(3)	6,500				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
PLYMOUTH COMMUNITY UNITED WAY 960 W ANN ARBOR TRAIL SUITE 2 PLYMOUTH, MI 48170	23-7327248	501 (C)(3)	110,788				DONOR DESIGNATION PLEDGE PAYMENTS
PATHWAYS HIGH 336 W WALNUT ST MILWAUKEE, WI 53212	81-2564093	501 (C)(3)	21,500				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
PARENTS PLACE 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	10,992				SUPERVISED VISITATION
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	256,856				PATHFINDERS YOUTH 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
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	160,591				CLINICAL SERVICES
PENFIELD MONTESSORI ACADEMY 1441 N 24TH ST MILWAUKEE, WI 53205	47-3685752	501 (C)(3)	5,475				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)	25,000				HEALTHY YOUTH INITIATIVE
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	70,756				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
PATHFINDERS 4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	45,000				HEALTHY YOUTH INITIATIVE
PEARLS FOR TEEN GIRLS INC 1805 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	130,042				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 THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	25,000				SAFE & STABLE HOMES
PEARLS FOR TEEN GIRLS INC 1805 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	80,000				HEALTHY YOUTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	393,301				EARLY INTERVENTION/PARENT PROGRAM
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 532331507	39-1093701	501 (C)(3)	145,482				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
SAINT THOMAS MORE HIGH SCHOOL 2601 EAST MORGAN AVENUE BAY VIEW, WI 53207	39-1163083	501 (C)(3)	12,275				DONOR DESIGNATION PLEDGE PAYMENTS
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	83,593				PARENTING EDUCATION AND SUPPORT 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
PLAYWORKS WISCONSIN 3600 W PIERCE STREET MILWAUKEE, WI 53215	94-3251867	501 (C)(3)	35,000				HELPING KIDS SUCCEED INITIATIVE
PLANNED PARENTHOOD OF WISCONSIN ATTN DEVELOPMENT DEPARTMENT 302 NORTH JACKSON STREET MILWAUKEE, WI 532025917	39-0863391	501 (C)(3)	278,234				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)	95,118				COURTHOUSE ADVOCACY
ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	22,743				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
SPECIAL OLYMPICS WISCONSIN-GREATER MILWAUKEE AREA 10224 N PORT WASHINGTON RD MEQUON, WI 53092	39-1176591	501 (C)(3)	8,336				DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	10,788				MILWAUKEE OUTREACH HOUSING 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
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	30,860				EMERGENCY SHELTER
SOJOURNER FAMILY PEACE CENTER INC 619 WEST WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	19,089				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)	13,270				DOMESTIC ABUSE VICTIM ADVOCATES
SOCIAL DEVELOPMENT FOUNDATION 1730 WEST NORTH AVENUE MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	93,000				VITA TAX 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 1032 S CESAR E CHAVEZ DR MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	49,145				DONOR DESIGNATION PLEDGE PAYMENTS
SOUTHEASTERN WISCONSIN YOUTH FOR CHRIST 3001 CARPENTER AVE MT PLEASANT, WI 53403	39-0977052	501 (C)(3)	6,718				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 SPACES 10936 NORTH PORT WASHINGTON ROAD 130 MEQUON, WI 53092	42-1641574	501 (C)(3)	5,705				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CHIPPEWA VALLEY INC 3603 NORTH HASTINGS WAY SUITE 200 EAU CLAIRE, WI 54703	39-1077901	501 (C)(3)	33,330				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 ANN CENTER FOR INTERGENERATIONAL CARE 2801 EAST MORGAN AVENUE MILWAUKEE, WI 53207	39-1757756	501 (C)(3)	91,716				DONOR DESIGNATION PLEDGE PAYMENTS
ST AUGUSTINE PREPARATORY ACADEMY 2607 S 5TH ST MILWAUKEE, WI 53207	47-1800734	501 (C)(3)	378,212				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
ST BENEDICT COMMUNITY MEAL PROGRAM CAPUCHIN COMMUNITY SERVICES 1015 NORTH NINTH STREET MILWAUKEE, WI 53233	39-0806264	501 (C)(3)	7,430				DONOR DESIGNATION PLEDGE PAYMENTS
ST COLETTA OF WISCONSIN INC N4637 COUNTY ROAD Y JEFFERSON, WI 53549	39-0816855	501 (C)(3)	604,269				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)	146,276				DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	134,495				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
SHERMAN PARK COMMUNITY ASSOCIATION 3526 W FOND DU LAC AVE MILWAUKEE, WI 53216	23-7281891	501 (C)(3)	5,000				COVID 19 FUNDING
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	50,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	54,959				EMERGENCY LODGE
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1032 S CESAR E CHAVEZ DR MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	605,803				SHARED COMMUNITY INVESTMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	17,824				EMPLOYMENT ASSISTANCE
SOCIAL DEVELOPMENT COMISSION 1730 WEST NORTH AVENUE MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	133,991				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	259,658				YOUTH SOCIAL DEVELOPMENT
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	69,544				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
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	15,759				FAMILY SERVICES
SCHLITZ AUDUBON NATURE CENTER 1111 EAST BROWN DEER ROAD BAYSIDE, WI 53217	39-1231819	501 (C)(3)	5,144				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
SECUREFUTURES 710 PLANKINTON AVENUE MILWAUKEE, WI 53203	20-5203533	501 (C)(3)	17,126				DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 532260019	13-2923701	501 (C)(3)	54,049				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 2825 WEST BROWN STREET MILWAUKEE, WI 53208	41-2034019	501 (C)(3)	14,213				DONOR DESIGNATION PLEDGE PAYMENTS
SHOREWOOD SEED FOUNDATION POST OFFICE BOX 71235 GLENDALE, WI 53211	04-3750042	501 (C)(3)	17,174				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
SILVER SPRING NEIGHBORHOOD CENTER INC 5460 NORTH 64TH STREET MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	143,422				ELAINE SCHREIBER CHILD DEVELOPMENT CENTER
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1032 S CESAR E CHAVEZ DR MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	25,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	19,709				COMMUNITY FOOD BANK
SILVER SPRING NEIGHBORHOOD CENTER INC 5460 NORTH 64TH STREET MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	44,938				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)	16,700				COVID 19 FUNDING
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	12,681				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)	25,000				COVID 19 FUNDING
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1208203	501 (C)(3)	21,635				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 FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1208203	501 (C)(3)	36,257				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	37,323				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 N MARKET STREET SUITE 100 MILWAUKEE, WI 532023148	39-6023436	501 (C)(3)	102,420				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 532023094	39-0806312	501 (C)(3)	399,121				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 COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	82,204				AFTER SCHOOL ACHIEVEMENT
MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	10,000				SAFE & STABLE HOMES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	190,000				SHARED COMMUNITY INVESTMENT FUND
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	64,020				SHARED COMMUNITY INVESTMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	6,924				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE DEVELOPMENT CORPORATION 756 N MILWAUKEE ST STE 400 MILWAUKEE, WI 53202	93-0828687	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
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	50,000				HEALTH IMPROVEMENT FUND AWARD
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET 2 MILWAUKEE, WI 532023139	39-1893808	501 (C)(3)	32,864				PROJECT Q HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 RIVERWALK DISTRICT 101 WEST PLEASANT STREET SUITE 204 MILWAUKEE, WI 53212	39-1749659	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET 2 MILWAUKEE, WI 532023139	39-1893808	501 (C)(3)	20,265				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 PBS 1036 NORTH 8TH STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	16,780				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE PUBLIC LIBRARY FOUNDATION 814 WEST WISCONSIN AVENUE MILWAUKEE, WI 53233	39-1610233	501 (C)(3)	22,062				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 SCHOOLS FOUNDATION 234 W GALENA STREET MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	29,183				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE 2821 N 4TH STREET SUITE 322 MILWAUKEE, WI 53212	46-3689224	501 (C)(3)	14,935				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 REPERTORY THEATER 108 EAST WELLS STREET MILWAUKEE, WI 532023525	39-0946025	501 (C)(3)	32,437				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BALLET COMPANY LTD 128 N JACKSON ST MILWAUKEE, WI 53202	39-1134735	501 (C)(3)	200,000				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 CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	9,751				DONOR DESIGNATION PLEDGE PAYMENTS
DR HOWARD FULLER COLLEGIATE ACADEMY 4030 N 29TH ST MILWAUKEE, WI 53216	30-0322248	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
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	28,125				HEALTHY YOUTH INITIATIVE
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 532123146	39-0826861	501 (C)(3)	112,857				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 FILM INC 1037 W MCKINLEY AVE 700 MILWAUKEE, WI 532052530	26-3049630	501 (C)(3)	39,327				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 532332720	39-0806257	501 (C)(3)	5,628				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
METRO UNITED WAY INC POST OFFICE BOX 950148 DEPT 52860 LOUISVILLE, KY 402950148	61-0444680	501 (C)(3)	24,130				DONOR DESIGNATION PLEDGE PAYMENTS
MILE HIGH UNITED WAY INC 711 PARK AVE W DENVER, CO 802052891	84-0404235	501 (C)(3)	100,846				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
MILESTONES PROGRAMS FOR CHILDREN 2214 EAST CAPITOL DRIVE SHOREWOOD, WI 532112105	39-1326721	501 (C)(3)	7,966				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)	38,349				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
MESSMER CATHOLIC SCHOOLS 742 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	39-1482053	501 (C)(3)	7,027				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE ART MUSEUM 700 N ART MUSEUM DR MILWAUKEE, WI 53202	39-0806316	501 (C)(3)	23,600				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
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 532332720	39-0806257	501 (C)(3)	250,000				SHARED COMMUNITY INVESTMENT FUND
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	72,690				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 DANCERS FUND ATTN RANDALL D CROCKER 411 E WISCONSIN AVENUE SUITE 1000 MILWAUKEE, WI 53202	45-4194709	501 (C)(3)	6,413				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	63,002				ELDERLY ADULT SUPPORT 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
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	58,439				EMERGENCY FOOD PANTRY
MILWAUKEE CHRISTIAN CENTER INC 807 SOUTH 14 STREET MILWAUKEE, WI 532042619	39-0807066	501 (C)(3)	28,300				COVID 19 FUNDING



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	64,120				SHARED COMMUNITY INVESTMENT FUND
MILWAUKEE EXCELLENCE CHARTER SCHOOL 4950 NORTH 24 STREET MILWAUKEE, WI 53209	47-4978181	501 (C)(3)	32,000				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 INSTITUTE OF ART & DESIGN 273 EAST ERIE STREET MILWAUKEE, WI 532026003	39-1201561	501 (C)(3)	11,750				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COLLEGE PREPARATORY - 36TH ST OF WI 2449 NORTH 36TH STREET MILWAUKEE, WI 53210	39-1881295	501 (C)(3)	412,945				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)	25,000				HEALTHY YOUTH INITIATIVE
NEXT DOOR FOUNDATION INC 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	53,060				SKILLS BUILDING & GED FAST-TRACK 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
OPERATION DREAM 1555 NORTH RIVERCENTER DRIVE SUITE 114 MILWAUKEE, WI 53212	26-1455938	501 (C)(3)	9,601				DONOR DESIGNATION PLEDGE PAYMENTS
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE IRVINE, CA 926146008	33-0047994	501 (C)(3)	7,424				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)	262,455				DONOR DESIGNATION PLEDGE PAYMENTS
NEXT DOOR FOUNDATION INC 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	10,000				SUMMER READING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NONPROFIT MANAGEMENT FUND 101 W PLEASANT STREET 201 MILWAUKEE, WI 53207	39-6036407	501 (C)(3)	30,000				NONPROFITS SUPPORT-CAPACITY BUILDING
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 532123146	39-0826861	501 (C)(3)	6,737				AFRICAN AMERICAN ACHVMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWOODS ASSEMBLY OF GOD 926 US HIGHWAY 45 S EAGLE RIVER, WI 54521	39-1343171	501 (C)(3)	30,000				DONOR DESIGNATION PLEDGE PAYMENTS
NOTRE DAME SCHOOLS OF MILWAUKEE 1418 S LAYTON BLVD MILWAUKEE, WI 53215	39-1850760	501 (C)(3)	50,245				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
OSHKOSH AREA UNITED WAY INC 21 W NEW YORK AVE OSHKOSH, WI 549013757	39-1017908	501 (C)(3)	8,540				DONOR DESIGNATION PLEDGE PAYMENTS
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 530249436	39-1208203	501 (C)(3)	6,616				PREVENTION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	5,449				DONOR DESIGNATION PLEDGE PAYMENTS
OTSEGO COUNTY UNITED WAY INC 116 E 5TH ST GAYLORD, MI 49735	23-7156104	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
OUR NEXT GENERATION INC 3421 W LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501 (C)(3)	11,273				DONOR DESIGNATION PLEDGE PAYMENTS
OUTREACH COMMUNITY HEALTH CENTERS INC 711 W CAPITOL DR MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	52,533				SHARED COMMUNITY INVESTMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWOODS UNITED WAY INC SEVEN A NORTH BROWN STREET RHINELANDER, WI 545010177	39-1247457	501 (C)(3)	5,141				DONOR DESIGNATION PLEDGE PAYMENTS
NEW CONCEPT SELF DEVELOPMENT CENTER INC 1531 WEST VLIET STREET MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	54,555				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
ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	41,153				RESTORATIVE CARE PROGRAM
NEW COMMUNITY SHELTER 301 MATHER STREET GREEN BAY, WI 54303	39-1787059	501 (C)(3)	5,299				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)	107,781				MUL EMPLOYMENT ASSISTANCE
PARENTING NETWORK INC THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 532101030	39-1312225	501 (C)(3)	20,000				HEALTHY BIRTH OUTCOMES AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	44,275				DONOR DESIGNATION PLEDGE PAYMENTS
NAMI WAUKESHA INC 217 WISCONSIN AVENUE SUITE 300 WAUKESHA, WI 531864946	39-1485627	501 (C)(3)	6,774				COURT SUPPORT & 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
MILWAUKEE WOMEN'S CENTER INC THE 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	8,868				DONOR DESIGNATION PLEDGE PAYMENTS
MINNEAPOLIS CITY OF LAKES ROTARY FDN PO BOX 52069 MINNEAPOLIS, MN 55402	41-1577900	501 (C)(3)	7,363				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
MINNEAPOLIS FOUNDATION SCPC FAMILY FUND 800 IDS CENTER 80TH ST 8TH FL MINNEAPOLIS, MN 55402	41-6029402	501 (C)(3)	9,628				DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 W RICHARDSON PLACE MILWAUKEE, WI 532083546	39-0806269	501 (C)(3)	45,566				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
MKE URBAN STABLES 3038A N CAMBRIDGE AVE MILWAUKEE, WI 53211	83-2573223	501 (C)(3)	100,000				DONOR DESIGNATION PLEDGE PAYMENTS
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)	8,966				DONOR DESIGNATION PLEDGE PAYMENTS
NAMI WAUKESHA INC 217 WISCONSIN AVENUE SUITE 300 WAUKESHA, WI 531864946	39-1485627	501 (C)(3)	14,158				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)	35,472				MLK SOCIAL SERVICE
NATIVITY JESUIT ACADEMY 1515 SOUTH 29 STREET MILWAUKEE, WI 53215	39-1741141	501 (C)(3)	43,286				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)	20,943				DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 W RICHARDSON PLACE MILWAUKEE, WI 532083546	39-0806269	501 (C)(3)	175,299				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
MOUNT MARY UNIVERSITY 2900 NORTH MENOMONEE RIVER PARKWAY MILWAUKEE, WI 532224597	39-0806154	501 (C)(3)	17,150				DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE RESCUE MISSION 830 NORTH 19 STREET MILWAUKEE, WI 53233	39-0816851	501 (C)(3)	165,550				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 MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 022101208	04-2382233	501 (C)(3)	12,437				DONOR DESIGNATION PLEDGE PAYMENTS
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1032 S CESAR E CHAVEZ DR MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	112,572				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
ST FRANCIS CHILDREN'S CENTER 6700 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-6092761	501 (C)(3)	38,796				DONOR DESIGNATION PLEDGE PAYMENTS
WALKER'S POINT YOUTH & FAMILY CENTER INC 1123 N WATER ST STE 400 MILWAUKEE, WI 532023184	39-1247541	501 (C)(3)	153,823				RUNAWAY 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
WALLIN EDUCATION PARTNERS 5200 WILLSON ROAD SUITE 209 MINNEAPOLIS, MN 55424	20-8505156	501 (C)(3)	6,250				DONOR DESIGNATION PLEDGE PAYMENTS
WHEATON FRANCISCAN ST JOSEPH 5000 W CHAMBERS STREET MILWAUKEE, WI 53210	39-1636804	501 (C)(3)	40,000				HEALTHY BIRTH OUTCOMES AWARD



