						OSURE CC		_	_		
	0	00	Retu	rn of Orga	nization	Exempt I	From I	ncome 1	l ax	OMB No. 1545-0047	
Forr	n Y	90	Under section	501(c), 527, or 494	47(a)(1) of the Ir	nternal Revenue	e Code (exc	ept private for	undations)	2022	
				not enter social se			•		,	Open to Public	
		of the Treasury nue Service	G	Go to www.irs.gov/	/Form990 for in	structions and	the latest in	formation.		Inspection	
ΑF	or the	e 2022 calend	lar year, or tax y	vear beginning	JUL 1, 2	022 and	ending J	UN 30,	2023		
Bc	heck if	C Name o	f organization					D Employer	identificat	tion number	
a	pplicable			F GREATER	MILWAUKE	CE &					
	Addres		ESHA COU								
	Name change		usiness as					39-0	806190)	
	Initial return	J		.O. box if mail is not c	lelivered to street	address)	Room/suite	E Telephone		-	
	Final	225	WEST VIN				noon, ouno		263-81	141	
·	/return/ termin ated	-		ovince, country, and	d ZIP or foreign	oostal code		G Gross receipt		60,672,477.	
	Ameno	ded MTTT	AUKEE, W					H(a) Is this a			
	Applic			incipal officer: AM	Y LINDNE	R			ordinates?		
	pendin		AS C ABO					H(b) Are all sub			
I T		empt status:		501(c) () (insert no.)	4947(a)(1)	or 527			t. See instructions	
	Vebsit			YGMWC.ORG) (113611110.)			H(c) Group e			
			X Corporation		Association	Other	I Vear			State of legal domicile: WI	
Pa	art I	Summary									
				on's mission or mos	t significant act		ED WAY	OF GRE	ATER N	TLWAIIKEE	
e				TY CHANGES							
Activities & Governance		Check this bo		e organization disc							
/eri				the governing body	-					s. 54	
Ő			•	members of the g		,				53	
<u>م</u>				nployed in calendar						131	
ties										13577	
tivi		 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 								0.	
Ac				e income from Forn						0.	
		Net unrelated	DUSINESS Laxable		1990-1, Fait I, II			Prior Year		Current Year	
	8	Contributions	and grants (Part	VIII line 1h)				61,898,		55,976,113.	
Revenue			ice revenue (Part					902,		387,335.	
ver		•		column (A), lines 3,				1,216,		1,221,991.	
Re				nn (A), lines 5, 6d, 8					021.	35,418.	
				ough 11 (must equa				64,052,		57,620,857.	
				aid (Part IX, column				55,204,		51,772,696.	
				rs (Part IX, column	(•) ·· ·· ··			3372017	0.	0.	
	45	•		employee benefits		(A) lines 5-10)		7,621,		8,034,252.	
ses	162			Part IX, column (A),				,,021,	0.	0.	
Expenses	h			art IX, column (D), li		4,497,1	58.				
EXE	17			nn (A), lines 11a-11		1/10//1		2,624,	584.	3,434,178.	
				17 (must equal Part				65,450,		63,241,126.	
		-		ract line 18 from line				-1,398,		-5,620,269.	
- Si		Tievenue less	expenses. Subti	act line to non line	512			ginning of Curre		End of Year	
Net Assets or -und Balances	20	Total accote (Part X, line 16)					57,056,		52,625,295.	
Asse Bala	20	· ·	Fart X, line 10) s (Part X, line 26)					7,422,		7,347,879.	
let / und	22			Subtract line 21 fror				49,634,		45,277,416.	
	nrt II	Signatur			IT III e 20			<u>49,034,</u>	1910	45,277,410.	
		_		e examined this retur	n including accor	nanving schedule	s and stateme	ents and to the h	est of my kr	nowledge and belief, it is	
				eparer (other than offi					-	וטווטן, וג וא געשטער איז	
					oor jiis bascu uii di		mon proparel		.go.		
Cia-		Signature of o	fficer					Date			
Sigr Her		-	CARINI,	COO				2 410			
ner	e	Type or print r									
					Dropararia aige	aturo	11	Date	Check	1 PTIN	
_		Print/Type pre	parer's name	~~~	Preparer's sign			1 / 20 / 22	if		

232001 12-13	3-22 LHA For Paperwork F	Reduction Act Notice, see the separate instructi	ons. Form 990 (2022)				
May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
	MIDDLET	ON, WI 53562	Phone no. 608 - 662 - 8600				
Use Only	Firm's address 8215 GR	EENWAY BOULEVARD, SUITE 6					
Preparer	Firm's name CLIFTON	LARSONALLEN LLP	Firm's EIN 41-0746749				
Paid	KIMBERLY ANDERS	ON KIMBERLY ANDERS	ON 11/29/23 self-employed P00188889				
	Finit/Type preparer s name	Fieparer S Signature	· · · · · · · · · · · · · · · · · · ·				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	UNITED WAY OF GREATER MILWAUKEE & <u>1990 (2022)</u> WAUKESHA COUNTY INC. 39-0806190 Page 2 rt 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.
	OUR VISION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ASPIRES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	5 5 5 5 5 1
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 27,437,567. including grants of \$ 25,569,352.) (Revenue \$)
Tu	COMMUNITY INVESTMENT- SEE SCHEDULE O FOR ADDITIONAL DETAIL.
	COMMUNITY INVESTMENT:
	PHILOSOPHY: EVERYONE DESERVES OPPORTUNITIES TO BUILD A GOOD LIFE A
	QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT
	A FAMILY THROUGH ALL OF LIFE'S STAGES, GOOD HEALTH, AND A SAFE HOME.
	GOAL: TO CREATE LONG-LASTING CHANGE BY ADDRESSING OUR COMMUNITY'S MOST
	SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OUR COMMUNITY.
	STRATEGY: FOCUS ON THREE CRITICAL ISSUE AREAS, HEALTH, EDUCATION AND
	FINANCIAL STABILITY THE BUILDING BLOCKS TO A GOOD LIFE.
4b	(Code:) (Expenses \$ 6,336,410. including grants of \$ 4,881,715.) (Revenue \$)
	GRANTS- SEE SCHEDULE O FOR ADDITIONAL DETAIL.
4c	(Code:) (Expenses \$1,791,916. including grants of \$807,206.) (Revenue \$387,335.)
	VOLUNTEER ENGAGEMENT - SEE SCHEDULE O FOR ADDITIONAL DETAIL.
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 20,514,423. including grants of \$ 20,514,423.) (Revenue \$)
4e	Total program service expenses 56,080,316.
	Form 990 (2022)
23200	2 12-13-22
011	3

2022.05000 UNITED WAY OF GREATER MIL A5083651

WAUKESHA COUNTY INC.

39-0806190	Page 3
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 Section 501(b(g) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect Is the organization a section 501(b)(g) 501(b)(g) or 501(b)(g) organization that receives membership dues, assessments, or aminar amounts as defined in Rev. Proc. 391371 If Yes, "complete Schedule C, Part II Did the organization matrian any door a divised finds or any similar finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to go to dia conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. Did the organization naintan collections of works of art, historical treasures, or other amina assets? If 'Yes,' complete Schedule D, Part II. Did the organization right of any of the following questors in 'Yes,' then complete Schedule D, Part II. Did the organization naint for instements - other assets in donor-restricted endowments or in quadi endowments? If 'Yes,' complete Schedule D, Part VI. Did the organization raport an amount for instements - organ related in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. Did the organization report an amount for instements - organ related in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. Did the organization report an amount for instements - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part XI. Did the organization report an amount for instements - orbit				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of on opposition to candidate for public office? <i>II</i> 'Yes,' complete Schedule <i>C</i> , Part <i>I</i> 3 2 X 3 Did the organization angage in direct or indirect political campaign activities on behalf of on opposition to candidate for an opposition to candidate for the organization as defined in Pandes Schedule <i>C</i> , Part <i>I</i> 4 3 4 Baction 501(QK) organizations. Did the organization engage in dobying activities, or have as acction 501(P) electron engages in dobying activities, or have as acction 501(P) electron electron or investment of provide advices or the distribution or investment of thands or accounts for which donors have the light to provide advice on the distribution or investment of anounts in such thands or accounts for which donors have the light to provide advice on the distribution or investment of anounts in such thands or accounts for which donors have the light to provide advice on the distribution or investment of anounts in such thands or accounts for Wines, complete Schedule D, Part II 6 2 7 Did the organization receive or hold a conservation easients, role than easient, or delt magnitation services? 7 2 8 Did the organization and the part N line 21, for searce wor custodial account liability, serve as a custodial nor amounts in such to reserve or custodial account liability, serve as a custodian for amounts in such to reserve or custodial account liability, serve as a custodian for a such accounts or the accounts in the distribution and the accounts or other asesteribution distresements. 7	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit he organization engage in direct or indirect polical campaign activities on behalf of or in opposition to candidates for public offic? // Yes, 'complete Schedule C, Part II 3 Section 501(QS) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? // Yes, 'complete Schedule C, Part II 6 Did the organization ansotres of 501(QS) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. Bel 107 // Yes, 'complete Schedule C, Part II 6 Did the organization receives my door advised finds 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 for which donors have the right to the provide advice on the distribution or investment of amounts in such funds or accounts? // Yes,' complete Schedule D, Part II 7 Did the organization maintan collectors of works of at, historical treasures, or other similar asselfs? // Yes,' complete Schedule D, Part II 8 Did the organization namount in Part X, line 21, for secret or or custodial account lability, serve as a custodian for amounts not listed in Part X, ine 121, for secret or or custodial account lability, serve as a scutodian for amounts not listed in Part X, line 121, for secret or or custodial field. 9 Did the organization report an amount for indexing the schedule D, Part V 10 Did the organization report an amount for indexing the schedule D, Part V 11 Did the organization report an amount for indexing the schedule D, Part VIII 12 Did the organization report an amount for indexing the schedule D, Part VIII 13 Did the organization report an amount for indexing the schedule D, Part VIII 14 Did the organization report an amount for indexing the schedule D, Part VIII 15 Did the organization rep					
getter 60 ((g)) organization. Did the organization engage in obbying activities, or have a section 50(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II g <t< td=""><td>-</td><td></td><td>2</td><td>X</td><td></td></t<>	-		2	X	
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during the tax year? If Yes,* complete Schedule C, Part II 4 2 is the organization a section Sol(c)(4), S01(c)(6) or S01(c)(4) or S01	_		3		Х
5 Is the organization a sector 601(c)(4), 62.09 10(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc 81 907 If **vs; "complete Schedule C, Part II 6 2 6 Did the organization matchin any door advices 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 **vs; *complete Schedule D, Part II 6 2 7 Did the organization matchin or bids a conservation cluding easements, including easements, ease custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, cor provide credit counseling, didt management, credit repair, or debt negotiation services? 9 2 9 Did the organization, anderuly to through a related organization, hold assets in donor-restricted endowments or in quasi andowments? If *vs; *complete Schedule D, Part V 10 X 11 If 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 17/1 *vs; *complete Schedule D, Part VI 11a X 12 Did the organization report an amount for other labelings in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17/1 *vs; *complete Schedule D, Part VI 11a X	4				v
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or more? If "Yes," complete Schedule F, Parts I and IV 14b 2 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 2 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 2 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 16 2 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 2 20a 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 H 20a 2 21 X 20b 2	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 2 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 2 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 2 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization ore or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 2 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 2 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a 2			14b		X
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	15				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 2 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a 2 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 2 21 Did the organization operate on Part IX, column (A), line 1? /f "Yes," complete Schedule I. Parts I and II 21 X	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X	19				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	20a				Х
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21			v	
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Form 990 (2022)

Part IV Checklist of Required Schedules

4

Form 990 (2	WAUKESHA	COUNTY	INC.	39-0806190	Pa	age 4
Part IV	Checklist of Required Scheo	lules _{(contin}	ued)			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> " <i>Yes</i> ," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes</i> ," <i>complete</i>	31		
32		32		х
22	Schedule N, Part II	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34		х
35 a	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		_ <u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) WAUKESHA COUNTY INC. 39-08	306190	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	.31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
		<u>12a</u>		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
, D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	_		
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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39-0806190 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 54 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 53 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а Х 15b Other officers or key employees of the organization b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure WI 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 FILIPPO CARINI - (414)263-8141

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225 W VINE STREET, MILWAUKEE, WI 53212

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Form **990** (2022)

Page 6

WAUKESHA	COUNTY	INC.
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UNITED	WAY	OF	GREATER	MILWAUKEE	&
WAUKESH	IA CO	DUN	TY INC.		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

Form 990 (2022)

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	utiona	_	mploy	st col	ar.	1000 1120/		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY L. LINDNER	50.00									
PRESIDENT & CEO				х				323,134.	Ο.	29,948.
(2) FILIPPO CARINI	50.00									
CHIEF OPERATING OFFICER				х				229,429.	Ο.	48,750.
(3) NICOLE ANGRESSANO	50.00									
VP - COMMUNITY IMPACT						x		180,439.	Ο.	26,467.
(4) GINA SANTAGATI	50.00									
VP - RESOURCE DEVELOPMENT						x		157,247.	Ο.	40,786.
(5) NATALIE HARLAN	50.00									
DIRECTOR, HUMAN RESOURCES						X		164,344.	Ο.	15,527.
(6) JAYNE THOMA	50.00									
VP - VOLUNTEER ENGAGEMENT						X		135,095.	Ο.	28,310.
(7) CRAIG NUECHTERLEIN	50.00									
VP - IT & PLEDGE PROCESSING						X		122,119.	Ο.	28,689.
(8) LINDA E. BENFIELD	0.60									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(9) STEVEN G. BOOTH	0.30									
DIRECTOR		Х						0.	0.	0.
(10) DAVID BOWLES	0.30									
DIRECTOR		Х						0.	0.	0.
(11) DANIEL J. BUKIEWICZ	0.30									
DIRECTOR		Х						0.	0.	0.
(12) BLADEN J. BURNS	0.30									
DIRECTOR		Х						0.	0.	0.
(13) CHERYL R. CARRON	0.30									
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL G. CARTER	1.30									
DIRECTOR		Х						0.	0.	0.
(15) ERIC L. CONLEY	0.30									
DIRECTOR		Х						0.	0.	0.
(16) SHELDON CUFFIE	0.30									
DIRECTOR		Х						0.	0.	0.
(17) JULIA CURRIE	0.30									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

8

232007 12-13-22

Form 990 (2022)

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WAUKESHA COUNTY INC.