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTER SCHROEDER AQUATIC CENTER 9240 NORTH GREEN BAY ROAD BROWN DEER, WI 53209	33-1195220	501 (C)(3)	137,000				DONOR DESIGNATION PLEDGE PAYMENTS
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC 210 NW BARSTOW ST STE 305 WAUKESHA, WI 53188	30-0436162	501 (C)(3)	40,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 ST STE 305 WAUKESHA, WI 53188	30-0436162	501 (C)(3)	22,801				ADULT DENTAL CARE PROGRAM
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC 210 NW BARSTOW ST STE 305 WAUKESHA, WI 53188	30-0436162	501 (C)(3)	25,000				HEALTH IMPROVEMENT FUND AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	12,573				DONOR DESIGNATION PLEDGE PAYMENTS
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC 210 NW BARSTOW ST STE 305 WAUKESHA, WI 53188	30-0436162	501 (C)(3)	9,952				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 FOUNDATION 2727 NORTH GRANDVIEW BOULEVARD STE 301 WAUKESHA, WI 53188	39-1969122	501 (C)(3)	7,505				DONOR DESIGNATION PLEDGE PAYMENTS
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BOULEVARD SUITE 223 TROY, MI 48084	22-3305007	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
WISCONSIN COMMUNITY SERVICES 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	25,624				DRIVER'S LICENSE RECOVERY
WIREGRASS UNITED WAY INC POST OFFICE BOX 405 DOTHAN, AL 363020405	63-6000270	501 (C)(3)	9,906				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
WISCONSIN COMMUNITY SERVICES 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	208,193				CRIMINAL JUSTICE RECOVERY SERVICES
WISCONSIN COMMUNITY SERVICES 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	114,756				COMMUNITY REINTEGRATION 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 COMMUNITY SERVICES 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	50,076				MEDIATION & RESTORATIVE JUSTICE CENTER
WALKER'S POINT YOUTH & FAMILY CENTER INC 1123 N WATER ST STE 400 MILWAUKEE, WI 532023184	39-1247541	501 (C)(3)	23,228				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 1123 N WATER ST STE 400 MILWAUKEE, WI 532023184	39-1247541	501 (C)(3)	15,000				COVID 19 FUNDING
VISION FORWARD ASSOCIATION INC 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	34,053				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
UNITY IN MOTION INC POST OFFICE BOX 511131 MILWAUKEE, WI 53203	26-3696451	501 (C)(3)	34,288				DONOR DESIGNATION PLEDGE PAYMENTS
META HOUSE INC 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	82,467				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 YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501 (C)(3)	111,925				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY SERVICES OF GEAUGA COUNTY 209 CENTER STREET CHARDON, OH 440241189	20-5575556	501 (C)(3)	14,725				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 WISCONSIN - FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 537264090	39-0743975	501 (C)(3)	2,439,531				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY SUNCOAST (SARASOTA COUNTY) 1800 2ND STREET SUITE 102 SARASOTA, FL 34236	59-3725701	501 (C)(3)	8,096				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)	17,266				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 223142045	13-1635294	501 (C)(3)	74,750				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
UNITEMKE 2474 N 37TH STREET MILWAUKEE, WI 53210	81-4652827	501 (C)(3)	5,000				COVID 19 FUNDING
VISION FORWARD ASSOCIATION INC 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	34,053				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
UNITING GARDEN HOMES INC 4201 N 27TH STREET MILWAUKEE, WI 53216	39-1971202	501 (C)(3)	10,000				COVID 19 FUNDING
UNIVERSITY OF MICHIGAN- ELBEL CLUB (MI) ATTN K BAUMGARTNER - REVELLI HALL 350 EAST HOOVER ANN ARBOR, MI 481043707	38-6006309	501 (C)(3)	9,476				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
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501 (C)(3)	84,553				DONOR DESIGNATION PLEDGE PAYMENTS
WEST ALLIS-WEST MKE EDUCATION FOUNDATION 1205 SOUTH 70 STREET WEST ALLIS, WI 53214	20-8209763	501 (C)(3)	6,432				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
URBAN ECOLOGY CENTER 1500 EAST PARK PLACE MILWAUKEE, WI 532113587	39-1712663	501 (C)(3)	47,206				DONOR DESIGNATION PLEDGE PAYMENTS
USHERS NEW LOOK 500 BISHOP ST NW STE B5 ATLANTA, GA 303184369	58-2480934	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
UWM FOUNDATION THE 1440 E NORTH AVE MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	1,015,238				DONOR DESIGNATION PLEDGE PAYMENTS
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501 (C)(3)	42,501				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 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	31,195				YOUTH ENHANCED SUPPORT
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	42,964				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
VERSITI 8733 W WATERTOWN PLANK RD WAUWATOSA, WI 53226	39-0807235	501 (C)(3)	7,000				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN COMMUNITY SERVICES 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	25,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 CONSERVATION VOICES 133 SOUTH BUTLER STREET SUITE 320 MADISON, WI 53703	73-1628891	501 (C)(3)	5,061				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	28,833				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 GLACIAL COMMUNITY INC 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	7,818				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	57,882				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 GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	14,764				OLDER ADULTS
YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	10,817				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 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	6,005				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN CHILD & FAMILY SERVICE W175 N11120 STONEWOOD DR STE 101 GERMANTOWN, WI 53022	39-1047224	501 (C)(3)	27,123				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
WUWM-MILWAUKEE PUBLIC RADIO POST OFFICE BOX 413 MILWAUKEE, WI 532010413	23-7337744	501 (C)(3)	6,812				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	58,109				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
YESHIVA ELEMENTARY SCHOOL 5115 W KEEFE AVE MILWAUKEE, WI 53216	39-1631932	501 (C)(3)	20,055				DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	43,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOU CAN MISSIONS N8492 BANCROFT ROAD THERESA, WI 53091	81-4323200	501 (C)(3)	11,550				DONOR DESIGNATION PLEDGE PAYMENTS
YWCA OF GREATER MILWAUKEE 1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675	39-0806258	501 (C)(3)	204,785				PERSONAL FINANCIAL MGMT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 OF GREATER MILWAUKEE 1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675	39-0806258	501 (C)(3)	183,483				COMMUNITY ADULT LEARNING LAB
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675	39-0806258	501 (C)(3)	25,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 CHICAGO 1030 WEST VAN BUREN STREET CHICAGO, IL 60607	36-2179782	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN VETERANS NETWORK 6317 EW GREENFIELD AVE WEST ALLIS, WI 53214	82-1043745	501 (C)(3)	12,500				SAFE & STABLE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	11,373				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)	15,084				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 EQUAL JUSTICE FUND POST OFFICE BOX 475 WAUSAU, WI 544020475	39-1904737	501 (C)(3)	14,905				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 532083156	39-0810533	501 (C)(3)	23,331				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 CARE CENTER 1441 NORTH FARWELL AVENUE MILWAUKEE, WI 53202	81-4537878	501 (C)(3)	17,978				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN COLLEGE 8800 W BLUEMOUND RD MILWAUKEE, WI 53226	23-7179639	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
WISCONSIN LUTHERAN HIGH SCHOOL 330 N GLENVIEW AVE MILWAUKEE, WI 53213	39-0888758	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN PHARMACY FOUNDATION 701 HEARTLAND TRAIL MADISON, WI 53717	39-1817686	501 (C)(3)	5,558				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	39-0806182	501 (C)(3)	5,561				DONOR DESIGNATION PLEDGE PAYMENTS
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	25,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN PRESERVATION FUND 1000 N WATER ST 17TH FL MILWAUKEE, WI 53202	39-1657657	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN RIGHT TO LIFE EDUCATION FUND 5317 N 118TH CT MILWAUKEE, WI 53217	39-1548867	501 (C)(3)	5,570				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 OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	187,195				DAY CAMP
YMCA OF METROPOLITAN MILWAUKEE INC 161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601	39-0806314	501 (C)(3)	153,027				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
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	107,986				TRANSITIONAL LIVING & DOMESTIC VIOLENCE PROGRAM
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	30,083				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
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	22,567				SEXUAL ABUSE & ASSAULT COUNSELING
WOMEN'S CENTER THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	18,909				CHILD ABUSE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 PRIMARY HEALTH CARE ASSOCIATION 5202 EASTPARK BLVD SUITE 109 MADISON, WI 537182151	39-1407034	501 (C)(3)	67,000				SHARED COMMUNITY INVESTMENT FUND
UNITED WAY OF MARATHON COUNTY INC (WI) 705 S 24TH ST STE 400B WAUSAU, WI 54401	39-0935496	501 (C)(3)	21,936				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
IMPACT INC 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE, WI 532142619	39-0988784	501 (C)(3)	14,796				DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN COMMUNITY SERVICES 3732 WEST WISCONSIN AVENUE SUITE 320 MILWAUKEE, WI 532083166	39-0808464	501 (C)(3)	25,000				HEALTHY YOUTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 POST OFFICE BOX 304 WEST BEND, WI 53095	23-7281696	501 (C)(3)	102,107				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVE SUITE 600 MILWAUKEE, WI 53203	39-6100399	501 (C)(3)	158,212				DONOR DESIGNATION PLEDGE PAYMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNITED WAY BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	94-1312348	501 (C)(3)	5,684				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL ALABAMA INC 3600 EIGHTH AVENUE SOUTH BIRMINGHAM, AL 35222	63-0288846	501 (C)(3)	9,818				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)	16,156				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY CALIFORNIA CAPITAL REGION 10389 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	94-1225382	501 (C)(3)	11,510				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 GREATER AUSTIN 2000 EAST MLK JR BOULEVARD AUSTIN, TX 787021340	74-1193439	501 (C)(3)	7,181				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOR SOUTHEASTERN MICHIGAN 3011 W GRAND BLVD SUITE 500 DETROIT, MI 482023012	20-3099071	501 (C)(3)	31,671				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
UNITED WAY OF THE PLAINS 245 NORTH WATER STREET WICHITA, KS 672022090	48-0547688	501 (C)(3)	69,996				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 333161838	59-0624402	501 (C)(3)	6,529				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
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 329226806	59-0836384	501 (C)(3)	36,410				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL CAROLINAS INC 301 SOUTH BREVARD STREET CHARLOTTE, NC 282022317	56-0529948	501 (C)(3)	10,014				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 WALWORTH COUNTY N6359 HIGHWAY 12/67 ELKHORN, WI 53121	39-6108550	501 (C)(3)	14,628				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST STE 300 INDIANAPOLIS, IN 46208	35-1007590	501 (C)(3)	13,768				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)	122,450				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DELAWARE COUNTY INC (OH) PO BOX 319 DELAWARE, OH 43015	31-4423899	501 (C)(3)	8,208				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)	6,038				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOX CITIES INC 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501 (C)(3)	66,079				DONOR DESIGNATION PLEDGE PAYMENTS



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	25,000				COVID 19 FUNDING
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	162,487				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
STARTING POINT INC 885 BADGER CIRCLE SUITE 5 GRAFTON, WI 53024	39-1246685	501 (C)(3)	5,717				DONOR DESIGNATION PLEDGE PAYMENTS
ST JOSEPH'S MEDICAL CLINIC INC 237 WISCONSIN AVENUE SUITE 200 WAUKESHA, WI 53186	39-1273248	501 (C)(3)	84,263				ST. JOSEPH'S MEDICAL 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
ST JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 532154518	39-0806262	501 (C)(3)	7,159				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (C)(3)	126,487				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)	15,983				DONOR DESIGNATION PLEDGE PAYMENTS
ST JOSEPH'S MEDICAL CLINIC INC 237 WISCONSIN AVENUE SUITE 200 WAUKESHA, WI 53186	39-1273248	501 (C)(3)	25,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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'S MEDICAL CLINIC INC 237 WISCONSIN AVENUE SUITE 200 WAUKESHA, WI 53186	39-1273248	501 (C)(3)	6,025				DONOR DESIGNATION PLEDGE PAYMENTS
ST MARCUS LUTHERAN SCHOOL 2215 NORTH PALMER STREET MILWAUKEE, WI 53212	39-0850377	501 (C)(3)	402,665				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 MARY VISITATION SCHOOL 1260 CHURCH ST ELM GROVE, WI 53122	39-0808492	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	339,020				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
STARTING POINT INC 885 BADGER CIRCLE SUITE 5 GRAFTON, WI 53024	39-1246685	501 (C)(3)	18,009				LEAD
TEACH FOR AMERICA MILWAUKEE 700 W VIRGINIA STREET SUITE 610 MILWAUKEE, WI 53204	13-3541913	501 (C)(3)	81,089				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
TEENS GROW GREENS 322 E MICHIGAN ST STE 204 MILWAUKEE, WI 53202	36-4770419	501 (C)(3)	7,000				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DOOR COUNTY 57 NORTH THIRD AVENUE STURGEON BAY, WI 54235	39-1799879	501 (C)(3)	5,557				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)	70,133				DONOR DESIGNATION PLEDGE PAYMENTS
TRI-CITY AREA UNITED WAY 1812 HALL AVENUE MARINETTE, WI 54143	38-6034023	501 (C)(3)	19,698				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 MIGRANT OPPORTUNITY SERVICES UMOS 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450	39-1047172	501 (C)(3)	38,000				HEALTHY YOUTH INITIATIVE
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	251,280				BEFORE AND AFTER SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 NEGRO COLLEGE FUND-MILWAUKEE POST OFFICE BOX 240933 MILWAUKEE, WI 532249024	13-1624241	501 (C)(3)	13,436				DONOR DESIGNATION PLEDGE PAYMENTS
ST JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 532154518	39-0806262	501 (C)(3)	47,089				EARLY CHILDHOOD EDUCATION 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
UNITED COMMUNITY CENTER INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395	39-1146191	501 (C)(3)	97,339				ELDERLY PROGRAM
UNITED WAY OF METROPOLITAN CHICAGO 1750 GRANDSTAND PLACE SUITE 5 ELGIN, IL 601234900	30-0200478	501 (C)(3)	361,634				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 LOS ANGELES 1150 SOUTH OLIVE STREET LOS ANGELES, CA 900152211	95-2274801	501 (C)(3)	28,659				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501 (C)(3)	33,625				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 SUMMIT COUNTY INC 37 N HIGH ST AKRON, OH 44308	34-1169257	501 (C)(3)	33,038				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF PORTAGE COUNTY (OH) 999 E MAIN STREET 2ND FLOOR RAVENNA, OH 44266	34-1024769	501 (C)(3)	7,725				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)	48,051				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF RACINE COUNTY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501 (C)(3)	133,056				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
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET SUITE 300 ROCKFORD, IL 61103	36-2167843	501 (C)(3)	19,131				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF KENOSHA COUNTY 5500 6TH AVENUE SUITE 210 KENOSHA, WI 531403710	39-0806285	501 (C)(3)	30,949				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 SHEBOYGAN COUNTY 2020 ERIE AVENUE SHEBOYGAN, WI 530813711	39-0808471	501 (C)(3)	12,207				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SOUTH WOOD & ADAMS COUNTIES 351 OAK STREET WISCONSIN RAPIDS, WI 54494	39-1212595	501 (C)(3)	7,638				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
UNITED WAY OF NORTHERN OZAUKEE COUNTY POST OFFICE BOX 39 PORT WASHINGTON, WI 53074	23-7084522	501 (C)(3)	22,337				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031208	23-1556045	501 (C)(3)	11,335				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 TARRANT COUNTY 210 E NINTH STREET FORT WORTH, TX 761026494	75-0858360	501 (C)(3)	25,801				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE STE 300 LEXINGTON, KY 40508	61-0444679	501 (C)(3)	5,500				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
UNITED WAY OF THE COLUMBIA-WILLAMETTE 619 SW 11 AVENUE SUITE 300 PORTLAND, OR 972052646	93-0582124	501 (C)(3)	10,708				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE GREATER TRIANGLE INC 800 PARK OFFICES DRIVE SUITE 204 DURHAM, NC 27709	56-1949103	501 (C)(3)	9,104				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 NORTH CENTRAL MASS INC 649 JOHN FITCH HWY FITCHBURG, MA 01420	04-2233021	501 (C)(3)	10,738				DONOR DESIGNATION PLEDGE PAYMENTS
META HOUSE INC 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	17,600				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 VIENNA, VA 22182	53-0234290	501 (C)(3)	7,085				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SOUTHEAST MISSISSIPPI INC 210 WEST FRONT STREET HATTIESBURG, MS 39401	64-0410475	501 (C)(3)	5,861				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 HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501 (C)(3)	22,249				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF YUMA COUNTY 180 WEST 1ST STREET SUITE B YUMA, AZ 85364	86-0211326	501 (C)(3)	20,567				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 SOUTHWEST GEORGIA 112 WESTOVER BLVD ALBANY, GA 31707	58-0655156	501 (C)(3)	29,921				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC 225 WEST VINE STREET MILWAUKEE, WI 53212	39-0806190	501 (C)(3)	47,721				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)	13,863				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)	78,806				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 DALLAS INC 1800 NORTH LAMAR STREET DALLAS, TX 75080	75-6005352	501 (C)(3)	19,789				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH ELEVENTH STREET SAINT LOUIS, MO 63101	43-0714167	501 (C)(3)	26,162				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 HARRISONBURG AND ROCKINGHAM CO INC POST OFFICE BOX 326 HARRISONBURG, VA 228030326	54-0632716	501 (C)(3)	45,782				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF JEFFERSON & N WALWORTH COUNTIES 734 MADISON AVENUE FORT ATKINSON, WI 53538	39-6046361	501 (C)(3)	5,753				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)	27,657				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE NE ATLANTA, GA 30303	58-0566194	501 (C)(3)	11,884				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 (OH) 9285 PROGRESS PARKWAY MENTOR, OH 440601854	34-1105038	501 (C)(3)	22,981				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LAKE COUNTY INC (IL) 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501 (C)(3)	11,847				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
UNITED WAY OF LEE COUNTY INC 2133 EXECUTIVE PARK DRIVE OPELIKA, AL 36801	23-7107722	501 (C)(3)	8,053				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	34-4427947	501 (C)(3)	18,800				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)	69,144				DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 295014133	57-0368721	501 (C)(3)	10,841				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)	22,146				DONOR DESIGNATION PLEDGE PAYMENTS
LUMEN CHRISTI PARISH 11300 ST JAMES LANE MEQUON, WI 53092	30-0664758	501 (C)(3)	22,744				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)	8,723				DONOR DESIGNATION PLEDGE PAYMENTS
CARMEN HIGH SCHOOL OF SCIENCE AND TECHNOLOGY 1712 SOUTH 32 STREET MILWAUKEE, WI 53215	56-2569203	501 (C)(3)	29,051				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)	14,558				MEALS ON WHEELS
CATHOLIC CHARITIES COMMUNITY SERVICE 6240 SMITH ROAD DENVER, CO 80216	84-0686679	501 (C)(3)	7,049				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 N 60TH ST MILWAUKEE, WI 53223	39-1528628	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HEALTH ALLIANCE 6737 W WASHINGTON STREET SUITE 1111 WEST ALLIS, WI 53214	39-0812532	501 (C)(3)	25,000				SHARED COMMUNITY INVESTMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MEMORIAL HIGH SCHOOL 601 EAST COLLEGE AVENUE WAUKESHA, WI 531865598	39-0964819	501 (C)(3)	57,268				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HOSPITAL & HEALTH SYSTEM FDN 9000 W WISCONSIN AVE MILWAUKEE, WI 53226	39-1500075	501 (C)(3)	65,027				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
CARING PLACE INC THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	7,163				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S WISCONSIN - COMMUNITY SERVICES 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 532141549	39-0806380	501 (C)(3)	108,492				COUNSELING FOR CHILDREN AND FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 WISCONSIN - COMMUNITY SERVICES 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 532141549	39-0806380	501 (C)(3)	48,521				VOLUNTEER RESPITE CARE
CHILDREN'S HOSPITAL OF WISCONSIN 999 N 92ND ST WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	512,328				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 FORWARD COLLECTIVE 111 W PLEASANT ST 101 MILWAUKEE, WI 532123939	27-2818891	501 (C)(3)	314,599				DONOR DESIGNATION PLEDGE PAYMENTS
CENTRO LEGAL POR DERECHOS HUMANOS INC 611 WEST NATIONAL AVENUE 103 MILWAUKEE, WI 532041768	39-1710549	501 (C)(3)	70,340				DOMESTIC ABUSE & 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
CITY OF LIGHT CHURCH 6725 W BURLEIGH ST MILWAUKEE, WI 53210	47-1963626	501 (C)(3)	8,496				DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HOSPITAL OF WISCONSIN 999 N 92ND ST WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	25,000				SHARED COMMUNITY INVESTMENT FUND