39-0806190 Page 8

Form 990 (2022) WAUKESHA	COUNTY	IN	[C.						39-0806	190 F	-age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)	(F)	
Name and title	Average		F		tion			Reportable	Reportable	Estimat	ted
Name and the	hours per		not ch					compensation	compensation	amount	
	week		, unles: cer and					·		1	
	(list any	5						- from	from related	othe	
	hours for	irect						the	organizations	compens	
	related	or d	ee			ated		organization	(W-2/1099-MISC/	from t	
	organizations	istee	trust			pens		(W-2/1099-MISC/	1099-NEC)	organiza	
	below	al tru	onal		loye	e com		1099-NEC)		and rela	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizat	lions
	,	lnc	ű	1 6	¥.	e "	요				
(18) ANTONY B. D'CRUZ	0.30								_		
DIRECTOR		Х						0.	0.		0.
(19) COREEN DICUS-JOHNSON	0.30										
DIRECTOR		Х						0.	0.		Ο.
(20) P.J. DISTEFANO	0.30										
DIRECTOR		х						0.	0.		Ο.
(21) MICHAEL R. EVANS	0.30										
DIRECTOR	0.30	v						0	٥		0
	0.00	Х	\vdash	_				0.	0.		0.
(22) PAMELA S. FENDT	0.60								•		-
DIRECTOR		Х						0.	0.		0.
(23) JOHN W. FLORSHEIM	0.30										
DIRECTOR		Х						0.	Ο.		Ο.
(24) CRISTY GARCIA-THOMAS	0.30										
DIRECTOR		х						0.	0.		0.
(25) DAVID GAY	0.60										
TREASURER	0.00	х		x				0.	0.		0.
	0.30	Δ		^				0.	0.		<u> </u>
(26) CINDY GNADINGER, ED.D	0.30								0		•
DIRECTOR		Х						0.	0.		0.
1b Subtotal								1,311,807.	0.	218,4	
c Total from continuation sheets to Part VI	, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								1,311,807.	0.	218,4	.77.
2 Total number of individuals (including but no								eceived more than \$100.	000 of reportable		
compensation from the organization					,			,			8
										Yes	
3 Did the organization list any former officer,	director truct			mnla	~~~~		hia	best componented ompl			
c i			-	•			•				x
line 1a? If "Yes," complete Schedule J for su										3	
4 For any individual listed on line 1a, is the su											4
and related organizations greater than \$150	,000? If "Yes,	" co	mple	te S	Sche	dule	J f	for such individual		4 X	_
5 Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fro	om a	any	unre	late	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	berso	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	mpensated ind	lepel	nden	t co	ontra	actor	s th	nat received more than \$	100.000 of compense	ation from	
the organization. Report compensation for t	•	•							, ,		
(A)	ino outoridur ye		- Taini	9				(B)		(C)	
(م) Name and business	address	м	ONE					رط) Description of s	ervices	Compensatio	on
		140					_				
							T				
0 Total number of independent contract.		At 15	ait'	+- '		o. II - I	he d	abouo) when we call the d	are then		
2 Total number of independent contractors (ir	•	Jt IIN	nited	to t			rea	above) who received mo	bre man		
\$100,000 of compensation from the organiz				n - -	$\frac{0}{0}$					000	
SEE PART VII, SECTION	I A CONT	ΤN	UA'	Γ.Τ.(UΝ	SI	нE	ETS		Form 990	(2022)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22 9

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

	COUNTY								39-080	6190
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee			lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	٩.				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em j		(W-2/1099-MISC)	(00-2/10-99-10130)	organization
	related	e or	stee			Isate		(** 2/1000 10100)		and related
	organizations	truste	al tru:		yee	um per				organizations
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest com pen sated em ployee	er			0
	line)	Indiv	Instit	Officer	Key (High	Former			
(27) LINDA GORENS-LEVEY, CPA, CFA	1.30									
DIRECTOR		Х						0.	0.	0.
(28) KELLY H. GREBE	0.60									
SECRETARY		Х		Х				0.	0.	0.
(29) NANCY HERNANDEZ	1.30									
DIRECTOR		Х						0.	0.	0.
(30) MARK F. IRGENS	0.60									
DIRECTOR		Х						0.	0.	0.
(31) JASMINE M. JOHNSON, MSM	0.30									
DIRECTOR		Х						0.	0.	0.
(32) MARGARET C KELSEY	0.30									
DIRECTOR		Х						0.	0.	0.
(33) JOHN KISSINGER	0.30									
DIRECTOR		Х						0.	0.	0.
(34) HEATHER LADAGE	0.30									
DIRECTOR		Х						0.	0.	0.
(35) DONALD W. LAYDEN, JR.	1.30	_								
CHAIR		Х		Х				0.	0.	0.
(36) MATTHEW S. LEVATICH	0.60									
DIRECTOR		Х						0.	0.	0.
(37) PATRICK LUBAR	0.30									
DIRECTOR		Х						0.	0.	0.
(38) SHERIFF EARNELL R. LUCAS	0.30									
DIRECTOR		Х						0.	0.	0.
(39) JAY M. MAGULSKI	0.30	_								_
DIRECTOR		Х						0.	0.	0.
(40) BLAKE D. MORET	0.30									•
DIRECTOR		Х						0.	0.	0.
(41) WAYNE T. MORGAN	0.60									•
DIRECTOR		Х						0.	0.	0.
(42) MICHELLE NETTLES	0.30									
DIRECTOR		Х						0.	0.	0.
(43) GEORGE R. OLIVER	0.60								_	•
VICE-CHAIR		х		X				0.	0.	0.
(44) DR. KEITH P. POSLEY	0.30								•	•
DIRECTOR		Х						0.	0.	0.
(45) DR. JOAN M. PRINCE	0.30								•	
DIRECTOR		Х						0.	0.	0.
(46) JONAS PRISING	0.30								•	~
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

232201 04-01-22

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

(A) (B) (C) (D) (C) (D) (E) (E) Name and title Average hours per week Position (theck all that apply) related Position (theck all that apply) related Reportable compensation from related organizations (W-2/109-MISC) Reportable compensation from related organizations (W-2/109-MISC) Reportable compensation from related organizations (W-2/109-MISC) Reportable compensation from related organizations (W-2/109-MISC) Reportable compensation from related organizations (W-2/109-MISC) Reportable compensation from related organizations (47) JOHN R. RAYMOND, SR., MD 0.300 X 0. 0. 0. (49) STEPHANIE RIESCH-KNAPP 0.300 X 0. 0. 0. (149) STEPHANIE RIESCH-KNAPP 0.300 X 0. 0. 0. (149) STEPHANIE RIESCH-KNAPP 0.300 X 0. 0. 0. (149) STERCTOR X 0. 0. 0. 0. (151) RACREL SCHNEIDER 0.300 X 0. 0. 0. DIRECTOR X 0. 0. 0. <th>Form 990 WAUKESH</th> <th>IA COUNTY</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>39-080</th> <th>6190</th>	Form 990 WAUKESH	IA COUNTY								39-080	6190
Name and title Average hours per week (list any related organizations per week)			nplo	yee			lighe	est (Compensated Employe	,	
week (ist any hours for related organizations below line) week (ist any below line) week (ist any below line) week (ist any below line) week (week (week) (w		Average hours	erage Position ours (check all that apply)			ly)	Reportable compensation	Reportable compensation	Estimated amount of		
DIRECTOR X 0. 0. 0. (48) STEPHANIE RIESCH-KNAPP 0.30 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (49) TINA ROCK 0.30 X 0. 0. 0. 0. (49) TINA ROCK 0.30 X 0. 0. 0. 0. (50) CHISTOPHER ROWLAND 0.30 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (51) RACHEL SCHNEIDER 0.30 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (52) ASHLEY SMITH 0.30 X 0. 0. 0. 0. 0. 0. DIRECTOR X 0.60 . 0. 0. 0. 0. 0. DIRECTOR X 0.30 0.		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization	organizations	compensation from the organization
DIRECTORX0.0.00(49) TINA ROCK0.30X0.0.0.DIRECTORX0.300.0.0.(50) CHRISTOPHER ROWLAND0.30X0.0.0.DIRECTORX0.0.0.0.(51) RACHEL SCHNEIDER0.30X0.0.0.DIRECTORX0.0.0.0.(52) ASHLEY SMITH0.300.0.0.0.DIRECTORX0.0.0.0.(53) JUDSON M. SNYDER0.60X0.0.0.DIRECTORX0.0.0.0.(54) JUDITH TAYLOR1.300.0.0.0.DIRECTORX0.0.0.0.(55) SCOTT TURNER0.300.0.0.0.DIRECTORX0.0.0.0.(56) MARK WALLACE0.30X0.0.0.DIRECTORX0.300.0.0.(57) THOMAS J. WESTRICK0.300.0.0.0.DIRECTORX0.300.0.0.DIRECTORX0.0.0.0.(59) KATRENE ZELENOVSKIY0.300.0.0.			x						0.	0.	0.
DIRECTORX0.0.0(50) CHRISTOPHER ROWLAND0.30X0.0.0.DIRECTORX0.0.0.0.(51) RACHEL SCHNEIDER0.30X0.0.0.DIRECTORX0.300.0.0.(52) ASHLEY SMITH0.30X0.0.0.DIRECTORX0.600.0.0.DIRECTOR0.60X0.0.0.DIRECTOR1.300.0.0.0.DIRECTORX0.0.0.0.(54) JUDITH TAYLOR1.300.0.0.0.DIRECTORX0.0.0.0.(55) SCOTT TURNER0.30X0.0.0.DIRECTORX0.0.0.0.(55) MARK WALLACE0.30X0.0.0.DIRECTORX0.300.0.0.(57) THOMAS J. WESTRICK0.30X0.0.0.DIRECTORX0.300.0.0.DIRECTORX0.0.0.0.0.(58) DEVONA WRIGHT COTTRELL0.30X0.0.0.(59) KATRENE ZELENOVSKIY0.300.0.0.0.		0.30	x						0.	0.	0.
(50) CHRISTOPHER ROWLAND 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (51) RACHEL SCHNEIDER 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (52) ASHLEY SMITH 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (53) JUDSON M. SNYDER 0.60 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (54) JUDITH TAYLOR 1.30 X 0.00 0.00 DIRECTOR 0.30 X 0.00 0.00 0.00 (55) SCOTT TURNER 0.30 X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 0.00 0.00 (56) MARK WALLACE 0.30 X 0.00 0.00 0.00 0.00		0.30	x						0.	0.	0.
(51) RACHEL SCHNEIDER 0.30 X 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 (52) ASHLEY SMITH 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (53) JUDSON M. SNYDER 0.60 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR 1.30 0.00 0.00 0.00 DIRECTOR 0.300 0.00 0.00 0.00 DIRECTOR X 0.300 0.00 0.00 0.00 (56) MARK WALLACE 0.300 0.00 0.00 0.00 0.00 DIRECTOR X 0.300 0.00 0.00 0.00 (57) THOMAS J. WESTRICK 0.300 0.00 0.00 0.00 0.00 DIRECTOR X 0.300 0.00 0.00 0.00 0.00 (58) DEVONA WRIGHT COTTRELL 0.300 X 0.00 0.00 0.00		0.30									0.
(52) ASHLEY SMITH 0.30 X 0.00 0.00 DIRECTOR X 0.60 0.00 0.00 (53) JUDSON M. SNYDER 0.60 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (54) JUDITH TAYLOR 1.30 X 0.00 0.00 DIRECTOR 0.30 X 0.00 0.00 (55) SCOTT TURNER 0.30 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (56) MARK WALLACE 0.30 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (57) THOMAS J. WESTRICK 0.30 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (58) DEVONA WRIGHT COTTRELL 0.30 X 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 (59) KATRENE ZELENOVSKIY 0.30 0.30 0.30 0.30		0.30									0.
(53) JUDSON M. SNYDER 0.60 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (54) JUDITH TAYLOR 1.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (55) SCOTT TURNER 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (56) MARK WALLACE 0.30 X 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 (57) THOMAS J. WESTRICK 0.30 0.00 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 0.00 (58) DEVONA WRIGHT COTTRELL 0.30 X 0.00 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 0.00 0.00 0.00		0.30	x						0.	0.	0.
(54) JUDITH TAYLOR 1.30 X 0.00 0.00 DIRECTOR 0.30 X 0.00 0.00 (55) SCOTT TURNER 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (56) MARK WALLACE 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (57) THOMAS J. WESTRICK 0.30 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (58) DEVONA WRIGHT COTTRELL 0.30 X 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 (59) KATRENE ZELENOVSKIY 0.30 0.30 0.00 0.00		0.60									0.
(55) SCOTT TURNER0.30X0.000.00DIRECTORX0.000.000(56) MARK WALLACE0.30X0.000DIRECTORX0.000.000(57) THOMAS J. WESTRICK0.300.000DIRECTORX0.000.00(58) DEVONA WRIGHT COTTRELL0.300.000DIRECTORX0.000.00(59) KATRENE ZELENOVSKIY0.300.300		1.30									0.
(56) MARK WALLACE0.30X0.000.00DIRECTORX0.000.000(57) THOMAS J. WESTRICK0.300.000.000DIRECTORX0.000.000(58) DEVONA WRIGHT COTTRELL0.300.000.000DIRECTORX0.000.000(59) KATRENE ZELENOVSKIY0.300.300.300	(55) SCOTT TURNER	0.30									0.
(57) THOMAS J. WESTRICK0.30 XX0.0000DIRECTORX0.300.0000(58) DEVONA WRIGHT COTTRELL0.300.000000DIRECTORX0.000.0000(59) KATRENE ZELENOVSKIY0.300.000000	(56) MARK WALLACE	0.30									0.
(58) DEVONA WRIGHT COTTRELL 0.30 X 0.00 0.00 DIRECTOR X 0.30 0.00 0.00 (59) KATRENE ZELENOVSKIY 0.30 0.30 0.30	(57) THOMAS J. WESTRICK	0.30									0.
(59) KATRENE ZELENOVSKIY 0.30	(58) DEVONA WRIGHT COTTRELL	0.30									0.
	(59) KATRENE ZELENOVSKIY	0.30									0.
			-								
			-								
			-				L				
			-								
		I									