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	100,000				WHOLE SCHOOL, WHOLE CHILD
CHILDREN'S WISCONSIN - COMMUNITY SERVICES 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 532141549	39-0806380	501 (C)(3)	81,110				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
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 WEST LAKE STREET FLOOR 5 CHICAGO, IL 60661	36-2681212	501 (C)(3)	16,875				DONOR DESIGNATION PLEDGE PAYMENTS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	276,574				YOUTH AND FAMILY/CAMPING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	227,005				DONOR DESIGNATION PLEDGE PAYMENTS
ANGELA HOSPICE HOME CARE INC (MI) 14100 NEWBURGH RD LIVONIA, MI 481545010	38-2755767	501 (C)(3)	6,846				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)	9,738				DONOR DESIGNATION PLEDGE PAYMENTS
NEU-LIFE COMMUNITY DEVELOPMENT 2014 W NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	50,000				HEALTHY YOUTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARROLL UNIVERSITY 100 NORTH EAST AVENUE WAUKESHA, WI 531863103	39-0806325	501 (C)(3)	191,082				DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER INC 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
BUILD INC 1223 NORTH MILWAUKEE AVENUE CHICAGO, IL 60622	23-7022085	501 (C)(3)	17,260				DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER INC 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	29,167				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)	30,000				COVID 19 FUNDING
CATHOLIC CHARITIES - YORK (PA) 253 E MARKET ST YORK, PA 17403	23-1494791	501 (C)(3)	5,193				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 DIOCESE OF GREEN BAY 1825 RIVERSIDE DRIVE GREEN BAY, WI 54301	39-0808438	501 (C)(3)	5,319				DONOR DESIGNATION PLEDGE PAYMENTS
CATHOLIC CHARITIES OF MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	118,974				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 MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	47,259				PREGNANCY AND PARENTING SUPPORT SERVICES
CATHOLIC CHARITIES OF MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	43,885				OUTREACH & CASH 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
CATHOLIC CHARITIES OF MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	34,390				SUPPORTED PARENTING PROGRAM - WAUK. COUNTY
CATHEDRAL CENTER INC 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	6,650				FAMILY WARMING ROOM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	19,264				OUTREACH AND CASE MANAGEMENT - WAUK. CTY
CATHOLIC CHARITIES OF MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	200,262				BEHAVIORAL HEALTH 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
BRUCE GUADALUPE SCHOOL 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204	39-1146191	501 (C)(3)	5,000				DONOR DESIGNATION PLEDGE PAYMENTS
CHABAD OF DOWNTOWN 1301 N ASTOR ST MILWAUKEE, WI 53202	39-1672482	501 (C)(3)	18,000				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
CENTRO LEGAL POR DERECHOS HUMANOS INC 611 WEST NATIONAL AVENUE 103 MILWAUKEE, WI 532041768	39-1710549	501 (C)(3)	50,148				DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	62,347				EMERGENCY SUPPORT/ADVOCACY CONTINUUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD FOX POINT, WI 53217	39-0991742	501 (C)(3)	7,000				DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	23,080				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)	13,248				COPE HOTLINE
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	16,071				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)	7,626				DONOR DESIGNATION PLEDGE PAYMENTS
CROHN'S & COLITIS FOUNDATION WISCONSIN CHAPTER 17100 W BLUEMOUND RD STE 101 BROOKFIELD, WI 530055950	13-6193105	501 (C)(3)	6,000				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
COALITION FOR CHILDREN YOUTH AND FAMILIES 6682 WEST GREENFIELD SUITE 310 MILWAUKEE, WI 53214	39-1496074	501 (C)(3)	14,806				DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	453,193				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
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	17,982				SENIOR SERVICES
DEPAUL UNIVERSITY 1 JACKSON BOULEVARD CHICAGO, IL 60604	36-2167048	501 (C)(3)	5,875				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)	6,650				FAMILY WARMING ROOM
DICKINSON COLLEGE PO BOX 1773 CARLISLE, PA 17013	23-1365954	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
CRISTO REY JESUIT MILWAUKEE HIGH SCHOOL 1215 SOUTH 45 STREET WEST MILWAUKEE, WI 53214	53-0196617	501 (C)(3)	73,122				DONOR DESIGNATION PLEDGE PAYMENTS
CITY YEAR MILWAUKEE INC 648 NORTH PLANKINTON AVENUE SUITE 190 MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	79,030				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 FOUNDATION- AURORA 950 NORTH 12 STREET SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	19,000				DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK INC 1000 NORTH 92ND STREET WAUWATOSA, WI 532263533	39-0806286	501 (C)(3)	316,705				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
CARE NET PREGNANCY CENTER OF MILWAUKEE 4957 W FOND DU LAC AVE MILWAUKEE, WI 53216	39-1496868	501 (C)(3)	10,139				DONOR DESIGNATION PLEDGE PAYMENTS
CARING PLACE INC THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	27,034				ADULT 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
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	50,000				SHARED COMMUNITY INVESTMENT FUND
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	181,913				HIPPY (HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUTH)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	25,624				COMMUNITY OUTREACH HEALTH CLINIC
COMMUNITY SHARES OF GREATER MILWAUKEE 5027 W NORTH AVENUE MILWAUKEE, WI 53208	39-1362120	501 (C)(3)	112,023				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)	49,992				NEVERMORE BATTERER'S TREATMENT
COLLEGE POSSIBLE (WI) 1515 N RIVERCENTER DRIVE SUITE 105 MILWAUKEE, WI 53212	41-1968798	501 (C)(3)	32,370				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
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	28,125				HEALTHY YOUTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	80,000				HEALTH IMPROVEMENT FUND AWARD
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	131,430				FAMILY SUPPORT 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)	59,906				HOMELESS OUTREACH NURSING CENTER
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	100,000				SIEMER 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 INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	35,945				EMERGENCY SHELTER
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	77,476				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
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	150,000				SHARED COMMUNITY INVESTMENT FUND
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	70,000				SAFE & STABLE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	39,488				DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408	39-1249426	501 (C)(3)	50,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION UPPER MIDWEST REGION WEST ALLIS 10427 WEST LINCOLN AVENUE 1400 WEST ALLIS, WI 53227	58-1341679	501 (C)(3)	5,825				DONOR DESIGNATION PLEDGE PAYMENTS
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	18,635				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)	428,734				LEARNING FOR LIFE
BROWN COUNTY UNITED WAY 112 NORTH ADAMS STREET GREEN BAY, WI 543015010	39-0806299	501 (C)(3)	101,943				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 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	86,962				DONOR DESIGNATION PLEDGE PAYMENTS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	411,540				AURORA AT HOME HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	305,919				SYSTEMIC FAMILY COUNSELING
ASCENSION - COLUMBIA ST MARY'S HOSPITAL 2301 N LAKE DRIVE MILWAUKEE, WI 53211	39-0806315	501 (C)(3)	8,805				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
ASCENSION SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	20,000				COVID 19 FUNDING
ASCENSION SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	7,970				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)	19,330				AWARENESS, EDUCATION & SUPPORT
ADVOCATES OF OZAUKEE INC PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	46,418				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
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	42,673				HOME FIRE PREPAREDNESS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	15,761				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 FAMILY SERVICE 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	256,353				CENTER FOR FINANCIAL WELLNESS
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	76,148				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 FAMILY SERVICE 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	225,597				FAMILY ENRICHMENT
AURORA FAMILY SERVICE 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	79,052				MILW. 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 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	12,533				DONOR DESIGNATION PLEDGE PAYMENTS
ASSOCIATION OF GRADUATES OF THE US MILITARY ACADEMY 698 MILLS RD HERBERT ALUMNI CENTER WEST POINT, NY 10996	14-1260763	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
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	40,087				AURORA ZILBER FAMILY HOSPICE
AURORA FAMILY SERVICE 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	12,500				HEALTHY BIRTH OUTCOMES AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	41,669				COUNSELING PROGR. FOR UNDER-SERVED SURVIVORS
AMERICAN DIABETES ASSOCIATION INC MICHIGAN AFFILIATE INC (MI) 20700 CIVIC CENTER DR STE 100 SOUTHFIELD, MI 48076	13-1623888	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
CHILDREN'S WISCONSIN - COMMUNITY SERVICES 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 532141549	39-0806380	501 (C)(3)	5,000				COVID 19 FUNDING
AURORA HEALING CENTER 130 WEST BRUCE STREET SUITE 400 MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	15,382				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
ADVOCATES OF OZAUKEE INC PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	21,088				DONOR DESIGNATION PLEDGE PAYMENTS
ADVOCATES OF OZAUKEE INC PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	17,500				SAFE & STABLE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	5,000				COVID 19 FUNDING
AIDS RESOURCE CENTER OF WISCONSIN 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	76,397				DENTAL 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
AIDS RESOURCE CENTER OF WISCONSIN 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	71,464				FOOD PANTRY
AURORA FAMILY SERVICE 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	12,500				HEALTHY BIRTH OUTCOMES AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	46,240				LIFEPOINT
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923	53-0196605	501 (C)(3)	677,599				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
ALL IN MILWAUKEE 135 W WELLS ST STE 100 MILWAUKEE, WI 53203	83-2541054	501 (C)(3)	49,031				DONOR DESIGNATION PLEDGE PAYMENTS
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES 648 N PLANKINTON AVE STE 425 MILWAUKEE, WI 532032926	39-1709925	501 (C)(3)	9,093				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
ALMA CENTER 2821 N VEL R PHILLIPS AVE 3RD FL MILWAUKEE, WI 53212	36-4530524	501 (C)(3)	8,000				DONOR DESIGNATION PLEDGE PAYMENTS
ALOHA UNITED WAY 200 NORTH VINEYARD BOULEVARD 700 HONOLULU, HI 96817	99-0073494	501 (C)(3)	19,209				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
ALVERNO COLLEGE 3401 SOUTH 39 STREET MILWAUKEE, WI 532154093	39-0806263	501 (C)(3)	46,503				DONOR DESIGNATION PLEDGE PAYMENTS
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER 620 SOUTH 76 STREET 160 MILWAUKEE, WI 532141549	39-1350965	501 (C)(3)	87,530				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 820 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532031802	39-1534049	501 (C)(3)	10,000				COVID 19 FUNDING
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	9,007				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
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3067804	501 (C)(3)	6,263				DONOR DESIGNATION PLEDGE PAYMENTS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 532123447	39-0806339	501 (C)(3)	150,869				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
BELIEVE IN STUDENTS FAST FUND - LOCAL 212 846 INDEPENDENCE CT PHILADELPHIA, PA 19147	81-3612875	501 (C)(3)	8,398				DONOR DESIGNATION PLEDGE PAYMENTS
AURORA FOUNDATION-AURORA 950 NORTH 12 STREET SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	30,000				HEALTH IMPROVEMENT FUND AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 AND GIRLS CLUB OF NORTHEAST OHIO 4111 PEARL AVENUE LORAIN, OH 44055	34-1856214	501 (C)(3)	12,851				DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUB FOND DU LAC AREA 76 W 2ND STREET FOND DU LAC, WI 54935	39-1896496	501 (C)(3)	5,510				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 AMERICA NATIONAL HEADQUARTERS 1275 PEACHTREE STREET NE ATLANTA, GA 303093447	13-5562976	501 (C)(3)	18,266				DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	1,033,568				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
BIZSTARTS MILWAUKEE INC 1555 NORTH RIVERCENTER DRIVE SUITE 210 MILWAUKEE, WI 53212	26-1766033	501 (C)(3)	10,425				DONOR DESIGNATION PLEDGE PAYMENTS
BADGER ADVOCATES PO BOX 554 SUN PRAIRIE, WI 53590	27-5033472	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
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486	39-0806292	501 (C)(3)	978,458				SCHOOL ACHIEVEMENT
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN (MI) 26777 HALSTED RD STE 100 FARMINGTON HILLS, MI 48331	38-1387123	501 (C)(3)	8,533				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
BRADLEY IMPACT FUND 1400 NORTH WATER STREET SUITE 300 MILWAUKEE, WI 53202	45-4678325	501 (C)(3)	200,000				DONOR DESIGNATION PLEDGE PAYMENTS
BLACK ARTS MKE 929 NORTH WATER STREET MILWAUKEE, WI 53202	47-1889202	501 (C)(3)	9,500				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
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	38,735				COMMUNITY MED SHARE
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	207,200				SHARED COMMUNITY INVESTMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	33,800				COVID 19 FUNDING
BREAD OF HEALING INC 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	50,000				HEALTH IMPROVEMENT FUND AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	89,478				SPARK
DR JAMES CAMERON LEGACY FOUNDATION INC 11933 WEST BURLEIGH STREET WAUWATOSA, WI 53222	46-1046265	501 (C)(3)	31,617				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)	58,808				DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC 885 BADGER CIRCLE GRAFTON, WI 53024	39-1229374	501 (C)(3)	18,914				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)	98,896				CUB SCOUTS
CHILDREN'S WISCONSIN - COMMUNITY SERVICES 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 532141549	39-0806380	501 (C)(3)	83,548				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)	30,997				DONOR DESIGNATION PLEDGE PAYMENTS
BARRINGTON AREA UNITED WAY 200 SOUTH HOUGH ST BARRINGTON, IL 60010	23-7123024	501 (C)(3)	6,997				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)	6,854				DONOR DESIGNATION PLEDGE PAYMENTS
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	73,738				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
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE INC 788 NORTH JEFFERSON STREET SUITE 600 MILWAUKEE, WI 532023739	39-1239687	501 (C)(3)	168,233				DONOR DESIGNATION PLEDGE PAYMENTS
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	24,326				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
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	15,000				COVID 19 FUNDING
BENEDICT CENTER THE 1849 N DR MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	30,000				HEALTH IMPROVEMENT FUND AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	95,803				SPONSOR-A-SCHOLAR
BENEDICT CENTER THE 1849 N DR MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	8,480				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
BEST BUDDIES WISCONSIN 10425 W NORTH AVE STE 340 WAUWATOSA, WI 53226	52-1614576	501 (C)(3)	18,809				DONOR DESIGNATION PLEDGE PAYMENTS
BETHEL HORIZONS FOUNDATION 312 WISCONSIN AVE MADISON, WI 53703	23-7017755	501 (C)(3)	25,000				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
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE INC 788 NORTH JEFFERSON STREET SUITE 600 MILWAUKEE, WI 532023739	39-1239687	501 (C)(3)	160,689				ONE TO ONE MENTORING
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 532072457	39-1343561	501 (C)(3)	19,235				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)	22,460				MATCH ME
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	55,267				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
COMMUNITY OUTPATIENT HEALTH SERVICE W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	66,718				DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	170,000				TEEN PREGNANCY PREVENTION COLLABORATIVE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 FOUNDATION-AURORA 950 NORTH 12 STREET SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	25,000				HEALTHY BIRTH OUTCOMES AWARD
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	15,500				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE STREET MINISTRY 2522 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	05-0627081	501 (C)(3)	6,102				DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	42,000				HEALTHY YOUTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL SOUTHEASTERN WISCONSIN CHAPTER 3333 NORTH MAYFAIR ROAD SUITE 107 WAUWATOSA, WI 53222	13-3272289	501 (C)(3)	10,600				DONOR DESIGNATION PLEDGE PAYMENTS
INDEPENDENCEFIRST INC 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	45,000				HEALTHY YOUTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	20,000				COVID 19 FUNDING
INDEPENDENCEFIRST INC 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	18,088				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	39-1144446	501 (C)(3)	43,032				EARLY CHILDHOOD EDUCATION
IGNITE THE SPIRIT MILWAUKEE 2704 E LOCUST ST MILWAUKEE, WI 53211	82-4847818	501 (C)(3)	8,954				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)	15,000				DONOR DESIGNATION PLEDGE PAYMENTS
JAMES ALBRECHT FREE CLINIC 1110 OAK STREET SUITE 1200 WEST BEND, WI 53095	39-1839654	501 (C)(3)	9,374				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)	174,983				INDIVIDUAL AND FAMILY COUNSELING
IMPACT INC 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE, WI 532142619	39-0988784	501 (C)(3)	817,698				IMPACT 2-1-1



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	79,080				CARE MANAGEMENT
JEWISH FAMILY SERVICES INC 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	67,938				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 FEDERATION OF METRO CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606	36-2167761	501 (C)(3)	14,896				DONOR DESIGNATION PLEDGE PAYMENTS
INNER BEAUTY CENTER 1300 SOUTH LAYTON BOULEVARD MILWAUKEE, WI 53215	47-1261667	501 (C)(3)	9,853				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
HOPE HOUSE RESCUE MISSION 34 S MAIN ST MIDDLETOWN, OH 45044	31-1254976	501 (C)(3)	6,034				DONOR DESIGNATION PLEDGE PAYMENTS
KATHY'S HOUSE INC 600 NORTH 103 STREET MILWAUKEE, WI 53226	39-2022115	501 (C)(3)	6,140				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
IGNACE INDIAN HEALTH CENTER 930 HISTORIC MITCHELL STREET MILWAUKEE, WI 53204	39-1958089	501 (C)(3)	20,719				SHARED COMMUNITY INVESTMENT FUND
FRIEDENS COMMUNITY MINISTRIES INC 1220 WEST VLIET STREET MILWAUKEE, WI 532050411	39-1587037	501 (C)(3)	10,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	32,181				DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	60,840				END HIV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	7,000				EMERGENCY FUNDING
HOLY FAMILY PARISH SCHOOL 4849 NORTH WILDWOOD AVENUE MILWAUKEE, WI 53217	39-0813412	501 (C)(3)	14,225				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
HOPE CENTER INC 502 N EAST AVE WAUKESHA, WI 53186	39-1585261	501 (C)(3)	11,123				DONOR DESIGNATION PLEDGE PAYMENTS
HUNGER TASK FORCE INC 201 SOUTH HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	241,029				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
JOURNEY HOUSE INC 2110 W SCOTT ST MILWAUKEE, WI 532042077	39-1203539	501 (C)(3)	47,335				DONOR DESIGNATION PLEDGE PAYMENTS
HUNT FOR LIFE FOUNDATION PO BOX 180382 DELAFIELD, WI 53018	81-3238206	501 (C)(3)	7,994				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 COUNTY 111 EAST MAIN STREET WAUKESHA, WI 53186	26-4291024	501 (C)(3)	15,000				2019 HAC PROGRAM COORDINATOR SUPPORT
INTERNATIONAL INSTITUTE OF WISCONSIN 1110 N OLD WORLD THIRD ST SUITE 420 420 MILWAUKEE, WI 532031102	39-0806350	501 (C)(3)	162,837				IMMIGRATION AND CITIZENSHIP 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
HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	25,693				POST-PURCHASE COUNSELING
HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	5,364				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
HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	5,000				COVID 19 FUNDING
HUNGER RELIEF FUND OF WISCONSIN HUNGER TASK FORCE INC 201 SOUTH HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	76,973				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
HOPE HOUSE OF MILWAUKEE INC 209 W ORCHARD ST MILWAUKEE, WI 53204	39-1592900	501 (C)(3)	6,650				FAMILY WARMING ROOM
HOPE NETWORK FOR SINGLE MOTHERS N88 W17658 CHRISTMAN ROAD MENOMONEE FALLS, WI 53051	39-1475304	501 (C)(3)	7,700				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
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	159,303				EMERGENCY SHELTER
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SUITE 100 GRAND RAPIDS, MI 495034106	38-1360923	501 (C)(3)	5,674				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
IMPACT INC 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE, WI 532142619	39-0988784	501 (C)(3)	25,000				COVID 19 FUNDING
LITERACY SERVICES OF WISCONSIN INC 555 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532032910	39-1091203	501 (C)(3)	50,000				WAUKESHA COUNTY EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	51,820				SPRING CITY CORNER CLUBHOUSE
MAUI UNITED WAY 95 MAHALANI ST ROOM 24 WAILUKU, HI 967932521	99-0086524	501 (C)(3)	5,417				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
MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER) 10000 WEST INNOVATION DRIVE 135 MILWAUKEE, WI 53226	39-1270290	501 (C)(3)	8,500				DONOR DESIGNATION PLEDGE PAYMENTS
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK COURT SUITE 200 WAUWATOSA, WI 53226	39-1543541	501 (C)(3)	17,750				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)	50,047				DONOR DESIGNATION PLEDGE PAYMENTS
MALAIKA EARLY LEARNING CENTER 125 WEST AUER AVE MILWAUKEE, WI 53212	39-2021628	501 (C)(3)	10,151				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	39-1144446	501 (C)(3)	9,954				DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE, WI 53233	39-0806251	501 (C)(3)	324,214				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
MATC FOUNDATION 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	5,662				DONOR DESIGNATION PLEDGE PAYMENTS
MEDICAL COLLEGE OF WISCONSIN RESEARCH PARK CENTER 10000 W INNOVATION DRIVE WAUWATOSA, WI 53226	39-0806261	501 (C)(3)	397,336				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
LOCAL INITIATIVES SUPPORT CORPORATION 234 WEST FLORIDA ST STE 204 MILWAUKEE, WI 53204	13-3030229	501 (C)(3)	11,339				DONOR DESIGNATION PLEDGE PAYMENTS
MEDICAL COLLEGE OF WISCONSIN RESEARCH PARK CENTER 10000 W INNOVATION DRIVE WAUWATOSA, WI 53226	39-0806261	501 (C)(3)	25,000				HEALTH IMPROVEMENT FUND AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 RESEARCH PARK CENTER 10000 W INNOVATION DRIVE WAUWATOSA, WI 53226	39-0806261	501 (C)(3)	25,000				PERISCOPE PROJECT
MARCUS CENTER FOR THE PERFORMING ARTS 929 NORTH WATER STREET MILWAUKEE, WI 53202	51-0532407	501 (C)(3)	35,038				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)	126,909				DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0806826	501 (C)(3)	21,241				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)	13,694				DONOR DESIGNATION PLEDGE PAYMENTS
LITERACY SERVICES OF WISCONSIN INC 555 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532032910	39-1091203	501 (C)(3)	38,329				ADULT 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
LIFE REMODELED A NONPROFIT CORPORATION POST OFFICE BOX 28508 DETROIT, MI 48228	27-5020487	501 (C)(3)	8,100				DONOR DESIGNATION PLEDGE PAYMENTS
HEBRON HOUSE OF HOSPITALITY INC 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	51,973				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
LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA, WI 531865086	39-1144446	501 (C)(3)	20,948				WORKFORCE DEVELOPMENT
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN 6737 W WASHINGTON ST STE 2275 WEST ALLIS, WI 532145666	39-0816846	501 (C)(3)	25,266				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 USA ONE EDUCATION WAY COLORADO SPRINGS, CO 809064477	84-1267604	501 (C)(3)	10,000				DONOR DESIGNATION PLEDGE PAYMENTS
LA CAUSA INC 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	41,213				EARLY EDUCATION & 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)	32,097				CRISIS NURSERY & RESPITE CENTER
LIFESTRIDERS INC S11 W29667 SUMMIT AVE WAUKESHA, WI 53188	47-0955137	501 (C)(3)	29,198				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	39-1144446	501 (C)(3)	202,902				FINANCIAL STABILITY
LA CAUSA INC 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	19,802				DONOR DESIGNATION PLEDGE PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST 3RD FLOOR NORTH SUITE MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	33,727				DONOR DESIGNATION PLEDGE PAYMENTS
LEUKEMIA & LYMPHOMA SOCIETY WISCONSIN CHAPTER BROOKFIELD 6737 W WASHINGTON STREET SUITE 2100 2100 WEST ALLIS, WI 53214	13-5644916	501 (C)(3)	14,200				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
LEUKEMIA AND LYMPHOMA SOCIETY (MI) 1471 EAST TWELVE MILE ROAD MADISON HEIGHTS, MI 48071	13-5644916	501 (C)(3)	5,538				DONOR DESIGNATION PLEDGE PAYMENTS
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST 3RD FLOOR NORTH SUITE MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	31,875				SAFE & STABLE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY-(NY) NATIONAL HDQTRS 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 105737501	13-5644916	501 (C)(3)	8,940				DONOR DESIGNATION PLEDGE PAYMENTS
LIFE NAVIGATORS 7203 WEST CENTER STREET WAUWATOSA, WI 532101126	39-0978146	501 (C)(3)	23,500				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
LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH, IN 463191097	23-7170019	501 (C)(3)	5,659				DONOR DESIGNATION PLEDGE PAYMENTS
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST 3RD FLOOR NORTH SUITE MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	122,675				CIVIL DIVISION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	474,406				DONOR DESIGNATION PLEDGE PAYMENTS
HEAR WISCONSIN INC 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028	39-0826101	501 (C)(3)	172,377				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
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	203,304				MENTAL HEALTH COUNSELING
FOX POINT LUTHERAN CHURCH 7510 NORTH SANTA MONICA BLVD FOX POINT, WI 53217	39-0907255	501 (C)(3)	5,372				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
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	15,000				COVID 19 FUNDING
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	13,289				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)	8,411				DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	34,696				THE C.A.R.E. 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)	21,693				CENTER FOR THE PREVENTION OF FAMILY VIOLENCE
FAMILY PROMISE OF WESTERN WAUKESHA CO 543 AJ ALLEN CIRCLE UNIT D WALES, WI 53183	45-5502675	501 (C)(3)	7,500				SAFE & STABLE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	11,043				COOPERATIVE PARENTING CENTER
ERAS SENIOR NETWORK INC 2607 NORTH GRANDVIEW BOULEVARD STE 150 WAUKESHA, WI 531881690	39-1393171	501 (C)(3)	73,046				FAITH IN ACTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OPEN 411 EAST WISCONSIN AVENUE SUITE 2350 MILWAUKEE, WI 53202	75-3070195	501 (C)(3)	26,000				DONOR DESIGNATION PLEDGE PAYMENTS
FIRST STAGE 325 W WALNUT MILWAUKEE, WI 53212	39-1634828	501 (C)(3)	6,283				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
FISHER HOUSE WISCONSIN 5000 W NATIONAL AVE MILWAUKEE, WI 53295	27-5461119	501 (C)(3)	8,925				DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICES OF NE WI - GREEN BAY 300 CROOKS STREET GREEN BAY, WI 54301	39-0827320	501 (C)(3)	5,743				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)	24,000				SNAP MARKET MATCH
FONDY FOOD CENTER INC 1617 WEST NORTH AVENUE SUITE 4 MILWAUKEE, WI 532051253	31-1751969	501 (C)(3)	6,722				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
FEEDING AMERICA EASTERN WISCONSIN 1700 WEST FOND DU LAC AVENUE MILWAUKEE, WI 532051299	39-1384593	501 (C)(3)	26,704				DONOR DESIGNATION PLEDGE PAYMENTS
MENTAL HEALTH AMERICA OF WISCONSIN INC 600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	60,329				MENTAL HEALTH ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 CHRISTIAN AND MISSIONARY ALLIANCE CHURCH W156 N10041 PILGRIM ROAD GERMANTOWN, WI 53022	39-1430204	501 (C)(3)	18,729				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 COLLABORATIVE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	24,010				DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	12,966				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	39-1144446	501 (C)(3)	64,547				SCHOOL AGE EDUCATION PROGRAM
CHARLES E KUBLY FOUNDATION 1341 W MEQUON RD 220 MEQUON, WI 530923241	20-0375310	501 (C)(3)	5,685				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)	21,883				DONOR DESIGNATION PLEDGE PAYMENTS
EASTERSEALS SOUTHEAST WISCONSIN 2222 S 114 STREET MILWAUKEE, WI 532271031	39-0816849	501 (C)(3)	24,914				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)	100,911				SUPPORTED EMPLOYMENT
EASTERSEALS SOUTHEAST WISCONSIN 2222 S 114 STREET MILWAUKEE, WI 532271031	39-0816849	501 (C)(3)	93,472				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)	21,259				CHILDBIRTH AND INFANT PREPARATION SERVICES
DIVINE SAVIOR HOLY ANGELS HIGH SCHOOL 4257 NORTH 100 STREET MILWAUKEE, WI 532221391	39-6054869	501 (C)(3)	16,187				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 N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	28,479				GERMANTOWN PREVENTION
ERAS SENIOR NETWORK INC 2607 NORTH GRANDVIEW BOULEVARD STE 150 WAUKESHA, WI 531881690	39-1393171	501 (C)(3)	179,625				NEIGHBORHOOD OUTREACH 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
ERAS SENIOR NETWORK INC 2607 NORTH GRANDVIEW BOULEVARD STE 150 WAUKESHA, WI 531881690	39-1393171	501 (C)(3)	10,000				COVID 19 FUNDING
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2518129	501 (C)(3)	16,250				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
ERAS SENIOR NETWORK INC 2607 NORTH GRANDVIEW BOULEVARD STE 150 WAUKESHA, WI 531881690	39-1393171	501 (C)(3)	5,504				DONOR DESIGNATION PLEDGE PAYMENTS
ERAS SENIOR NETWORK INC 2607 NORTH GRANDVIEW BOULEVARD STE 150 WAUKESHA, WI 531881690	39-1393171	501 (C)(3)	5,000				HELPING KIDS SUCCEED INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 CHILD & FAMILY AGENCY 1617 SOUTH 124 STREET NEW BERLIN, WI 53151	36-2229573	501 (C)(3)	12,136				DONOR DESIGNATION PLEDGE PAYMENTS
HEAR WISCONSIN INC 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028	39-0826101	501 (C)(3)	25,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPLOY MILWAUKEE 2342 NORTH 27TH STREET MILWAUKEE, WI 53210	39-1636835	501 (C)(3)	25,000				DONOR DESIGNATION PLEDGE PAYMENTS
FORGOTTEN HARVEST INC (MI) 21800 GREENFIELD RD OAK PARK, MI 482372507	38-2926476	501 (C)(3)	6,518				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)	35,000				HELPING KIDS SUCCEED INITIATIVE
FAMILY PROMISE OF OZAUKEE COUNTY 136 W GRAND AVE PORT WASHINGTON, WI 53074	46-4227704	501 (C)(3)	10,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	7,434				DONOR DESIGNATION PLEDGE PAYMENTS
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	100,000				TEEN PREGNANCY PREVENTION COLLABORATIVE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	93,432				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)	149,520				OLDER ADULT SENIORS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	59,093				DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	25,000				MILWAUKEE OUTREACH & HOUSING 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
FOUNDATION OF THE LEGACY GUILD 823 BURLINGTON AVENUE WESTERN SPRINGS, IL 60558	46-0888441	501 (C)(3)	9,250				DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	25,000				MILWAUKEE OUTREACH & HOUSING 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
FOOD PANTRY OF WAUKESHA COUNTY INC 1301 SENTRY DR WAUKESHA, WI 53186	39-1502732	501 (C)(3)	5,000				COVID 19 FUNDING
HABITAT FOR HUMANITY HURON VALLEY (MI) 2805 S INDUSTRIAL HWY STE 100 ANN ARBOR, MI 48104	38-2874694	501 (C)(3)	7,831				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)	20,000				COVID 19 FUNDING
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	37,191				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
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501 (C)(3)	48,354				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)	22,867				SCHOOL AGED SPECIAL NEEDS-SHILUV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	31,757				DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	30,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	39,490				DONOR DESIGNATION PLEDGE PAYMENTS
HABITAT FOR HUMANITY OF WISCONSIN 420 S 1ST ST 6 MILWAUKEE, WI 53204	27-0819276	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
ADAPTIVE COMMUNITY APPROACH PROGRAM INC (ACAP) 121 WISCONSIN AVENUE WAUKESHA, WI 531864924	39-1867400	501 (C)(3)	8,491				COMMUNITY ORIENTEERING
GIRL SCOUTS OF WISCONSIN SOUTHEAST INC 131 SOUTH 69TH STREET MILWAUKEE, WI 532141663	39-0892833	501 (C)(3)	525,108				LEADERSHIP & CRITICAL LIFE SKILLS DEV. 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
FRANKLY MUSIC 622 N WATER STREET STE 200 MILWAUKEE, WI 53202	20-0359705	501 (C)(3)	5,500				DONOR DESIGNATION PLEDGE PAYMENTS
FRIENDS INC POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	6,316				OPENING DOORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	14,986				ATTENDANT REFERRAL PROGRAM
GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	51,354				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
FRIENDS INC POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	6,316				COVID 19 FUNDING
FRIENDS INC POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	6,316				SAFE & STABLE HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	6,316				DONOR DESIGNATION PLEDGE PAYMENTS
GESU PARISH 1210 WEST MICHIGAN STREET MILWAUKEE, WI 53233	39-1799799	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
FRIEDENS COMMUNITY MINISTRIES INC 1220 WEST VLIET STREET MILWAUKEE, WI 532050411	39-1587037	501 (C)(3)	46,961				EMERGENCY FOOD PANTRY
FROEDTERT HOSPITAL FOUNDATION INC 9200 WEST WISCONSIN AVENUE MILWAUKEE, WI 53226	39-1431192	501 (C)(3)	135,734				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
GIRL SCOUTS OF WISCONSIN SOUTHEAST INC 131 SOUTH 69TH STREET MILWAUKEE, WI 532141663	39-0892833	501 (C)(3)	51,716				DONOR DESIGNATION PLEDGE PAYMENTS
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN 2131 BEAUFIT DETROIT, MI 482073410	38-2156255	501 (C)(3)	5,980				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
GREAT RIVERS UNITED WAY INC 1855 EAST MAIN STREET ONALASKA, WI 546506727	39-0848188	501 (C)(3)	10,076				DONOR DESIGNATION PLEDGE PAYMENTS
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET SUITE 300 300 ALEXANDRIA, VA 22314	52-1273585	501 (C)(3)	10,846				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)	44,643				DONOR DESIGNATION PLEDGE PAYMENTS
GPS EDUCATION PARTNER 20633 WATERTOWN CT WAUKESHA, WI 53186	39-0808491	501 (C)(3)	63,355				PATHWAYS TO EMPLOYABILITY