232201 04-01-22

			2022) WAUKESHA	COUN	TY INC.			39-0806	190 Page 9
Pa	rt V	/111							
			Check if Schedule O contains a re	sponse	or note to any lin		(B)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
សូ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			-	1b					
, Mo				1c	628,720.				
ar A				1d					
s, G		е		1e	5,159,675.				
r Si		f	All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	50,187,718.				
d O		g	Noncash contributions included in lines 1a-1f	1g \$	1,684,730.				
an Co		h	Total. Add lines 1a-1f			55,976,113.			
					Business Code				
e	2	а	SERVICE FEES		900099	383,022.	383,022.		
e		b	MEMBERSHIP FEES		900099	4,313.	4,313.		
enu		С							
ran Sev		d							
Program Service Revenue		е							
đ		f	All other program service revenue						
	_	g	Total. Add lines 2a-2f			387,335.			
	3		Investment income (including dividend			1 070 070			1070070
						1,078,879.			1078879.
	4		Income from investment of tax-exemp						
	5		Royalties	Real	(ii) Personal				
	6	_		icai					
	0		Gross rents 6a Less: rental expenses 6b						
			Less: rental expenses 6b Rental income or (loss) 6c						
			Net rental income or (loss)						
	7			curities	(ii) Other				
	'	u		9,729.					
		b	Less: cost or other basis	,					
e				6,617.					
evenue		с		3,112.					
Rev			Net gain or (loss)			143,112.			143,112.
Other Re	8		Gross income from fundraising events (no including \$628,720.	t					
0			contributions reported on line 1c). See						
			Part IV, line 18		56,840.				
		b	Less: direct expenses		45,003.				
			Net income or (loss) from fundraising			11,837.			11,837.
	9		Gross income from gaming activities.						
			Part IV, line 19	9a	3,746.				
		b	Less: direct expenses		0.				
		с	Net income or (loss) from gaming acti	/ities		3,746.			3,746.
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	a				
		b	Less: cost of goods sold	10t	b				
		С	Net income or (loss) from sales of inve	ntory					
S					Business Code				
eou	11								
ellaneo: evenue		b							
Miscellaneous Revenue		C.			000000	10 005			10 005
Mis			All other revenue			19,835.			19,835.
	40		Total. Add lines 11a-11d			19,835. 57,620,857.	207 225	0.	1257409.
000	12		Total revenue. See instructions			57,020,057.	387,335.	1 0.	Form 990 (2022)
23200	9 12 J	- 13-	22						

12

188,251.

161,826.

100,074.

80,355.

11,484.

264,763.

106,926.

2,061.

8,434.

90,330.

91,871.

27,984.

6,423.

4,497,158.

8,015.

8,400.

	990 (2022) WAUKESHA CO			39-08	806190 Page 10
Par	t IX Statement of Functional Expension	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	51,772,696.	51,772,696.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	649,548.	138,865.	393,372.	117,311.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,772,155.	1,975,975.	1,275,515.	2,520,665
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	468,225.	183,387.	110,352.	174,486
9	Other employee benefits	691,937.	226,794.	137,185.	327,958
10	Payroll taxes	452,387.	151,303.	110,036.	191,048
11 a	Fees for services (nonemployees): Management				
b	Legal	7,343.	273.	5,977.	1,093
c	Accounting	46,250.	1,850.	37,000.	7,400
d	Lobbying	,	_,	,	.,
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,816.		46,816.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 241 244	1 000 000	146.000	100 051

1,341,344.

164,439.

171,794.

212,337.

30,060.

47,079.

32,672.

63,241,126.

90,064.

1,006,865.

2,291.

43,090.

30,099.

89,163.

18,190.

1,457.

4,085.

17,325.

7,905.

56,080,316.

for any federal, state, or local public officials 67,243. 47,658. Conferences, conventions, and meetings 4,742. Interest 609,233. 187,201. Payments to affiliates 246,042. 75,602. Depreciation, depletion, and amortization 34,472. Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 190,377. 98,242. CAMPAIGN AND PROGRAMMAT CAMPAIGN ONLINE SOFTWAR 91,871.

b PRINTING С d All other expenses е 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

column (A), amount, list line 11g expenses on Sch 0.)

Advertising and promotion

Office expenses

Royalties

Occupancy

Payments of travel or entertainment expenses

Information technology

12

13

14 15

16

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18

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24

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Travel

Form 990 (2022)

Check here

232010 12-13-22

13

146,228.

38,574.

41,621.

42,819.

3,855.

8,101.

1,224.

157,269.

63,514.

21,953.

1,805.

1,770.

18,344.

2,663,652.

322.

011 1 1 11	
	1 T T 7

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Form	n 990 (2	UNITED WAY OF GREATER MILWAUKEE 2022) WAUKESHA COUNTY INC.	i 02	39-	0806190 Page 11
	rt X	Balance Sheet		55	
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,403.	1	1,400.
	2	Savings and temporary cash investments	5,757,525.	2	3,243,984.
	3	Pledges and grants receivable, net	10,204,504.	3	9,079,640.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net	203,396.	7	100,000.
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	110,120.	9	44,080.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,903,169.			
	b	Less: accumulated depreciation	2,209,377.		2,128,387.
	11	Investments - publicly traded securities		11	25 600 050
	12	Investments - other securities. See Part IV, line 11	38,221,440.	12	37,628,259.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	240 020	14	
	15	Other assets. See Part IV, line 11	<u>348,830.</u> 57,056,595.	15	399,545.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,368,722.	16	52,625,295. 2,553,831.
	17	Accounts payable and accrued expenses	4,634,243.	17	4,096,140.
	18 19	Grants payable	271,176.	18 19	528,116.
	20	Deferred revenue	271,170.	20	520,110.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	21	Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iliq		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	148,303.	25	169,792.
	26	Total liabilities. Add lines 17 through 25	7,422,444.	26	7,347,879.
		Organizations that follow FASB ASC 958, check here			
seo		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	43,806,881.	27	37,925,433.
Ba	28	Net assets with donor restrictions	5,827,270.	28	7,351,983.
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
ssei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	40 604 454	31	
Re	32	Total net assets or fund balances	49,634,151.	32	45,277,416.
	33	Total liabilities and net assets/fund balances	57,056,595.	33	52,625,295. Form 990 (2022)

Form **990** (2022)

232011 12-13-22

UNITED	WAY	OF	GI	REATER	MILWAUKEE	&
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Form	990 (2022) WAUKESHA COUNTY INC.	39-	-08061	.90	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		620		
2	Total expenses (must equal Part IX, column (A), line 25)	2		241		
3	Revenue less expenses. Subtract line 2 from line 1	3		620		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,	634	.,1!	51.
5	Net unrealized gains (losses) on investments	5	1,	263	, 53	34.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	45	277	,41	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		·····	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		F	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					1
	review, or compilation of its financial statements and selection of an independent accountant?		·····	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		F	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2022)

232012 12-13-22

(For	SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			omplete if the organ 494	rity Status an nization is a section 501 47(a)(1) nonexempt cha	(c)(3) orga ritable tru	anization (st.			OMB No. 1545-0047
					ttach to Form 990 or Fo Form990 for instructior			ormation.		Open to Public Inspection
Nam	e of	the organization	on UNIT	-	GREATER MILWA					identification number 9-0806190
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		5 0000150
The d	organ				For lines 1 through 12, cl					
1	Ŭ		-		on of churches described			I)(A)(i).		
2					Attach Schedule E (Form					
3					anization described in se		(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	:							
5		An organizati	on operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, sta	e, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Part					
9		0			in section 170(b)(1)(A)(i				· ·	•
			r a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university:		U	He are 00 1 /00/ a 6 He areas					l
10					than 33 1/3% of its supp					
					t to certain exceptions; a (less section 511 tax) fro					-
				mplete Part III.)			ses acqui		jai lization a	
11					ively to test for public sat	fotv Soo	section 50)Q(a)(4)		
12		-	•	-	ively for the benefit of, to	•			rry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			-	
					f supporting organization					
а		-	-	• •	upervised, or controlled				-	aivina
					gularly appoint or elect a	•	-			
			-	complete Part IV, Se						
b		Type II. A s	upporting org	anization supervised	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or n	anagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	lly integrate	d with,
		its supporte	d organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in cor	nnection w	ith its suppo	ted organiz	zation(s)
				0 0	ation generally must sati			•	l an attentiv	/eness
	_	-			nplete Part IV, Sections					
е					written determination from			Туре I, Туре	II, Type III	
	- .				nally integrated supportir					
		er the number (
<u> </u>		(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	nstructions)	support (see instructions)
Tota	1									

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

39-0806190 Page 2

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

Calendar year (of fixel year beginning in) of difts, grants, contributions, so that the madure any runsural grants). (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total manual the provided of the organ- ization's benefit and ether paid to or expended on its behalf 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalf 56 24 98 94 . 58 88 25 74 . 8 0 31 0 3 0 9 . 6 21 27 8 27 . 5 6 7 6 8 4 75 . 31 4 3 3 9 0 7 9 3 The value of services or facilities turnished by a governmental unit to the organization without charge 56 24 9 8 94 . 5 8 8 8 25 74 . 8 0 31 0 3 0 9 . 6 21 27 8 27 . 5 6 7 6 8 4 75 . 31 4 3 3 9 0 7 9 5 The portion of total contributions by each person (forth than a queernmental unit or publicly supported organization) included on line 11, column (f) 4 3 8 5 4 4 4 1 . 2 7 0 4 4 4 6 3 8 5 2 4 9 8 9 4 . 5 8 8 8 2 5 7 4 . 8 0 31 0 3 0 9 . 6 21 27 8 27 . 5 6 7 6 8 4 7 5 . 31 4 3 3 9 0 7 9 6 Goss income from interest, dividends, payments incolived on securifies loars, rents, roylides, and income from interest, dividends, payments incolived on securifies loars, rents, roylides, and income from interest, dividends, payments incolived on securifies loars, rents, roylides, and income from interest, dividends, payments incolived gain or loas from related activities, etc. (see instructions) 12 3, 66 3, 67 8 4 3 17 2 9 4 5 5 8 3 17 2 9 4 5 5 8 6 3 , 67 8 4 3 17 2 9 4 5 5 8 3 17 7 2 9 4 5 6 1 5 1 5 0 7 6 8 4 7 5 . 3 1 4 3 3 9 0 7 9 10 Other income, De not include gain or loss from theated activities, etc. (see instructions) <t< th=""><th>Sec</th><th>ction A. Public Support</th><th></th><th></th><th>-</th><th>•</th><th>-</th><th></th></t<>	Sec	ction A. Public Support			-	•	-	
membership fees received. (Do not include any unsula grants): 56249894.58882574.80310309.62127827.56768475.314339079 2 Tax revenues levied for the organ- lation's benefit and therp paid to or expended in its behat 56249894.58882574.80310309.62127827.56768475.314339079 3 The value of services or facilities furnished by governmental unit to the organization without charge 56249894.58882574.80310309.62127827.56768475.314339079 5 The portion of total contributions by each person of the 11. 602018 602019 602020 (e) 2022 (f) Total 270484638 2 Foldie support. Subsets the time te . 56249894.58882574.80310309.62127827.56768475.314339079 56249894.5882574.80310309.62127827.56768475.314339079 6 Gross income from interest, dividends, payments received on securities loans, rentr. rogities activities, whether or not the business is regulary carried on 10 Other income. Do not include gain or loas from the sale of capital assets (Epsides from related activities, etc. (see instructions) 12 3,263,6763 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 3,263,6763 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 3,263,6763 <td< th=""><td>Cale</td><td>ndar year (or fiscal year beginning in)</td><td>(a) 2018</td><td>(b) 2019</td><td>(c) 2020</td><td>(d) 2021</td><td>(e) 2022</td><td>(f) Total</td></td<>	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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2 Tar evenues levid for the organization is behalf 3 The value of services or facilities turnished by a governmental into the organization without charge 4 Tata: Add lines 1 through 3 5 The portion of total contributions by each person (differ than a governmental unit or public) supported organization include game that has exceede 2% of the amount shown on line 11, column (f) 5 Public support, Subsci me 5 term line 4 5 Public support, Subsci me 5 term line 4 6 Public support, Subsci me 5 term line 4 7 Amounts from line 4 8 Gross income from interest. 9 Net income from interest. 9 <td< th=""><td></td><td>membership fees received. (Do not</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		membership fees received. (Do not						
training the regarded on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 56249894. \$58882574. 80310309. 62127827. \$6768475. \$14339079 5 The yould or fold contributions governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6249894. \$58882574. 80310309. 62127827. \$6768475. \$14339079 Celendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Section B. Total Support 56249894. \$58882574. 80310309. \$2127827. \$6768475. \$14339079 Celendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 56249894. \$58882574. 80310309. \$2127827. \$6768475. \$14339079 8 Gress income from intrimest, dividedds, payments received on securities loans, rents, royatties, and income from similar sources 392, 884. 432, 528. 424, 418. 627, 170. 1078879. 2955879. 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part Vi). 317294958 12 Gress receipts from related achivities, set (see instructions) 12 3, 863, 678.		include any "unusual grants.")	56249894.	58882574.	80310309.	<u>62127827.</u>	<u>56768475.</u>	<u>314339079</u>
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization in thrude and organization in thrude and organization in the tax exceeds 2% of the amount shown on line 11, column (f) 6 Total. Add lines 1 through 3 7 Amounts from line 4 8 Cection B. Total Support. 20 rows from the same received on securities loans, rents, royalits, and income from similar sources 9 Net income from similar sources 9 Net income from similar sources 3 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Grass receipts from related abuities, etc. (see instructions) 12 Total support text and this box and stop here. Section C. Computation of total computer values as a publicly supported organization of the comparization first, second, third, fourth, or fifth tax year as a section Di(R) magnet text assets (Explain in Part VI). 11 Total support text and the Si tor boy for the organization's first, second, third, fourth, or fifth tax year as a section Di(R) magnet text assets (Explain in Part VI). 12 Total support text and the tax structions	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization without charge to total contributions by each person (other than a governmental unit to public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 56249894.58882574.80310309.62127827.56768475.314339079 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 438544411. 6 Public support.extenzitine 5 ten line 4. 270484638 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4. 5249894.58882574.80310309.62127827.56768475.314339079 8 6249894.58882574.80310309.62127827.56768475.314339079 9 8 Gross income from initre succes 392,884.432,528.424,418.627,170.1078879.2955879. 9 392,884.432,528.424,418.627,170.1078879.2955879. 317294958 9 Net income Do not netude gain or tosa from the sale of capital assets (Explain in Part V).0 1317294958 1317294958 10 Other income.Do not include gain or tosa from related activities, etc. (see instructions) 12 3,863,678.12 11 Total support.481 Sortot eorganization's first, second, third, fourt		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 56249894.58882574.80310309.62127827.56768475.314339079 5 Total Addines through a governmental unit or publicly supported organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f) 56249894.58882574.80310309.62127827.56768475.314339079 6 Total Support Excence time 5 term line 4 270484638 8 Certion B. Total Support 612018 2 Calcadar yser (or fisely sare bigning in) 612018 7 Amounts from line 4 56249894.58882574.80310309.62127827.56768475.314339079 8 Gross income from initress, dividends, support 56768475.314339079 612022 6 Public support Superactive 5 term line 4 56249894.58882574.80310309.62127827.56768475.314339079 8 Gross income from initress, dividends, support Support Calcadar yser (or fisely sare bigning in) 612018 9 Net income from initress, organization of the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) 317294958 2 Gross receipts from related business activities, whether or not the business is regularly carried on 12 3,863,678. 10 Other income. Do not include gain or loss from the activities. (c. (see instructions) 12 3,863,678. 2 Gross receipts from related business activities, whether or no 228: Schedue A, Part I, line 14 15 866.3 9 Hubic support pecretage for 2022		or expended on its behalf						
the organization without charge 56249894.58882574.80310309.62127827.56768475.314339079 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 56249894.58882574.80310309.62127827.56768475.314339079 6 Public support. Bakest line 5 tom line 4 270484638 Section B. Total Support 612016 Calledar year (or fise) year beginning in) 7 Amounts from line 4. 56249894.58882574.80310309.62127827.56768475.314339079 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources on the sale of capital assets (Explain in Part VI). 392,884.432,528.424,418.627,170.1078879.2955879. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 3172949588 12 Gross receipts from related activities, etc. (see instructions) 12 3,863,678. 12 Gross receipts from related activities, etc. (see instructions) 12 3,863,678. 13 Tr2949588 564.500.0111,0100.011 14 85.25.25 9 Public support test - 2022. If the organization 5 inst, second, third, fourth, or fifth tax year as a section SO(c)30 organization, check this box and stop here. 56.63.9 14 Ubit support test - 2022. If the organization of ord check the box on line 13, relia, or 16b, and line 14 is 10% or more, check this box and stop	3	The value of services or facilities						
4 Total. Add lines 1 through 3 56249894.58882574.80310309.62127827.56768475.314339079 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 43854441. 6 Public support. Scingtones 3 trem level 270484638 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Clenking regr (of fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Genes income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources is regularly carried on on the said or capital assets (Explain in Part VI.) 392,884.432,528.424,418.627,170.1078879.295879. 9 Net income from interest, dividing of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 31.7294958 11 Total support Add lines 7 through 10 14 85.25 9 12 3.863,6762 13.83 1/3% or more, check this box and stop here 9 Net income from sinterest organization (d) divided by line 11, column (f) 14 85.25 9 13 17294958 3.13% or more, check this box and st		furnished by a governmental unit to						
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Schedule A (Form 990) 2022

Part II

WAUKESHA COUNTY INC.

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.)

Schedule A (Form 990) 2022

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	vization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20			ine 13, column (f))			%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	-					ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	•					·
•-	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in		<u></u>
23202	23 12-09-22					Sched	lule A (Form 990) 2022

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UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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10a 10b Schedule A (Form 990) 2022

39-0806190 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Schedule A (Form 990) 2022

JULI		<u>,,,,,</u>	<u> </u>	aye J
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			

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

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
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С		The organization	supported a	governmental entity.	Describe in Part VI ho	v you supported a	governmental entity	, (see instruction <u>s).</u>
---	--	------------------	-------------	----------------------	------------------------	-------------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

08101129 131839 A508365

20

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Sche	dule A (Form 990) 2022 WAUKESHA COUNTY INC.			39-0806190 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

UNITED WAY OF GREATER MILWAUKEE & WAIIKEGHA COUNTY INC

Sche	dule A (Form 990) 2022 WAUKESHA COUN			3	9-0806190 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	1
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Sabadula A	(Form 990) 2022	UNITED WA WAUKESHA			MILWAUKEE	&	39-0806190 Page 8
Part VI	Supplemental Inform Part IV. Section A. lines 1.	nation. Provide 1 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	he explanatio a, 6, 9a, 9b, 9 V, Section E, I	ns required oc, 11a, 11b lines 1c, 2a	o, and 11c; Part IV, S , 2b, 3a, and 3b; Par	Section B, lines 1 t V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
232028 12-09-2	22			23			Schedule A (Form 990) 2022

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

39-0806190

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOHNSON CONTROLS	10,704,660.	4,358,761.
NORTHWESTERN MUTUAL	9,340,510.	2,994,611.
TED KELLNER	24,192,867.	17,846,968.
MACKENZIE SCOTT FOUNDATION	25,000,000.	18,654,101.
Total Excess Contributions to Schedule A, Part II, Line 5		43,854,441.

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

39-0806190

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC.

	Organization	type	(check	one):
--	--------------	------	--------	-------

Filers of:	Section:		
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)



		\$ <u>2,090,107.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,844,946.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>5,332,950.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>1,146,772.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,678,068.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-22		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	26		

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

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

Part I

(a)

No.

1

Employer identification number

(d)

Type of contribution

X

39-0806190

(c)

Total contributions

Page 2

2022.05000 UNITED WAY OF GREATER MIL A5083651

08101129 131839 A508365

	B (Form 990) (2022)		Page 3
Name of o			Employer identification number
	D WAY OF GREATER MILWAUKEE & SHA COUNTY INC.		39-0806190
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	i.
(a) No.	(6.)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions	.)
		 \$	
		*	
(a)		(c)	
No.	(b)	FMV (or estimate	e) (d)
from Part I	Description of noncash property given	(See instructions	
		\$	
(a)		()	
No.	(b)	(c) FMV (or estimate	(d)
from Part I	Description of noncash property given	(See instructions	
Parti			
		—	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	(d)
from	Description of noncash property given	(See instructions	
Part I			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	a) (d)
from	Description of noncash property given	(See instructions	
Part I			
		—	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	a) (d)
from Dort I	Description of noncash property given	(See instructions	
Part I		· · ·	
		—	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

08101129 131839 A508365

27 2022.05000 UNITED WAY OF GREATER MIL A5083651

Schedule	B (Form 990) (2022)			Page 4
Name of o	organization			Employer identification number
UNITE	D WAY OF GREATER MILWAU	KEE &		
	SHA COUNTY INC.			39-0806190
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in a) through (e) and the following line e	section 501(c)(7), (8), or (10)) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info	o. once.) \$
())]	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I	(2):	(0) 000 01 g	(,	
		(e) Transfer of g	l lift	
			jint	
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
			· ·	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I				
		(e) Transfer of g	, Jift	
	Transferee's name, address, a	sferee's name, address, and ZIP + 4 Relationship of transferor to t		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, a	and ZID + 4	Balationship of t	ransferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I		(0) 000 01 girt	(0) 20	
		(e) Transfer of g	i	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of t	ransferor to transferee
	<u></u>			
223454 11-15	5-22	28		Schedule B (Form 990) (2022)
		20		