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	37,061				GRAND AVENUE CLUB
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY 10005 W BLUEMOUND RD MILWAUKEE, WI 53226	39-6077242	501 (C)(3)	24,414				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
GATHERING OF SOUTHEAST WI INC THE 804 EAST JUNEAU AVENUE MILWAUKEE, WI 53202	39-1891030	501 (C)(3)	21,787				DONOR DESIGNATION PLEDGE PAYMENTS
HOUSING ACTION COALITION OF WAUKESHA CTY 111 EAST MAIN STREET WAUKESHA, WI 53187	26-4291024	502 (C)(3)	50,000				COVID 19 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 53067	39-0806378	502 (C)(3)	25,288				SPECIAL PROGRAMS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53068	39-0806378	503 (C)(3)	11,423				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
HOUSING ACTION COALITION OF WAUKESHA CTY 111 EAST MAIN STREET WAUKESHA, WI 53188	26-4291024	503 (C)(3)	10,000				WINTER OVERFLOW SHELTER
MILWAUKEE COUNTY HOUSING DIVISION 600 WALNUT STREET SUITE 100 MILWAUKEE, WI 53212		GOVT	83,200				SHARED COMMUNITY INVESTMENT FUND

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
	Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC	Employer identification number 39-0806190

Part I	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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c		No No 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.	5a 5b		No 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.	6a 6b		No 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		

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

[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.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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 . . . . .	X		162,161	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	93	4,317,497	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 ► ( <u>BACKPACKS</u> ) . . . . .	X	15,000	264,996	FMV
26 Other ► ( _____ ) . . . . .				
27 Other ► ( _____ ) . . . . .				
28 Other ► ( _____ ) . . . . .				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)



**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
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<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047 <b>2019</b> <b>Open to Public Inspection</b>
Department of the Treasury 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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	OUR VISION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ASPIRES TO ACCOMPLISH THE FOLLOWING: * PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY. * CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE ACTION ON PRIORITY ISSUES. * RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND INTEGRATED, COMMUNITY-FOCUSED WORK. * SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS. * BE RECOGNIZED AS A LEADER IN EFFECTING LONG-TERM SOCIETAL CHANGE. * ATTAIN ROBUST REVENUE GROWTH AS DONORS' CHARITY OF CHOICE. 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: O RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE O INTEGRITY IN EVERY ACTION WE TAKE O ETHICAL BEHAVIOR IN ALL WE DO O HONEST, OPEN COMMUNICATIONS O PRUDENT RISK-TAKING O COOPERATION AND TEAMWORK O CREATIVITY AND INNOVATION O OWNERSHIP OF OUR ACTIONS *WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR 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.

# 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 Q UALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH ALL OF LIFE'S STAGES, GOOD HEALTH AND A SAFE HOME. GOAL: TO CREATE LONG-LASTING CHANGE BY ADD RESSING OUR COMMUNITY'S MOST SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OUR COMMUNITY. STRATEGY: FOCUS ON THREE CRITICAL ISSUE AREAS, HEALTH, EDUCATION AND FINANCIAL STABILITY THE BUILDING BLOCKS TO A GOOD LIFE. HEALTH HEALTH OF INDIVIDUALS IS A STRONG IND ICATOR OF THE HEALTH OF A COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORTANT DU RING ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INTO ADULthood AND THROUGH OLD ER AGE. TO IMPROVE THE HEALTH OF OUR COMMUNITY WE MUST ALL BECOME MORE AWARE OF HEALTH RIS KS, STARTING FROM BEFORE BIRTH. WHETHER IT IS A TEEN STRUGGLING TO MAKE THE RIGHT DECISION , A SENIOR IN NEED OF HOME HEALTH CARE, OR A SURVIVOR OF ABUSE SEEKING A SAFER ENVIRONMENT ; UNITED WAY IS WORKING TO IMPROVE THE QUALITY OF LIFE FOR ALL. UNITED WAY PARTNERS WITH A GENCIES TO PROVIDE HELP TO THOSE WITHOUT HEALTH INSURANCE, SENIORS IN NEED OF HOME HEALTH CARE, SURVIVORS OF ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR ADDICTION. IN 2 020-21, UNITED WAY WILL INVEST APPROXIMATELY \$9,822,000 IN HEALTH PROGRAMS. GOALS IN HEALT H: PROVIDE FUNDING TO INCREASE THE NUMBER OF YOUTH AND ADULTS WHO: * ARE ABLE TO LIVE INDE PENDENTLY AND WITH DIGNITY. * HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAVIORA L, DENTAL, AND GENERAL HEALTH CARE SERVICES. * HAVE A NETWORK OF SUPPORT FOR CHILDREN WITH DISABILITIES, THEIR FAMILIES, AND CAREGIVERS. * HAVE ACCESS TO HIGH QUALITY, AFFORDABLE P RENATAL CARE AND PREGNANCY SUPPORT SERVICES. UNITED WAY'S INVESTMENT AREAS IN HEALTH: * AC CESS TO HEALTHCARE: UNITED WAY IS REMOVING BARRIERS TO ENSURE ALL YOUTH AND ADULTS HAVE AC CESS TO QUALITY AND AFFORDABLE HEALTH CARE. TO DO THIS, WE INVEST IN PROGRAMS THAT PROVIDE ACCESS TO GENERAL, DENTAL, PRENATAL AND PERINATAL, AND BEHAVIORAL AND MENTAL HEALTH CARE. * HEALTH &amp; WELLNESS: UNITED WAY IS SUPPORTING YOUTH AND ADULTS OF ALL AGES AND ABILITIES TO ENSURE EVERYONE HAS THE OPPORTUNITY TO LIVE WITH INDEPENDENCE AND DIGNITY. WE DO THIS B Y INVESTING IN PROGRAMS THAT PROVIDE OLDER ADULTS WITH SUPPORT AND INDEPENDENCE, SERVICES FOR CHILDREN AND ADULTS WITH DISABILITIES, THEIR FAMILIES AND CAREGIVERS, AND CONNECT OUR ENTIRE COMMUNITY WITH ASSESSMENT, REFERRAL AND SUPPORT PROGRAMS. * SAFE &amp; HEALTHY COMMUNIT IES: UNITED WAY TRANSFORMS COMMUNITIES THROUGH EDUCATION AND ACCESS TO SUPPORT, MAKING HEA LTHY CHOICES EASY, SAFE, AND AFFORDABLE. WE DO THIS BY INVESTING IN PROGRAMS THAT SUPPORT SURVIVORS OF INTIMATE PARTNER VIOLENCE, HOUSE YOUTH WHO ARE HOMELESS, AND ENCOURAGE MEDIAT ION AND HEALTHY CONFLICT RESOLUTION. UNITED WAY'S IMPACT IN HEALTH OF ADULTS WHO PARTICIPA TED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS: 95% WERE BETTER ABLE TO ID ENTIFY STRESSORS IN THEIR LIVE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>S 94% WERE ABLE TO CREATE A PLAN TO MANAGE THEIR STRESS 94% LEARNED SKILLS TO COPE WITH TH EIR STRESS 93% WERE BETTER ABLE TO COMMUNICATE WITH OTHERS 92% FELT THEIR RELATIONSHIPS WE RE BETTER 93% WERE BETTER ABLE TO FUNCTION AT SCHOOL OR WORK OF CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS: 92% FELT THEIR SOCIAL/EMOTIONA L WELL-BEING WAS SUPPORTED WITHIN THE CONTEXT OF THE FAMILY 89% MAINTAINED OR IMPROVED BEH AVIOR AT SCHOOL 90% MAINTAINED OR IMPROVED BEHAVIOR WITH THEIR PEERS 91% MAINTAINED OR IMP ROVED THEIR BEHAVIOR AT HOME 87% DISPLAYED SIGNS OF IMPROVEMENT IN SOCIAL SKILLS OF THE AD ULTS WHO PARTICIPATED IN UNITED WAY-FUNDED CHEMICAL ABUSE AND DEPENDENCY PROGRAMS: 100% RE DUCED THEIR ALCOHOL/DRUG USE 99% FELT THEIR MENTAL HEALTH HAS IMPROVED 99% FELT THEIR LEVE L OF HAPPINESS HAS IMPROVED 95% FELT THEIR RELATIONSHIP WITH THEIR CHILDREN HAS IMPROVED 9 8% FELT THAT OTHER RELATIONSHIPS IN THEIR LIFE HAVE IMPROVED OF THE ADULTS WHO PARTICIPATE D IN UNITED WAY-FUNDED DISABILITIES PROGRAMS: 91% FELT THEIR FINANCIAL CONCERNS WERE ADDRE SSED 90% FELT THEIR HOUSING CONCERNS WERE ADDRESSED 93% FELT THEIR EMPLOYMENT CONCERNS WER E ADDRESSED 97% ATTENDED SOCIAL ACTIVITIES 94% WERE CONNECTED TO SUPPORT NETWORKS 96% ENGA GED IN SOCIALIZATION AND FRIENDSHIP OPPORTUNITIES OF THE CHILDREN WHO PARTICIPATED IN UNIT ED WAY-FUNDED DISABILITIES PROGRAMS: 93% COOPERATED WITH OTHER CHILDREN 95% MAINTAINED APP ROPRIATE BEHAVIOR OR IMPROVED BEHAVIOR 94% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-HELP/ADAPTING 94% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COGNITIVE SKILLS 97% DISPLA YED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS 94% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVE MENT IN COMMUNICATION SKILLS 91% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN PRE-LITER ACY/LITERACY SKILLS OF THE CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES P ROGRAMS: 99% FELT THAT THE PROGRAM HELPED THEM TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE 9 7% 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: 90% RETURNED TO THEIR HOME OR A SAFE, ACCEPTABLE ALTERNATIVE 91% FELT THEIR RELATIONSHIP WITH THEIR PARENT/GUARDIAN REMAINED THE SAME OR IMPROVED 86% WERE BETTER ABLE TO COPE WITH THE PROBLEMS THAT CAUSED T HEM TO SEEK SERVICES OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH CARE ACCESS PR OGRAMS: 98% FELT THEY WERE ABLE TO MAKE THEIR OWN DECISIONS 96% FELT THEY WERE INCLUDED IN SETTING A PLAN FOR THEIR OWN HEALTH 91% FELT THEIR PAIN WAS RELIEVED OR MANAGED 97% FELT THEIR NEEDS WERE MET OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION PREV ENTION (HEALTH) PROGRAMS: 100% WERE GIVEN THE NECESSARY RESOURCES AROUND TREATMENT OPTIONS 100% WERE GIVEN OTHER RESOURCES THEY NEEDED 98% DEMONSTRATED AN INCREASED KNOWLEDGE OF HI V AND/OR STIS 100% WERE AWARE OF THEIR HIV AND/OR STI STATUS OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PA</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>RTNER VIOLENCE (BATTERERS INTERVENTION) PROGRAMS: 98% DISPLAYED INTENT TO REMAIN VIOLENCE FREE IN THE FUTURE 98% HAD A BETTER UNDERSTANDING THAT THE ABUSE WAS THEIR FAULT 98% 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: 97% FELT MORE CONFIDENT IN THEIR DECISION-MAKING SKILLS 97% FELT THEY COULD ACHIEVE THE GOALS THEY SET FOR THEMSELVES 96% HAD MORE KNOWLEDGE ABOUT SAFETY PLANNING OF THE ADULTS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS: 92% UNDERSTOOD THEIR RIGHTS 95% FELT THEIR CULTURE WAS RESPECTED 96% FELT THEIR SPIRITUAL BELIEFS WERE RESPECTED 99% FELT THAT THEY WERE TREATED WITH RESPECT AND DIGNITY 84% HAD THEIR FINANCIAL CONCERNS ADDRESSED 81% HAD THEIR HOUSING CONCERNS ADDRESSED 93% HAD THEIR PHYSICAL HEALTH CONCERNS ADDRESSED OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS: 100% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS 100% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT 100% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL 98% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED PREGNANCY PARENTING AND SUPPORT SERVICES PROGRAMS: 93% CONNECTED TO A MEDICAL HOME 81% BROUGHT BABY IN FOR A SIX-WEEK CHECK UP 100% WERE EDUCATED ON SAFE SLEEP ENVIRONMENTS 95% WERE OBSERVED USING A SAFE SLEEP ENVIRONMENT 100% WERE EDUCATED ABOUT THE EFFECTS OF SMOKING AND SECOND-HAND SMOKE 100% HAD A HEALTHY PREGNANCY OUTCOME 91% CARRIED THE BABY TO TERM 91% DELIVERED A BABY WITH A HEALTHY BIRTH WEIGHT</p>