08101129 131839 A508365

2022.05000 UNITED WAY OF GREATER MIL A5083651

(Form 990) Complete if the organ Part IV, line 6, 7, 8, 9, 10, Department of the Treasury At			al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b		MB No. 1545-0047 2022 Open to Public
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest informati	on.	Inspection
	e of the organizatio				ntification number
	Ū.	WAUKESHA COUNTY IN	2.		0806190
Par	t I Organizat	tions Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Com	plete if the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds and oth	er accounts
1	Total number at end	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5			writing that the assets held in donor advised	l funds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be us		
	•	e	r donor advisor, or for any other purpose co		
	impermissible privation	te benefit?			Yes No
Par			ganization answered "Yes" on Form 990, Pa		
1		ervation easements held by the organization			
		of land for public use (for example, recrea	· · · · · ·	historically important	land area
		natural habitat	·	certified historic struc	
		of open space			
2		• •	ied conservation contribution in the form of	a conservation easem	ent on the last
-	day of the tax year.	anough zu h tho organization hold a quan			End of the Tax Year
а		nservation easements		2a	
b					
c	•		ucture included in (a)		
		ation easements included in (c) acquired a			
u				2d	
3			eased, extinguished, or terminated by the o		tax
5	year	ation easements mouned, transiened, re-	eased, extinguished, or terminated by the o	rganization during the	lan
4		 here property subject to conservation eas	ement is located		
5		on have a written policy regarding the per			
5	0	preement of the conservation easements it	0 , 1 , 0		Yes No
6			holds? handling of violations, and enforcing conse		
Ū		nours devoted to monitoring, inspecting,	handling of violations, and chloreling conse	vation casements dan	ng the year
7	Amount of expense	 as incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	on essements during th	a vaar
'	Amount of expense	is incurred in monitoring, inspecting, hand	and emotening conservations, and emotening conservation	in easements during th	ie year
8		 ation essement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
U	and section 170(h)(4	,			Yes No
9			on easements in its revenue and expense si		
9		•	note to the organization's financial statemen		
		bunting for conservation easements.		is that describes the	
Par			Art, Historical Treasures, or Oth	er Similar Assets	
		the organization answered "Yes" on Form			-
10			8, not to report in its revenue statement and	d balanco shoot works	
Id	•	· ·	blic exhibition, education, or research in furt		
		· · ·	ncial statements that describes these items.	•	
h			8, to report in its revenue statement and ba		
U					
		ig amounts relating to these items:	exhibition, education, or research in furthe	rance of public service	,
	•	c		¢	
•	.,		acuración at athar aimilar acasta far financial a		
2	-		asures, or other similar assets for financial g	jain, provide	
-	-	nts required to be reported under FASB A	-	¢	
			for Form 990		D (Earm 000) 2022
		duction Act Notice, see the Instructions		Scheaule	D (Form 990) 2022
232051	09-01-22		29		
			<u> </u>		

		WAY OF GREA		JKEE &					
Sche		A COUNTY IN				39-	-080	6190	Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other S	imilar As	sets	(continu	ed)
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that	make signi	ficant use o	of its		
а	Public exhibition	d		hange progra	m				
b	Scholarly research	e		nange progra					
	Preservation for future generations	e							
C A									
	 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 								
5								Vee	
Dar	to be sold to raise funds rather than to be ma TIV Escrow and Custodial Arrange							Yes	No No
ια	reported an amount on Form 990, Par		ete if the organizatio	n answered	res" on Fo	rm 990, Pa	rt IV, lin	e 9, or	
1 a	Is the organization an agent, trustee, custodi								—
	on Form 990, Part X?						. 📖	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							4	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	art XIII				
Par									
		(a) Current year	(b) Prior year	(c) Two years		Three years	back ((e) Four y	ears back
1a	Beginning of year balance	21,383,903.	25,404,378.	5,535	,487.	5,208,	346.	4,9	72,938.
	Contributions	512,745.	93,975.	20,077	,578.	496,	115.	2	53,070.
	Net investment earnings, gains, and losses	738,858.	-942,889.	, 1,488			821.		02,785.
	Grants or scholarships	3,026,861.	3,003,106.	1,555		127,			44,764.
	Other expenditures for facilities		0,000,200.	2,000	,	,			,,,
е			168,456.	1/1	,918.	131,	693	1	75,683.
	and programs		100,430.	141	, , , , , , , , , , , , , , , , , , , ,	131,		1	75,005.
t	Administrative expenses	19,616,145.	21 202 002	25 404	270	E E2E	407	E 0	00 246
g	End of year balance		21,383,903.		, 370.	5,535,	40/.	5,2	08,346.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	90.0770	_%						
b	Permanent endowment 6.9920	%							
С	Term endowment 2.9310								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	ed for the			_	
	organization by:								es No
	(i) Unrelated organizations							3a(i)	x
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accu	umulated	6	d) Book	/alue
		basis (investm		(other)	• •	ciation		.,	
19	Land		,	0,235.				100	,235.
	Buildings			1,373.	1 51	1,372			1.
				5,566.	-	4,201	_	431	,365.
	Leasehold improvements			2,155.		$\frac{4}{7}, \frac{201}{799}$	_	-	,356.
	Equipment			3,840.		1,410			,430.
	Other						-		, 387.
i otal	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part X	x. column (B). line 10	UC.)			1 4	, 140	, , , , , , , , , , , , , , , , , , , ,

Schedule D (Form 990) 2022

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Schedule D (Form 990) 2022 WAUKESHA
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 - MUTUTAL FUNDS	6,192,881.	END-OF-YEAR MARKET VALUE
(B) GENERAL – MUTUAL FUNDS	13,584,090.	END-OF-YEAR MARKET VALUE
(C) ENDOWMENT - CASH FUNDS	224,985.	END-OF-YEAR MARKET VALUE
(D) BAIRD - BOND FUNDS	17,626,303.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	37,628,259.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X | Other Liabilities.

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

1.	1. (a) Description of liability				
(1)	Federal income taxes				
(2)	457(B) PLAN	PARTICIPANT LIABILITY	169,792.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) must equal F	orm 990, Part X, col. (B) line 25.)	169,792.		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

UNITED	WAY	OF	GF	REATER	MILWAUKEE	&
	TA 00		n 3 7	TNO		

Sche	edule D (Form 990) 2022 WAUKESHA COUNTY INC.						08061	90 Page	4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	th Rev	venue p	oer Ret	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements					1	38,4	07,993	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	1,	<u>,263,</u>					
b	Donated services and use of facilities	2b		84,	841.				
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d					2e	1,3	<u>48,379</u>	•
3	Subtract line 2e from line 1					3	37,0	59,614	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		46,	815.				
b	Other (Describe in Part XIII.)	4b	20,	,514,	428.				
	Add lines 4a and 4b					4c		<u>61,243</u>	
С	Add lines 4a and 4b								_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	57,6	20,857	_
5						5 etur	<u>57,6</u> n.	20,857	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents W					n.		•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents W	ith Ex	pense	s per R	5 etur 1	n.	20,857 64,728	•
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Ex	(pense:	s per R		n.		•
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	ith Ex	(pense:	s per R		n.		•
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Ex	(pense:	s per R		n.		•
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 2a 2b	ith Ex	(pense:	s per R		n.		•
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W 2a 2b 2c	ith Ex	(pense:	s per R		n. <u>42,7</u>	64,728	•
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Ex	84,	845.		n. <u>42,7</u>	64,728 84,845	• •
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	ith Ex	84,	845.	1	n. <u>42,7</u>	64,728	• •
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Ex	84,	845.	1 2e	n. <u>42,7</u>	64,728 84,845	• •
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2b 2c 2d	ith Ex	84, 84, 46,	845. 815.	1 2e	n. <u>42,7</u>	64,728 84,845	• •
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Ex	84,	845. 815.	1 2e	n. <u>42,7</u> <u>42,6</u>	64,728 84,845 79,883	•
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	ith Ex	<pre>& ense: 84, 46, 514,</pre>	845. 815. 428.	1 2e	n. <u>42,7</u> <u>42,6</u> 20,5	64,728 84,845 79,883	•
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Ex	<pre>& 4 ,</pre>	845. 815. 428.	1 2e 3	n. <u>42,7</u> <u>42,6</u> 20,5	64,728 84,845 79,883	• • •

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

PART V, LINE 4:

UNITED WAY'S ENDOWMENTS CONSIST OF VARIOUS FUNDS ESTABLISHED TO BENEFIT
UNITED WAY FOR A VARIETY OF PURPOSES. UNITED WAY'S ENDOWMENTS INCLUDE
BOTH DONOR-RESTRICTED ENDOWMENTS AND FUNDS DESIGNATED BY THE BOARD OF
DIRECTORS TO FUNCTION AS AN ENDOWMENT. NET ASSETS ASSOCIATED WITH
ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR
ABSENCE OF DONOR-IMPOSED RESTRICTIONS.
PART X, LINE 2:

MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX

POSITIONS. THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD

A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2023 AND 2022.

Schedule D (Form 990) 2022

08101129 131839 A508365

232054 09-01-22

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2022.05000 UNITED WAY OF GREATER MIL A5083651

UNITED WAY OF GREATER MILWAUKEE &	20.0006100
Schedule D (Form 990) 2022 WAUKESHA COUNTY INC. Part XIII Supplemental Information (continued)	39-0806190 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED FUNDS	20,514,428.
DONOR DEDIGNATED FONDS	20,514,420.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED FUNDS	20,514,428.
	20,514,420.
	Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No.	1545-0047	
(Form 990)	•	e if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public								
		o www.irs.gov/Form990 for instruct					•		
Name of the organization	Name of the organization UNITED WAY OF GREATER MILWAUKEE & Employed WAUKESHA COUNTY INC. 39-08								
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 9	90-EZ filers ar	e not	
	complete this part								
	0	ed funds through any of the followin	0		,				
a Mail solicitat				•	overnment grants				
	email solicitations				nment grants				
c Phone solici		g [] Special	lunura	using	events				
i		or oral agreement with any individual	(includ	lina of	ficers, directors, trus	tees, or			
•		art VII) or entity in connection with p	•	•			Yes	No	
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is	to be		
compensated at le	ast \$5,000 by the	organization.							
			(iii)	Did		(v) Amount p	aid		
(i) Name and addres		(ii) Activity	fundr have c	aiser ustody	(iv) Gross receipts	to (or retained	d by) to (or r	Amount paid or retained by)	
or entity (fund	Iraiser)		or con contrib	trol of	from activity	fundraise listed in col		anization 🏹	
			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.									

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

Schedule G (Form 990) 2022

232081 10-27-22

0 a h	ار رام م		WAY OF GREAT			0806190 Page 2		
	edui Irt I		A COUNTY INC					
		of fundraising event contributions and gr						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				WOMEN UNITED		(add col. (a) through		
			UNITED CIO F		1	col. (c)		
Ð			(event type)	(event type)	(total number)	(-)/		
Revenue			F40 000		40 200			
Rev	1	Gross receipts	549,200.	96,000.	40,360.	685,560.		
	2	Less: Contributions	535,600.	74,500.	18,620.	628,720.		
	2			74,500.	10,020.	020,720.		
	3	Gross income (line 1 minus line 2)	13,600.	21,500.	21,740.	56,840.		
		, , , , , , , , , , , , , , , , , , ,						
	4	Cash prizes						
	5	Noncash prizes						
Ises	-							
Direct Expenses	6	Rent/facility costs						
ш ж	7	Food and beverages		25,002.	11,780.	36,782.		
Direc	'							
	8	Entertainment						
	9	Other direct expenses	4,433.	3,548.	0.	7,981.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			44,763.		
	11	Net income summary. Subtract line 10 from I				12,077.		
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than			
		\$13,000 off Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add		
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)		
Revenue								
Ť	1	Gross revenue						
Se	2	Cash prizes						
Expenses								
ъ	3	Noncash prizes						
Direct	4	Rent/facility costs						
Diz	-							
	5	Other direct expenses						
		<u>.</u>	Yes %	Yes %	Yes %			
	6	Volunteer labor	Νο	No	Νο			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	0	Not coming income our many Cubtract line 7	from line 1 column (-1)					
	8	Net gaming income summary. Subtract line 7	nom ine 1, column (d)			I		
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:					
	 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? 							
b If "No," explain:								
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b) IT "`	Yes," explain:						
						dule G (Form 990) 2022		

 $^{35}_{\rm 2022.05000}$ united way of greater Mil A5083651

Schedule G (Form 990)	2022	UNITED W WAUKESHA			MILWAU	KEE &		39-08	06190	Page 3
11 Does the organiza									Yes	No
12 Is the organization	n a grantor, bene	ficiary or trustee	of a trust, or	a member of	a partnership c	or other entit	y formed			
to administer chain 13 Indicate the perce								I	Yes	└── No
a The organization's								1	13a	%
b An outside facility									13b	<u> </u>
14 Enter the name ar										
Name										
Address										
15a Does the organization	ation have a cont	ract with a third p	oarty from wh	nom the orgar	nization receive	es gaming re	venue?	[Yes	No No
 b If "Yes," enter the of gaming revenue c If "Yes," enter nar 	e retained by the	third party \$			\$		and the amo	ount		
Name										
Address										
16 Gaming manager	information:									
Name										
Gaming manager	compensation	\$								
Description of ser	vices provided									
Director/of	ficer	Employee	[Independ	lent contractor					
17 Mandatory distrib										
a Is the organization retain the state gate					rom the gaming				Yes	No
b Enter the amount	-							the		
organization's ow										
		mation. Provide applicable. Also p					s (iii) and (v);	and Part I	II, lines 9,	9b, 10b,
232083 10-27-22				36				Schedul	e G (Form	990) 2022

	UNITED WAY OF GREATER MILWAUKEE &	20.0006100
Schedule G (Form 990) Part IV Supplemental Info	WAUKESHA COUNTY INC.	39-0806190 Page 4
	ormation (continued)	
		Schedule G (Form 990)
232084 04-01-22		

SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	nd Individual	s in the Ŭni	ted States		2022
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization UNITED WA WAUKESHA		TER MILWAUK C.	EE &				Employer identification number $39 - 0806190$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis	tance?				-		on 🔀 Yes 🗌 No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4C FOR CHILDREN 1736 N. 2ND ST							
MILWAUKEE, WI 53212	39-1151791	501 (C)(3)	71,654.	0.			COMMUNITY SCHOOLS
ABCD: AFTER BREAST CANCER DIAGNOSIS – 5775 N GLEN PARK RD #201 – GLENDALE, WI 53209	39-1967028	501 (C)(3)	35,247.	0.			DONOR DESIGNATIONS
ACADEMY FOR URBAN SCHOOL LEADERSHIP (AUSL) - 3400 N AUSTIN AVE - CHICAGO, IL 60634	36-4447457		19,750.	0.			DONOR DESIGNATIONS
ACTS COMMUNITY DEVELOPMENT CORPORATION - ACTS HOUSING - MILWAUKEE - MILWAUKEE, WI 53205	39-1837474	501 (C)(3)	108,560.	0.			DONOR DESIGNATIONS
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI							
53186-4924	39-1867400	501 (C)(3)	14,021.	0.			DONOR DESIGNATIONS
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI							
53186-4924	39-1867400	501 (C)(3)	9,340.	0.			COMMUNITY ORIENTEERING
2 Enter total number of section 501(c)(3) and			e line 1 table				692.

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

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

Schedule I (Form 990)

WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A				verninents (Sch	edule i (Forni 990), Fa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATE AURORA FOUNDATION							
950 NORTH 12 STREET, SUITE A511							
MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	15,000.	0.			HEALTH IMPROVEMENT FUND
ADVOCATES OF OZAUKEE, INC.							
PO BOX 80166							
SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	13,231.	0.			DONOR DESIGNATIONS
ADVOCATES OF OZAUKEE, INC.							
PO BOX 80166							
SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	40,000.	0.			SAFE & STABLE HOMES
ADVACAMES OF AZAUVEF INC							
ADVOCATES OF OZAUKEE, INC. PO BOX 80166							
SAUKVILLE, WI 53080	39-1378449	501(C)(3)	46,418.	0.			DOMESTIC VIOLENCE
	55 1570115		10,110.	.			
AFRICAN AMERICAN BREASTFEEDING							
NETWORK - PO BOX 1979 - MILWAUKEE,							
WI 53201	46-2196368	501 (C)(3)	8,230.	0.			MATERNAL HEALTH
AFRICAN AMERICAN BREASTFEEDING							
NETWORK – PO BOX 1979 – MILWAUKEE, NI 53201	46-2196368	501(C)(3)	70,000.	0.			CAPACITY BUILDING
AFRICAN AMERICAN LEADERSHIP	40 2190300	501 (0/(5)	/0,000.				CAFACITI DUIDING
ALLIANCE MILWAUKEE - 275 W							
NISCONSIN AVE - MILWAUKEE, WI							REDUCING BARRIERS TO
53203	82-5270855	501 (C)(3)	100,000.	0.			EMPLOYMENT & ADVANCEMENT
ALIANZA LATINA APLICANDO							
SOLUCIONES - 1615 SOUTH 22 STREET,							
#109 - MILWAUKEE, WI 53204	20-5974351	501 (C)(3)	112,500.	0.			CAPACITY BUILDING
ALL IN MILWAUKEE							
135 W WELLS ST							
MILWAUKEE, WI 53203	83-2541054	501 (C)(3)	107,395.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

	<i></i>						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA UNITED WAY							
200 NORTH VINEYARD BOULEVARD, #700							
HONOLULU, HI 96817	99-0073494	501 (C)(3)	20,785.	0.			DONOR DESIGNATIONS
ALVERNO COLLEGE							
3400 SOUTH 43RD STREET							
MILWAUKEE, WI 53234-3922	39-0806263	501 (C)(3)	50,913.	Ο.			DONOR DESIGNATIONS
ALZHEIMER'S ASSOCIATION							
SOUTHEASTERN WISCONSIN CHAPTER -							
620 SOUTH 76 STREET, #160 -							
MILWAUKEE, WI 53214-1549	39-1350965	501 (C)(3)	35,331.	Ο.			DONOR DESIGNATIONS
ALZHEIMER'S ASSOCIATION,							
VISCONSIN, GREATER WISCONSIN							
CHAPTER - 2700 VERNON AVENUE,							
SUITE 340 - GREEN BAY, WI 54304	13-3039601	501 (C)(3)	6,000.	Ο.			DONOR DESIGNATIONS
AMERICAN HEART ASSOCIATION GREATER							
MIDWEST AFFILIATE - 1555 N							
RIVERCENTER DR STE 212 -							
4ILWAUKEE, WI 53212-3958	13-5613797	501 (C)(3)	6,136.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS IN SOUTHEASTERN							
WISCONSIN - 2600 WEST WISCONSIN							
AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	59,581.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS IN SOUTHEASTERN							
WISCONSIN - 2600 WEST WISCONSIN							
AVENUE – MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	596,287.	0.			DISASTER CYCLE SERVICES
,				- •			
AMERICAN RED CROSS IN SOUTHEASTERN							
WISCONSIN - 2600 WEST WISCONSIN							
AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	37,552.	0.			HOME FIRE CAMPAIGN
AMERICA'S BEST CHARITIES							
1100 LARKSPUR LANDING CIRCLE, SUITE							
LARKSPUR, CA 94939	94-3067804	501 (C)(3)	5,210.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION, UPPER							
MIDWEST REGION, WEST ALLIS - 1355							
PEACHTREE STREET, NE SUITE 600 -							
ATLANTA, GA 30309	58-1341679	501 (C)(3)	8,750.	0.			DONOR DESIGNATIONS
ARTISTS WORKING IN EDUCATION, INC. 4315 W VLIET ST							
MILWAUKEE, WI 53208-2768	39-1945466	501 (C)(3)	20,000.	0.			URGENT NEED
ARTISTS WORKING IN EDUCATION, INC. 4315 W VLIET ST							
MILWAUKEE, WI 53208-2768	39-1945466	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
ASCENSION COLUMBIA ST. MARY'S FOUNDATION INC 2301 N. LAKE DRIVE - MILWAUKEE, WI 53211	39-0806315	501 (C)(3)	15,000.	0.			HEALTH IMPROVEMENT FUND
ASCENSION SETON DENTAL CLINIC							
1730 SOUTH 13 STREET							HEALTHY TEETH FOR
MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	20,014.	0.			CHILDREN
ASCENSION SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	32,922.	0.			RESTORATIVE CARE PROGRAM
ASCENSION SETON DENTAL CLINIC 1730 SOUTH 13 STREET							
MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	25,000.	0.			HEALTH IMPROVEMENT FUND
ASCENSION SETON DENTAL CLINIC 1730 SOUTH 13 STREET	20 1404001	E01 (0) (2)	25,000				
MILWAUKEE, WI 53204	39-1494981	SOT (C)(3)	25,000.	0.			HEALTH IMPROVEMENT FUND
ASCENSION WI COMMUNITY SERVICES 400 W. RIVER WOODS PARKYWAY GLENDALE, WI 53212	39-1494981	501 (0)(3)	44,651.	0.			BUILD

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Schedule I (Form 990) WAUKESHA Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990) Pa		9-0806190 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCENSION WISCONSIN FOUNDATION 2320 NORTH LAKE DRIVE	20.1404001	501 (2) (2)					
MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	9,000.	0.			DONOR DESIGNATIONS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	9,943.	0.			DONOR DESIGNATIONS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	344,047.	0.			AURORA AT HOME HEALTH
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180		35,277.	0.			AURORA ZILBER FAMILY HOSPICE
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	5,450.	0.			DONOR DESIGNATIONS
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	213,189.	0.			FAMILY ENRICHMENT
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	325,919.	0.			AFS FINANCIAL WELLNESS
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	170,000.	0.			AFS FAMILY THERAPY TRAINING INSTITUTE
AURORA FOUNDATION-AURORA 950 NORTH 12 STREET, SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	11,500.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA FOUNDATION-AURORA							
950 NORTH 12 STREET, SUITE A511							
MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	15,000.	0.			HEALTH IMPROVEMENT FUND
,							
AURORA HEALING & ADVOCACY SERVICES							
945 NORTH 12 STREET							
AILWAUKEE, WI 53233	39-1442285	501 (C)(3)	6,509.	0.			DONOR DESIGNATIONS
AURORA HEALING & ADVOCACY SERVICES							
945 NORTH 12 STREET							
MILWAUKEE, WI 53233	39-1442285	501 (C)(3)	36,673.	0.			AHAS HEALING CENTER
AURORA HEALING & ADVOCACY SERVICES							
045 NORTH 12 STREET							
MILWAUKEE, WI 53233	39-1442285	501 (C)(3)	99,205.	0.			SAFE MOM SAFE BABY
	55 1442205	301 (0/(3/	55,205.				
AURORA HEALING & ADVOCACY SERVICES							
945 NORTH 12 STREET							MHCP FNEN HEALING ADV
MILWAUKEE, WI 53233	39-1442285	501 (C)(3)	66,375.	0.			PROGRAM
BAY VIEW COMMUNITY CENTER							
1320 E OKLAHOMA AVE							
MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	8,301.	0.			DONOR DESIGNATIONS
BAY VIEW COMMUNITY CENTER							
1320 E OKLAHOMA AVE	20.4242564		10.100				FAMILY LEARNING AND
MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	40,198.	0.			ENGAGEMENT LAB
BAY VIEW COMMUNITY CENTER							
1320 E OKLAHOMA AVE							
MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	40,199.	0.			FOOD PANTRY
,		(0)(0)					
BELIEVE IN STUDENTS FAST FUND -							
PO BOX 05686							
AILWAUKEE, WI 53205	83-0561041	501 (C)(3)	10,000.	0.			TECHQUITY

Schedule I (Form 990)

WAUKESHA COUNTY INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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							
PO BOX 05686							
MILWAUKEE, WI 53205	83-0561041	501 (C)(3)	8,188.	0.			DONOR DESIGNATIONS
BENEDICT CENTER, THE							
1849 N. DR. MARTIN LUTHER KING DRIV							
MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	11,420.	0.			DONOR DESIGNATIONS
BEST BUDDIES WISCONSIN							
10425 W NORTH AVE STE 340							
WAUWATOSA, WI 53226	52-1614576	501 (C)(3)	13,870.	0.			DONOR DESIGNATIONS
BETTY BRINN CHILDREN'S MUSEUM							
929 EAST WISCONSIN AVENUE, FLOOR 2							
MILWAUKEE, WI 53202-5406	39-1681155	501 (C)(3)	8,850.	0.			DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS OF							
METROPOLITAN MILWAUKEE, INC 788							
N JEFFERSON ST - MILWAUKEE, WI	20 1020605		100 541	<u>^</u>			
	39-1239687	501 (C)(3)	190,741.	0.			DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS OF							
METROPOLITAN MILWAUKEE, INC 788							ONE TO ONE MENTORING
N JEFFERSON ST - MILWAUKEE, WI 53202	39-1239687	$F(1)(\alpha)(2)$	141 406	0.			PROGRAM
55202	55-1259007	501 (C/(3)	141,406.	0.			FROGRAM
BIG BROTHERS BIG SISTERS OF							
OZAUKEE COUNTY INC 2360 DAKOTA							
DRIVE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	9,630.	0.			DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS OF							
OZAUKEE COUNTY INC 2360 DAKOTA							
DRIVE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	19,765.	0.			MATCH ME
,			, -				
BIZSTARTS MILWAUKEE INC							
2450 W NORTH AVE.							
MILWAUKEE, WI 53205	26-1766033	501 (C)(3)	8,393.	٥.			DONOR DESIGNATIONS