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FORM 990, PART III, LINE 4A	<p>COVID-19 URGENT NEEDS FUND IN RESPONSE TO THE COVID-19 PANDEMIC, UNITED WAY SET UP A SPECIAL FUND TO ADDRESS THE URGENT AND CRITICAL NEEDS OF THE NONPROFITS IN OUR COMMUNITY AND IN VESTED \$1,491,000. BETWEEN MARCH 14, 2020 AND JUNE 30, 2020, THE UNITED WAY COVID URGENT NEEDS FUND HAS PROVIDED 500+ GALLONS OF HAND SANITIZER, 13,500 FOOD ITEMS, 43,000 FOOD PANTRY SUPPLIES, 97,000+ MASKS, GLOVES, AND FACE SHIELDS, 1,100 DIGITAL NO-TOUCH THERMOMETERS, 19,200 PERSONAL HYGIENE PRODUCTS, 3,600 CLEANING SUPPLY PRODUCTS, AND 75,000 DIAPERS. THE FUND ALSO PROVIDED MEALS TO NATIONAL GUARD WORKERS AT MILWAUKEE AREA COVID TESTING SITES AND FOR THOSE EXPERIENCING HOMELESSNESS WHO HAD COVID SYMPTOMS AND POSITIVE DIAGNOSIS STAYING AT CLARE HALL OR LOCAL HOTELS FOR THE DURATION OF THEIR ILLNESS. ADDITIONALLY, GRANTS WERE MADE DIRECTLY TO NONPROFITS TO ENSURE THEY COULD CONTINUE SERVING CLIENTS IN NEW AND INNOVATIVE WAYS AND HANDLE THE INCREASE IN BASIC-NEEDS SERVICES NEEDED DURING THIS TIME. THE PANDEMIC ALSO BROUGHT TO LIGHT SEVERAL TECHNOLOGIES NEEDS IN OUR COMMUNITY. UNITED WAY PROVIDED 50 HOTSPOTS WITH 6 MONTHS OF SERVICE AND 46 LAPTOPS TO MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP STUDENTS. EDUCATION EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS. STRONG, PRODUCTIVE COMMUNITIES ARE DEPENDENT UPON A SKILLED WORKFORCE THAT CAN COMPETE IN A GLOBAL ECONOMY. IT'S NOT ENOUGH TO INTERVENE IN HIGH SCHOOL. IT IS CRITICAL TO REACH CHILDREN EARLY EVEN BEFORE THEY START SCHOOL. ONCE A YOUNG PERSON FALLS BEHIND, IT CAN BE VERY DIFFICULT TO CATCH UP. IF A CHILD ISN'T READING AT GRADE LEVEL BY 3RD GRADE THEY MAY NEVER CATCH UP. UNITED WAY IS WORKING WITH SCHOOLS AND ORGANIZATIONS TO CHANGE THAT, AND HELPING TO ENSURE THAT EVERY CHILD HAS A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN PROGRAMS THAT PRODUCE RESULTS. IN 2020-21, UNITED WAY WILL INVEST APPROXIMATELY \$7,198,000 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 UNI</p>

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FORM 990, PART III, LINE 4A	<p>TED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS: 86% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COMMUNICATION SKILLS 87% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN SOCIAL/EMOTIONAL SKILLS 90% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COGNITIVE SKILLS 93% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS 86% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS 86% COOPERATED WITH OTHER CHILDREN OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS: 88% LEARNED POSITIVE WAYS TO DEAL WITH STRESS 92% HAD IMPROVED OVERALL HEALTH 90% HAD DECREASED STRESS LEVELS 95% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS 97% IMPROVED THEIR EMOTIONAL/BONDING RELATIONSHIP WITH THEIR CHILD(REN) 97% IMPROVED COMMUNICATION WITH THEIR CHILD(REN) 98% IMPROVED THEIR PHYSICAL RELATIONSHIP WITH THEIR CHILD(REN) OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS: 82% COOPERATED WITH OTHER CHILDREN 85% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED THEIR BEHAVIOR 85% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN SOCIAL/EMOTIONAL SKILLS 88% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS 82% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS 81% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COMMUNICATION SKILLS 92% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COGNITIVE SKILLS OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS: 98% IMPROVED COMMUNICATION WITH THEIR CHILDREN 96% IMPROVED THEIR PHYSICAL RELATIONSHIP WITH THEIR CHILDREN 97% IMPROVED THEIR EMOTIONAL/BONDING RELATIONSHIP WITH THEIR CHILDREN 83% LEARNED POSITIVE WAYS TO DEAL WITH STRESS 89% DECREASED THEIR STRESS 98% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS 98% USED THE SKILLS THEY LEARNED FROM THE PROGRAM 96% WERE ABLE TO CONTROL THEIR ANGER OF THE CHILDREN AGES 6-11 WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS: 90% HAVE GOALS AND PLANS FOR THE FUTURE 85% HAVE PLANS FOR THE NEXT YEAR 95% TRIED THEIR BEST IN SCHOOL 84% FINISHED THEIR HOMEWORK ON TIME 88% WENT TO SCHOOL EACH DAY (UNLESS THEY WERE SICK) 94% IMPROVED ON BELIEVING THAT IT MATTERS TO DO WELL IN SCHOOL 94% IMPROVED ON BEING ON TRACK TO GO TO THE NEXT GRADE LEVEL 89% IMPROVED ON BELIEVING THEY COULD MAKE A DIFFERENCE IN THEIR COMMUNITY OF THE CHILDREN AGES 12 AND OLDER WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS: 93% IMPROVED ON TRYING TO DO THEIR BEST IN SCHOOL 83% IMPROVED ON COMPLETING THEIR HOMEWORK ON TIME 87% IMPROVED ON ATTENDING SCHOOL EACH DAY (UNLESS THEY WERE SICK) 94% IMPROVED ON UNDERSTANDING WHY IT IS IMPORTANT TO PERFORM WELL IN SCHOOL 92% IMPROVED ON SETTING GOALS AND PLANS FOR THE FUTURE 89% IMPROVED ON PLANNING TO GO TO COLLEGE OR SOME OTHER SCHOOL AFTER GRADUATION 93% IMPROVED ON BEING ON TRACK TO GRADUATE FROM HIGH SCHOOL 87% BELIEVED THEY COULD MAKE A DIFFERENCE IN THEIR COMMUNITY 83% VOLUNTEERED IN THEIR COMMUNITY FINANCIAL STABILITY OUR COMMUNITY WILL ONLY</p>

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FORM 990, PART III, LINE 4A	<p>PROSPER AND GROW IF ALL FAMILIES ARE FINANCIALLY STABLE. FEWER FINANCIAL STRESSES LEAD TO HEALTHIER LIVES, IMPROVED WORK PERFORMANCE, AND BETTER EDUCATION OUTCOMES. UNITED WAY INVESTS IN PROGRAMS THAT HELP ADULTS IMPROVE THEIR EDUCATION LEVEL AND CREATE A MORE FINANCIALLY SECURE FUTURE FOR THEMSELVES AND THEIR FAMILIES. UNITED WAY'S WORK IN FINANCIAL STABILITY IS FOCUSED ON ENSURING ALL FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY. IN 2020-21, UNITED WAY WILL INVEST APPROXIMATELY \$4,792,000 IN FINANCIAL STABILITY PROGRAMS. GOALS IN FINANCIAL STABILITY: INCREASE THE NUMBER OF ADULTS &amp; FAMILIES WHO: * ARE ABLE TO MEET THEIR BASIC NEEDS. * HAVE SAFE AND AFFORDABLE HOUSING * GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY-SUSTAINING WAGE. * HAVE ACCESS TO HIGH QUALITY, FREE, OR LOW-COST LEGAL SERVICES. * SAVE FOR A HOME OR POSTSECONDARY EDUCATION. UNITED WAY'S INVESTMENT AREAS IN FINANCIAL STABILITY: * FINANCIAL EMPOWERMENT FOR INDIVIDUALS &amp; FAMILIES: UNITED WAY IS PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. TO DO THIS, WE ARE INVESTING IN PROGRAMS THAT HELP PEOPLE UNDERSTAND HOW TO BUILD FINANCIAL ASSETS AND SAVE FOR A HOME OR POSTSECONDARY EDUCATION. * REDUCING BARRIERS TO EMPLOYMENT : UNITED WAY IS HELPING OTHERS TO BUILD EDUCATION CREDENTIALS AND SKILL CERTIFICATION TO OVERCOME BARRIERS TO EMPLOYMENT. TO DO THIS, WE INVEST IN PROGRAMS THAT HELP INDIVIDUALS NAVIGATE THROUGH THE LEGAL SYSTEM AND GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY SUSTAINING WAGE. * SAFE &amp; STABLE HOMES: UNITED WAY IS ENSURING INDIVIDUALS AND FAMILIES HAVE SAFE AND AFFORDABLE PERMANENT HOUSING. WE DO THIS, BY INVESTING IN PROGRAMS THAT HELP PEOPLE MEET THEIR BASIC NEEDS OF FOOD AND SHELTER. UNITED WAY'S IMPACT IN FINANCIAL STABILITY: OF THOSE WHO UTILIZED UNITED WAY-FUNDED FINANCIAL CAPABILITIES PROGRAMS 97% UNDERSTOOD HOW CREDIT WORKS 98% UNDERSTOOD THE IMPORTANCE OF SAVING MONEY FOR THE FUTURE 83% UNDERSTOOD THEIR PERSONAL BUDGET 97% MADE PROGRESS TOWARDS THEIR PERSONAL GOALS 97% HAD MORE CONFIDENCE IN MAKING FINANCIAL DECISIONS 97% IMPROVED THEIR PROBLEM-SOLVING SKILLS OF THOSE WHO UTILIZED UNITED WAY-FUNDED ADULT LEARNING PROGRAMS: 97% KNOW THAT THERE ARE BENEFITS TO USING A BANK 97% LEARNED THE BASICS OF A CHECKING /SAVINGS ACCOUNT 94% OPENED A CHECKING/SAVINGS ACCOUNT 96% PUT MONEY IN A CHECKING/SAVINGS ACCOUNT 99% MADE PROGRESS TOWARDS THEIR ACADEMIC GOALS 98% HAD MORE CONFIDENCE IN THEIR ACADEMIC ABILITY 86% IMPROVED THEIR COMPUTER SKILLS</p>



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FORM 990, PART III, LINE 4A	<p>OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED REDUCING BARRIERS TO EMPLOYMENT PROGRAMS: 90% ACHIEVED/GAINED JOB-SPECIFIC CREDENTIALS (CERTIFICATE, LICENSE, ETC) 86% IMPROVED THEIR COMPUTER SKILLS 93% IMPROVED THEIR JOB INTERVIEWING SKILLS 92% IMPROVED THEIR RESUME WRITING SKILLS 85% IMPROVED THEIR LITERACY SKILLS 93% IMPROVED THEIR JOB SEARCH SKILLS (INTER NET, NEWSPAPER, ETC...) 82% MAINTAINED EMPLOYMENT 72% RETAINED EMPLOYMENT FOR AT LEAST 30 DAYS OF THOSE THAT UTILIZED UNITED WAY-FUNDED EMERGENCY SHELTERS: 89% FELT THEIR HOUSING WOULD IMPROVE AFTER LEAVING THE SHELTER 88% SET PERSONAL GOALS TOWARDS SELF-IMPROVEMENT 81% MADE PROGRESS TOWARDS THEIR GOALS 95% FELT THEIR BASIC NEEDS WERE MET OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED EMERGENCY FOOD PANTRIES: 95% HAD A BETTER UNDERSTANDING OF HEALTHY EATING HABITS 95% WERE OFFERED RESOURCES ABOUT HEALTHY EATING HABITS 98% FELT THAT THE PANTRY PROVIDED THEM WITH NUTRITIOUS FOOD 81% WERE ABLE TO USE THEIR MONEY TOWARDS OTHER AREAS OF THEIR BUDGET 89% FELT THEIR 3-5 DAY EMERGENCY FOOD NEEDS WERE MET 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 91% AVOIDED FORECLOSURE, EVICTION OR HOMELESSNESS 88% WERE ABLE TO MAINTAIN OR SECURE SAFE AND AFFORDABLE HOUSING 98% RECEIVED INFORMATION OR SERVICES TO BETTER THEIR HOUSING SITUATION OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED LEGAL AID PROGRAMS: 96% FELT SOME STRESS RELIEF IN KNOWING WHERE TO SEEK THE PROPER ASSISTANCE AND/OR SERVICES 96% FELT SOMEONE WAS ABLE TO HELP THEM 99% HAD A BETTER UNDERSTANDING OF THEIR LEGAL RIGHTS 95% KNOW MORE ABOUT AVAILABLE COMMUNITY RESOURCES OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED IMMIGRATION AND REFUGEE SERVICES PROGRAMS: 87% RECEIVED ASSISTANCE OR RESOURCES FOR LEGAL HELP 98% UNDERSTOOD THEIR LEGAL STATUS 98% UNDERSTOOD THEIR EMPLOYMENT ELIGIBILITY 96% KNEW WHEN THEY WOULD QUALIFY FOR PERMANENT RESIDENCY OR CITIZENSHIP 99% FELT STAFF WERE RESPECTFUL OF THEIR CULTURE 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 HEALTH, EDUCATION, AND FINANCIAL STABILITY. HEALTH INITIATIVES HEALTHY BIRTH OUTCOMES IMPROVES BIRTH OUTCOMES TO ENSURE BABIES LIVE TO SEE THEIR FIRST BIRTHDAY HEALTH IMPROVEMENT FUND INCREASES COVERAGE, ACCESS, CARE COORDINATION, AND COMMUNITY HEALTH IN MILWAUKEE HEALTHY YOUTH REDUCES TEEN PREGNANCY, SEXUAL VIOLENCE, AND VICTIMIZATION FOR YOUNG PEOPLE OF ALL GENDERS. TEEN PREGNANCY PREVENTION IMPROVES THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE IN MILWAUKEE EDUCATION INITIATIVES BUILD</p>

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FORM 990, PART III, LINE 4A	<p>D MY BOOKSHELF WAUKESHA IMPROVES LITERACY BY HELPING CHILDREN IN HIGH-NEED WAUKESHA COUNTY SCHOOLS BUILD THEIR HOME LIBRARIES. COMMUNITY SCHOOLS TRANSFORMS SCHOOLS AND COMMUNITIES TO COLLECTIVELY ENSURE STUDENT SUCCESS. EMERGING READERS GIVES THE GIFT OF READING TO LOCAL KIDS WHO ARE MATCHED WITH UNITED WAY EMERGING LEADERS FAMILIES WHO PROVIDE AGE APPROPRIATE READING MATERIALS FOUR TIMES A YEAR. HELPING KIDS SUCCEED SUPPORTS EDUCATORS, INCREASES STUDENT ACHIEVEMENT, AND ENHANCES FAMILY STABILITY AND EMPOWERMENT IN THE SCHOOL DISTRICT OF WAUKESHA'S HIGHEST-NEED SCHOOLS. MILWAUKEE SUCCEEDS-KINDERGARTEN READINESS PARTNERSHIP HELPS CHILDREN REACH THEIR HIGHEST LEVEL OF SCHOOL READINESS BEFORE THEY START KINDERGARTEN THROUGH INCREASED QUALITY EARLY CHILDHOOD EDUCATION, QUALITY CHILD CARE, DEVELOPMENTAL SCREENING AND EARLY CHILDHOOD IMMUNIZATIONS. MY VERY OWN LIBRARY BUILDS STRONG READERS BY PROVIDING FREE BOOKS AND FAMILY ENGAGEMENT ACTIVITIES AT 14 MILWAUKEE PUBLIC SCHOOLS. FINANCIAL STABILITY INITIATIVES FINANCIAL EMPOWERMENT FOR WOMEN PROVIDES EDUCATIONAL TOOLS AND RESOURCES THAT ASSIST WOMEN IN PLANNING THEIR FINANCIAL FUTURE. FUND MY FUTURE MILWAUKEE (CHILDREN'S SAVINGS ACCOUNTS) RAISES CHILDREN'S EXPECTATIONS FOR THEIR FUTURE BY SEEDING AN EDUCATIONAL SAVINGS ACCOUNT STARTING IN KINDERGARTEN FOR ALL MILWAUKEE STUDENTS. REDUCING BARRIERS TO EMPLOYMENT AND ADVANCEMENT STRATEGIES FOCUSING ON AFRICAN-AMERICANS IN THE AREAS OF EDUCATION, TRAINING, CREDENTIALS, TRANSPORTATION, ASSISTANCE FOR INVOLVEMENT IN THE JUSTICE SYSTEM, AND DIVERSE TALENT RETENTION STRATEGIES. SAFE &amp; STABLE HOMES: ENDING FAMILY HOMELESSNESS ENDING FAMILY HOMELESSNESS IN OUR FOUR-COUNTY REGION BY MOVING FAMILIES INTO PERMANENT HOMES, ENSURING FAMILIES STAY STABLY HOUSED, AND PREVENTING FAMILY HOMELESSNESS.</p>

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FORM 990, PART III, LINE 4B	<p>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. IN 2019, UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY MOBILIZED MORE THAN 43,000 VOLUNTEER HOURS VALUED AT MORE THAN \$1,097,000. VOLUNTEERING THROUGH UNITED WAY OF GREATER MILWAUKEE &amp; 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 MULTIPLIES THE POSITIVE IMPACT OF UNITED WAY'S FINANCIAL INVESTMENTS AND HAS THE POTENTIAL TO IMPROVE RESULTS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH. AVAILABLE OPPORTUNITIES INCLUDE: *ON-SITE PROJECTS: VOLUNTEERS CAN DO GOOD WITHOUT EVEN LEAVING THEIR OFFICE BY HOSTING KIT PACKING EVENTS TO PREPARE CARE PACKAGES FOR INDIVIDUALS AND FAMILIES. *IN THE COMMUNITY: VOLUNTEERS CAN ROLL UP THEIR SHIRT SLEEVES AT A UNITED WAY FUNDED PROGRAM BY READING BOOKS TO LOCAL CHILDREN, PLAYING BOARD GAMES WITH OLDER ADULTS, HELPING TO HARVEST A COMMUNITY GARDEN, OR PREPARING AND SERVING MEALS AT A LOCAL SHELTER. UNITED WAY ALSO SUPPORTS SEVERAL COMMUNITY EVENTS WITH THE POWER OF VOLUNTEERISM SUCH AS PROJECT HOMELESS CONNECT, BACKPACK COALITION, AND MY VERY OWN LIBRARY. *SKILL-BASED: VOLUNTEERS CAN USE THEIR PROFESSIONAL TALENTS TO HELP LOCAL COMMUNITY MEMBERS BY SERVING AS BUDGETING, RESUME, OR INTERVIEW COACHES. *SUPPLY DRIVES: VOLUNTEERS CAN HOST A COLLECTION DRIVE TO SUPPORT OUR COMMUNITY. REQUESTED ITEMS ROTATE SEASONALLY AND INCLUDE SCHOOL SUPPLIES, WINTER APPAREL, HEALTH AND HYGIENE ITEMS, AND MORE. TO FOCUS ON THE HEALTH AND SAFETY OF OUR COMMUNITY, UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY HAS ADAPTED VOLUNTEER OFFERINGS IN RESPONSE TO COVID-19 IN 2020. THOSE OPPORTUNITIES INCLUDE: VIRTUAL &amp; REMOTE: OFFERING A VARIETY OF MEANINGFUL EXPERIENCES VOLUNTEERS CAN DO FROM HOME. ON-SITE AT THE WORKPLACE: FACILITATING KIT AND RESOURCE PACKING VOLUNTEER PROJECTS FOR SMALL GROUPS AT ESSENTIAL WORKPLACES AND/OR THOSE WANTING ON-SITE EXPERIENCES. IN THE COMMUNITY: SAFELY CONNECTING INDIVIDUALS AND SMALL GROUPS TO URGENT PROJECT NEEDS AT OUR AGENCY PARTNERS AND COMMUNITY ORGANIZATIONS. FAMILY ENGAGEMENT EFFORTS: RALLYING FAMILIES TO MAKE A DIFFERENCE TOGETHER WITH OPTIONS FOR THE WHOLE FAMILY TO GET INVOLVED REMOTELY AND IN THE COMMUNITY.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>GRANTS BUILD SHERMAN PARK MILWAUKEE'S SHERMAN PARK NEIGHBORHOOD, LONG ASSOCIATED WITH THE SYSTEMIC INEQUITIES ITS RESIDENTS EXPERIENCE, IS POISED FOR REBIRTH. BUILD SHERMAN PARK WILL ENGAGE COMMUNITY MEMBERS AROUND THE MILWAUKEE BLUEPRINT FOR PEACE, A COMMUNITY-DRIVEN AGENDA FOR ADDRESSING THE COMPLEX FACTORS THAT DRIVE VIOLENCE IN OUR CITY. UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY AND PARTNERS ASCENSION WISCONSIN, CITY OF MILWAUKEE HEALTH DEPARTMENT'S OFFICE OF VIOLENCE PREVENTION, AND THE SHERMAN PARK NEIGHBORHOOD ASSOCIATION, INC. HAVE RECEIVED THE BUILD HEALTH CHALLENGE AWARD. THE AWARD PROVIDES \$250,000 IN FUNDING AND ADDITIONAL RESOURCES TO SUPPORT COMMUNITY-DRIVEN STRATEGIES IN THE SHERMAN PARK NEIGHBORHOOD. THE OVERALL OBJECTIVES OF THE PROJECT ARE TO INCREASE RESIDENT WELL-BEING AND PREVENT VIOLENCE. IN ADDITION, ASCENSION WISCONSIN HAS COMMITTED TO PROVIDE \$336,000 IN MATCHING SUPPORT TO ENSURE THE PROJECT'S SUCCESS. COMMUNITY SCHOOLS THE MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP (MCSP) IS A 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 RESPONDS TO THE SELF-IDENTITIES OF STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBER</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>S. * 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: *</p> <ul style="list-style-type: none"> <li>* STUDENT ATTENDANCE AND ACADEMIC ENGAGEMENT.</li> <li>* LEVELS OF TRUST BETWEEN SCHOOL, FAMILY AND BROADER COMMUNITY.</li> <li>* ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STUDENT SUCCESS.</li> </ul> <p>* 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 (BGCGM TPP) GRANT SPECIFICALLY REACHES YOUTH IN TARGET ZIP CODES (53204, 53206, 53208, 53210, 53212, AND 53215) THROUGH IN-SCHOOL, AFTERSCHOOL, COMMUNITY-BASED AND HOUSE OF CORRECTIONS OUTREACH USING EVIDENCE-BASED COMPREHENSIVE AND ABSTINENCE-BASED SEXUAL HEALTH CURRICULA, SERVING OVER 3,000 YOUTH PER YEAR. THE BGCGM TPP GRANT ALSO BRINGS TOGETHER A COMMUNITY ADVISORY COMMITTEE FOR INFORMATION SHARING AND TRAINING, A YOUTH LEADERSHIP COUNCIL MADE UP OF YOUTH FROM THE TARGET ZIP CODES TO ADVISE US ON STRATEGIES FOR THE GRANT, YOUTH FRIENDLY HEALTH &amp; 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 RECOMMENDATIONS 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 -1,849,917.

**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.