Schedule I (Form 990) WAUKESHA		C.				3	39-0806190 Page		
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BLACK ARTS MKE									
929 NORTH WATER STREET									
MILWAUKEE, WI 53202	47-1889202	501 (C)(3)	25,000.	0.			CAPACITY BUILDING		
BLACK EDUCATORS COLLECTIVE									
1360 N. 42ND ST.									
MILWAUKEE, WI 53216	85-3321856	501 (C)(3)	10,000.	0.			CAPACITY BUILDING		
BLACK SPACE									
1303 N 10TH STREET	96 0119001	F(1) (a) (2)	25 000	0			CADACTERY DITL DING		
MILWAUKEE, WI 53205	86-2118931	501 (C)(3)	25,000.	0.			CAPACITY BUILDING		
BOY SCOUTS OF AMERICA, POTAWATOMI									
AREA COUNCIL - 804 BLUEMOUND RD -									
WAUKESHA, WI 53188	39-0806342	501 (C)(3)	13,326.	0.			DONOR DESIGNATIONS		
BOY SCOUTS OF AMERICA, POTAWATOMI									
AREA COUNCIL - 804 BLUEMOUND RD -									
WAUKESHA, WI 53188	39-0806342	501 (C)(3)	87,028.	0.			CUB SCOUTS		
BOYS & GIRLS CLUB FOND DU LAC AREA									
76 W 2ND ST									
FOND DU LAC, WI 54935	39-1896496	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS		
BOYS & GIRLS CLUBS OF AMERICA,	55 1050150	301 (0/(3/	10,000.						
NATIONAL HEADQUARTERS & RETIREES -									
1275 PEACHTREE STREET, NE -									
ATLANTA, GA 30309-3447	13-5562976	501 (C)(3)	15,744.	0.			DONOR DESIGNATIONS		
BOYS & GIRLS CLUBS OF GREATER									
MILWAUKEE - 1558 N 6TH ST -									
MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	1,046,649.	0.			DONOR DESIGNATIONS		
BOYS & GIRLS CLUBS OF GREATER									
MILWAUKEE - 1558 N 6TH ST -									
MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	817,991.	0.			CENTRALIZED SERVICES		

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WAUKESHA COUNTY INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 N 6TH ST -							
MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	78,741.	0.			EARLY LITERACY PROGRAM
BOYS & GIRLS CLUBS OF GREATER							
MILWAUKEE - 1558 N 6TH ST -							
MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	95,803.	0.			SPONSOR-A-SCHOLAR
BOYS & GIRLS CLUBS OF GREATER							
MILWAUKEE - 1558 N 6TH ST - MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	95,593.	0.			COMMUNITY SCHOOLS
	55 0000252	501 (0/(5/	55,555.	••			COMMONITI SCHOOLS
BREAD OF HEALING, INC.							
1821 N 16TH ST							
MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	38,735.	0.			COMMUNITY MED SHARE
BREAD OF HEALING, INC.							
1821 N 16TH ST							
MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	7,123.	0.			DONOR DESIGNATIONS
BREAD OF HEALING, INC.							
1821 N 16TH ST							MILWAUKEE HEALTHCARE
MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	85,000.	0.			PARTNERSHIP
BREAD OF HEALING, INC.							
1821 N 16TH ST							
MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	25,000.	0.			HEALTH IMPROVEMENT FUND
DEAD OF HEALTNO INC							
BREAD OF HEALING, INC. 1821 N 16TH ST							
MILWAUKEE, WI 53205	81-0669867	501(C)(3)	25,000.	0.			HEALTH IMPROVEMENT FUND
			23,000.	0.			
BREAD OF HEALING, INC.							
1821 N 16TH ST							
MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	10,000.	0.			FLU VACCINE

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE TO BRIGHTER INC							
3158 WAUCHEETA TRAIL							
MADISON, WI 53711	86-3317249	501 (C)(3)	13,000.	0.			DONOR DESIGNATIONS
BROWN COUNTY UNITED WAY							
112 NORTH ADAMS STREET							
GREEN BAY, WI 54301-5010	39-0806299	501 (C)(3)	99,103.	0.			DONOR DESIGNATIONS
BUILD INC							
1223 NORTH MILWAUKEE AVENUE							
CHICAGO, IL 60622	23-7022085	501 (C)(3)	9,852.	0.			DONOR DESIGNATIONS
BUTLER COUNTY UNITED WAY							
323 NORTH THIRD STREET	21 0724400		F 033	0			DONOD DEGICINATIONS
HAMILTON, OH 45011-1624	31-0734490	501 (C)(3)	5,833.	0.			DONOR DESIGNATIONS
CALVIN UNIVERSITY							
3201 BURTON ST SE							
GRAND RAPIDS, MI 49546	38-3071514	501 (C)(3)	100,000.	0.			DONOR DESIGNATIONS
/			, .				
CAPITA PRODUCTIONS, INC.							
4141 N. 64TH STREET							
MILWAUKEE, WI 53216	39-1912062	501 (C)(3)	20,000.	0.			CAPACITY BUILDING
CAPITAL AREA UNITED WAY							
700 LAUREL STREET							
BATON ROUGE, LA 70802-5634	72-0447100	501 (C)(3)	6,568.	0.			DONOR DESIGNATIONS
CAPUCHIN COMMUNITY SERVICES							
1927 NORTH VEL PHILLIPS AVE 2ND FLO							
MILWAUKEE, WI 53212	38-1525161	501 (C)(3)	6,607.	0.			DONOR DESIGNATIONS
	55 1525101						
CARE NET PREGNANCY CENTER OF							
MILWAUKEE - 4957 W FOND DU LAC AVE							
- MILWAUKEE, WI 53216	39-1496868	501 (C)(3)	13,807.	Ο.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARMEN HIGH SCHOOL OF SCIENCE AND							
TECHNOLOGY - 1712 SOUTH 32 STREET							
- MILWAUKEE, WI 53215	56-2569203	501 (C)(3)	33,340.	0.			DONOR DESIGNATIONS
			,				
CARROLL UNIVERSITY							
100 NORTH EAST AVENUE							
WAUKESHA, WI 53186-3103	39-0806325	501 (C)(3)	172,000.	0.			DONOR DESIGNATIONS
CATHEDRAL CENTER							
710 N. PLANKINTON AVENUE, SUITE 803							
MILWAUKEE, WI 53203	39-0806325	501 (C)(3)	63,899.	0.			EMERGENCY SHELTER
CATHEDRAL CENTER							
710 N. PLANKINTON AVENUE, SUITE 803							
MILWAUKEE, WI 53203	74-3038890	501 (C)(3)	28,949.	0.			DONOR DESIGNATIONS
CATHEDRAL CENTER							
710 N. PLANKINTON AVENUE, SUITE 803	74 2020000		240.004	0			
MILWAUKEE, WI 53203	74-3038890	501 (C)(3)	248,994.	0.			STATE SHELTER SUBSIDY
CATHEDRAL CENTER, INC.							
710 N. PLANKINTON AVENUE, SUITE 803							
MILWAUKEE, WI 53203	74-3038890	501 (C)(3)	7,000.	0.			BUILDING GRANT
	74 3030030	301 (0/(3/	,,000.				
CATHEDRAL CENTER, INC.							FLEXIBLE HOUSING
710 N. PLANKINTON AVENUE, SUITE 803							COMMUNITY CASE MANAGEMEN
MILWAUKEE, WI 53203	74-3038890	501 (C)(3)	100,000.	0.			PROGRAM
, ,							
CATHOLIC CHARITIES DIOCESE OF							
CLEVELAND - 7911 DETROIT AVE -							
CLEVELAND, OH 44102	34-1318541	501 (C)(3)	6,904.	0.			DONOR DESIGNATIONS
CATHOLIC CHARITIES OF THE							
ARCHDIOCESE OF MILWAUKEE, INC							
3501 SOUTH LAKE DRIVE - MILWAUKEE,							
WI 53207	39-0806321	501 (C)(3)	202,738.	0.			DONOR DESIGNATIONS

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D) WAUKESHA COUNTY INC.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE							
ARCHDIOCESE OF MILWAUKEE, INC							
3501 SOUTH LAKE DRIVE - MILWAUKEE,							SUPPORTED PARENTING
NI 53207	39-0806321	501 (C)(3)	30,263.	٥.			PROGRAM - WAUKESHA COUNT
CATHOLIC CHARITIES OF THE							
ARCHDIOCESE OF MILWAUKEE, INC							
3501 SOUTH LAKE DRIVE - MILWAUKEE,							IN HOME SUPPORT &
VI 53207	39-0806321	501 (C)(3)	104,697.	٥.			HOARDING INTERVENTION
CATHOLIC CHARITIES OF THE							
ARCHDIOCESE OF MILWAUKEE, INC							
3501 SOUTH LAKE DRIVE - MILWAUKEE,							
VI 53207	39-0806321	501 (C)(3)	176,231.	Ο.			COMMUNITY COUNSELING
CATHOLIC CHARITIES OF THE							
RCHDIOCESE OF MILWAUKEE, INC							
, 3501 SOUTH LAKE DRIVE - MILWAUKEE,							OUTREACH & CASE
NI 53207	39-0806321	501 (C)(3)	55,571.	0.			MANAGEMENT
CATHOLIC CHARITIES OF THE			, -				
ARCHDIOCESE OF MILWAUKEE, INC							PREGNANCY AND PARENTING
3501 SOUTH LAKE DRIVE - MILWAUKEE.							SUPPORTIVE SERVICES -
WI 53207	39-0806321	501 (C)(3)	41,588.	0.			MILWAUKEE
CATHOLIC CHARITIES OF THE DIOCESE DF GREEN BAY - 1825 RIVERSIDE DRIVE - GREEN BAY, WI 54301	39-0808438	501 (C)(3)	8,624.	0.			DONOR DESIGNATIONS
CATHOLIC MEMORIAL HIGH SCHOOL 501 EAST COLLEGE AVENUE VAUKESHA, WI 53186-5598	39-0964819	501 (C)(3)	100,105.	0.			DONOR DESIGNATIONS
			,,,,,			1	
CEDAR VALLEY UNITED WAY							
25 CEDAR STREET SUITE 300							
WATERLOO, IA 50701	42-0801846	501 (C)(3)	5,231.	0.			DONOR DESIGNATIONS
		(0,(0,		```			
ENTRO LEGAL POR DERECHOS HUMANOS INC 611 WEST NATIONAL AVENUE							
103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	46,543.	Ο.			DONOR DESIGNATIONS

Schedule I (Form 990)

D) WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LEGAL POR DERECHOS HUMANOS							
INC 611 WEST NATIONAL AVENUE							DOMESTIC ABUSE AND FAMILY
#103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	70,340.	0.			LAW PROGRAM
CHABAD OF DOWNTOWN							
1301 N ASTOR ST	20 1672402		12.000	0			
MILWAUKEE, WI 53202	39-1672482	501 (C)(3)	13,000.	0.			DONOR DESIGNATIONS
CHARLES E. KUBLY FOUNDATION							
1341 W MEQUON RD #220							
MEQUON, WI 53092-3241	20-0375310	501 (C)(3)	7,000.	0.			DONOR DESIGNATIONS
CHECOTA 2 FOR 1 MATCH SCHOLARSHIP							
700 WEST STATE STREET	APPLIED FOR	E_{01} (C) (2)	E04 6E0	0.			DONOR DESIGNATIONS
MILWAUKEE, WI 53233	APPLIED FOR	501 (C)(3)	504,659.	0.			DONOR DESIGNATIONS
CHICAGO WOMEN'S HEALTH CENTER							
1025 W. SUNNYSIDE AVE SUITE 201							
CHICAGO, IL 60640	36-2922469	501 (C)(3)	5,225.	0.			DONOR DESIGNATIONS
CHILDREN'S HEALTH ALLIANCE 6737 W WASHINGTON STREET, SUITE 111							MILWAUKEE HEALTHCARE
WEST ALLIS, WI 53214	39-0812532	502(C)(3)	25,000.	0.			PARTNERSHIP
CHILDREN'S HOSPITAL & HEALTH							
SYSTEM FDN PO BOX 1997 MS 3050							
- MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	30,208.	0.			DONOR DESIGNATIONS
OUTLODENG HOGDIMAL AND UDALMU							
CHILDRENS HOSPITAL AND HEALTH SYSTEM FOUNDATION - PO BOX 1997 MS							
3050 - MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	34,584.	0.			COMMUNITY SCHOOLS
,							
CHILDREN'S WISCONSIN							
PO BOX 1997 MS 3050							
MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	902,956.	٥.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S WISCONSIN							
PO BOX 1997 MS 3050							COUNSELING FOR CHILDREN
AILWAUKEE, WI 53201	39-1500075	501 (C)(3)	116,822.	0.			AND FAMILIES
,			, ,				
CHILDREN'S WISCONSIN							
PO BOX 1997 MS 3050							
MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	71,377.	0.			MILWAUKEE START RIGHT
CHILDREN'S WISCONSIN							
PO BOX 1997 MS 3050							
MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	21,349.	0.			VOLUNTEER RESPITE CARE
CHILDREN'S WISCONSIN COMMUNITY							
SERVICES - 620 S 76TH ST STE 220 -							
MILWAUKEE, WI 53214	39-0806380	501 (C)(3)	46,126.	0.			DONOR DESIGNATIONS
CHILDREN'S WORKSHOP, INC.							
1717 NORTH 73 STREET	20.4466520		5 5 .				L
WAUWATOSA, WI 53213	39-1166532	501 (C)(3)	5,358.	0.			DONOR DESIGNATIONS
CHRIST CHURCH ENDOWMENT TRUST							
5655 N. LAKE DRIVE							
WHITEFISH BAY, WI 53217	39-1507335	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
		301 (0)(3)	10,000.				
CHRISTIAN CAMPS OF PITTSBURGH							
111 LAKE GLORIA RD							
BOSWELL, PA 15531	23-7389188	501 (C)(3)	5,250.	0.			DONOR DESIGNATIONS
			, ,				
CITY FORWARD COLLECTIVE							
700 W VIRGINIA ST							
MILWAUKEE, WI 53204	39-1590212	501 (C)(3)	408,814.	0.			DONOR DESIGNATIONS
CITY OF MILW HEALTH DEPARTMENT							
841 BROADWAY							BACK TO SCHOOL HEALTH
MILWAUKEE, WI 53202	39-6005532	501 (C)(3)	15,000.	Ο.			FAIR

Schedule I (Form 990)

WAUKESHA COUNTY INC.

39-0806190 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MILWAUKEE CDGA DEPT 200 E WELLS ST ROOM 606							
	39-6005532	F(1) (a) (2)	28 000	0.			WINTER WARMING ROOMS
MILWAUKEE, WI 53202	39-0003332	501 (C/(3)	38,000.	0.			WINTER WARMING ROOMS
CITY YEAR MILWAUKEE, INC.							
648 N PLANKINTON AVE STE 190							
MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	106,581.	0.			DONOR DESIGNATIONS
/			, -				
CITY YEAR MILWAUKEE, INC.							
648 N PLANKINTON AVE STE 190							
MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	83,600.	0.			WHOLE SCHOOL WHOLE CHILD
COA YOUTH & FAMILY CENTERS							
909 EAST NORTH AVENUE							
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	147,039.	0.			DONOR DESIGNATIONS
COA YOUTH & FAMILY CENTERS							
909 EAST NORTH AVENUE							L
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	73,215.	0.			EARLY CHILDHOOD EDUCATION
COA YOUTH & FAMILY CENTERS							HOME INSTRUCTION FOR
909 EAST NORTH AVENUE							PARENTS OF PRESCHOOL
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	171,908.	0.			CHILDREN (HIPPY)
,,							
COA YOUTH & FAMILY CENTERS							
909 EAST NORTH AVENUE							
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	243,385.	0.			YOUTH DEVELOPMENT
COA YOUTH & FAMILY CENTERS							
909 EAST NORTH AVENUE							
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	45,000.	0.			HEALTHY YOUTH
COA YOUTH & FAMILY CENTERS							
909 EAST NORTH AVENUE				_			
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	10,000.	0.			LEAD SAFE HOME KITS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

	COUNTY INC			<i>(</i> -	/		9-0806190 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE							
MILWAUKEE, WI 53212	39-0806339	501(C)(3)	10,000.	0.			TECHQUITY
COALITION FOR CHILDREN, YOUTH AND	39-0000339	501 (C/(5)	10,000.	۰.			
FAMILIES - 6737 WEST WASHINGTON							
STREET, SUITE 2353 - MILWAUKEE, WI							
53214-5642	39-1496074	501 (C)(3)	9,376.	0.			DONOR DESIGNATIONS
55211 5012		501 (0/(3/	5,570.				
COALITION FOR CHRISTIAN OUTREACH							
(CCO) - 5912 PENN AVE -							
PITTSBURGH, PA 15206	25-1216330	501 (C)(3)	5,708.	0.			DONOR DESIGNATIONS
			,				
COLLEGE POSSIBLE (WI)							
1515 N. RIVERCENTER DRIVE							
MILWAUKEE, WI 53212	41-1968798	501 (C)(3)	19,574.	٥.			DONOR DESIGNATIONS
COLLEGE POSSIBLE (WI)							
1515 N. RIVERCENTER DRIVE							
MILWAUKEE, WI 53212	41-1968798	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
COLUMBIA ST. MARY'S FOUNDATION							
INC 2320 NORTH LAKE DRIVE -							
MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	15,000.	0.			HEALTH IMPROVEMENT FUND
COMMONBOND COMMUNITIES (MN)							
1080 MONTREAL AVE							
SAINT PAUL, MN 55116	41-1260469	501 (C)(3)	5,285.	0.			DONOR DESIGNATIONS
CONTRACT ADVICTOR THE							
COMMUNITY ADVOCATES INC.							
728 N JAMES LOVELL ST	39-1249426	F01 (C) (2)	0.000	^			DONOR DEGIGNANTONG
MILWAUKEE, WI 53233-2408	39-1249426	SUT (C)(3)	8,698.	0.			DONOR DESIGNATIONS
COMMINITARY ADVICEMENT INC							
COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST							
MILWAUKEE, WI 53233-2408	39-1249426	501(C)(3)	100,000.	0.			FAMILY STABILITY
MILWAUKEE, WI 33233-2400	33-1243420		1 100,000.	U.			FAMILI STADILITI

organization or government Image: Second secon	Schedule I (Form 990) WAUKESHA	A COUNTY INC	2.					89-0806190 Page
organization or government If applicable cash grant noncash assistance assistance valuation (cook, F/W, appraisal, other) noncash assistance or assistance cOMMUNITY ADVOCATES INC. 728 N JAKES LOVELL ST 39-1249426 501 (C) (3) 10,000. 0. NAUKESH STRUCTURE NULWAUKES, WI 53233-2408 39-1249426 501 (C) (3) 25,000. 0. NAUKESH SHELTER COMMUNITY ADVOCATES INC. 728 N JAKES LOVELL ST 39-1249426 501 (C) (3) 25,000. 0. NAUKESH SHELTER COMMUNITY ADVOCATES INC. 728 N JAKES LOVELL ST 39-1249426 501 (C) (3) 25,000. 0. NOUSING CASE MANA COMMUNITY ADVOCATES INC. 728 N JAKES LOVELL ST 39-1249426 501 (C) (3) 140,000. 0. NUTLABUTER, WI 53233-2408 39-1249426 501 (C) (3) 140,000. 0. NUTLABUTER, WI 53233-2408 39-1249426 501 (C) (3) 140,000. 0. NUTLABUTER, WI 53233-2408 39-1249426 501 (C) (3) 140,000. 0. NUTLABUTER, WI 53233-2408 39-1249426 501 (C) (3) 165,000. 0. NUTLABUTER, WI 53233-2408 39-1249426 501 (C) (3) 165,000. 0. NUTLABUTER, WI	Part II Continuation of Grants and Oth	er Assistance to Dor	mestic Organization	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
728 N JAMES LOVELL ST 39-1249425 501 (C)(3) 10,000. 0. WATERING GROWING COMMUNITY ADVOCATES INC. 39-1249426 501 (C)(3) 25,000. 0. WATERING GROWING COMMUNITY ADVOCATES INC. 39-1249426 501 (C)(3) 25,000. 0. WATERING GROWING COMMUNITY ADVOCATES INC. 39-1249426 501 (C)(3) 25,000. 0. WOUSING CASE MANA COMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST MILMAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 225,000. 0. WOUSING CASE MANA COMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST FUTCTION PREVENTI FUTCTION PREVENTI FUTCTION PREVENTI 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 140,000. 0. PAMILY STABILIZA 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 165,000. 0. PAMILY STABILITY COMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S19-1249426 501 (C)(3) 56,918. 0. FMILY STABILITY COMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S19-1249426 501 (C)(3) 56,918. 0. FMILY SUPPORT CE COMUNITY ADVOCATES		(b) EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
728 N JAMES LOVELL ST 39-1249425 501 (C)(3) 10,000. 0. WATERING GROWING COMMUNITY ADVOCATES INC. 39-1249426 501 (C)(3) 25,000. 0. WATERING GROWING COMMUNITY ADVOCATES INC. 39-1249426 501 (C)(3) 25,000. 0. WATERING GROWING COMMUNITY ADVOCATES INC. 39-1249426 501 (C)(3) 25,000. 0. WOUSING CASE MANA COMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST MILMAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 225,000. 0. WOUSING CASE MANA COMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST FUTCTION PREVENTI FUTCTION PREVENTI FUTCTION PREVENTI 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 140,000. 0. PAMILY STABILIZA 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 165,000. 0. PAMILY STABILITY COMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S19-1249426 501 (C)(3) 56,918. 0. FMILY STABILITY COMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S19-1249426 501 (C)(3) 56,918. 0. FMILY SUPPORT CE COMUNITY ADVOCATES	COMMINITY ADVOCATES INC							
MILWAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 10,000. 0. MATERING GROWING COMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 25,000. 0. MAUKESHA SHELTER COMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 25,000. 0. MAUKESHA SHELTER COMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 225,000. 0. HOUSING CASE MANA COMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 225,000. 0. HOUSING CASE MANA COMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 140,000. 0. FORMULES 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 140,000. 0. FAMILY STABILIZA COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST FAMILY STABILIZA FAMILY STABILIZA FAMILY STABILIZA COMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 165,000. 0. FAMILY STABILIZA COMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST SUPPORT/ADVOCACY SUPPORT/ADVOCACY SUPPORT/ADVOCACY 728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 115,658. 0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 25,000. 0. RAUKESHA SHELTER COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST 1000000000000000000000000000000000000		39-1249426	501 (C)(3)	10,000.	0.			WATERING GROWING MINDS
728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 25,000. 0. RAUKESHA SHELTER COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST 1000000000000000000000000000000000000	COMMUNITY ADVOCATES INC							
MILNAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 25,000. 0. MAUKESHA SHELTER COMMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 225,000. 0. HOUSING CASE MANA COMMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 225,000. 0. EVICTION PREVENT 728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 140,000. 0. EVICTION PREVENT 728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 140,000. 0. FAMILY STABILIZA COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST S19-1249426 501 (C) (3) 165,000. 0. FAMILY STABILIZA COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S19-1249426 501 (C) (3) 58,918. 0. EMERGENCY Y28 N JAMES LOVELL ST 39-1249426 501 (C) (3) 58,918. 0. CONTINUUM COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S19-1249426 501 (C) (3) 58,918. 0. CONTINUUM COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC.								
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728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 225,000. 0. HOUSING CASE MANA COMMUNITY ADVOCATES INC. S9-1249426 501 (C)(3) 140,000. 0. EVICTION PREVENT HUWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 140,000. 0. FAMILIES COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST S9-1249426 501 (C)(3) 165,000. 0. FAMILY STABILITY COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST S9-1249426 501 (C)(3) 165,000. 0. FAMILY STABILITY COMMUNITY ADVOCATES, INC. SUPFORT/ADVOCATES, INC. SUPFORT/ADVOCATES, INC. SUPFORT/ADVOCATES, INC. SUPFORT/ADVOCATES, INC. 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 58,918. 0. CONTINUM COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST SUPFORT/ADVOCATES, INC. FAMILY SUPFORT CE FAMILY SUPFORT CE COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST HILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPFORT CE COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST HOMELESS OUTREACH HOMELESS OUTREACH HOMELESS OUTREACH								
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728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 140,000. 0. HOUSING STABILIZA MILWAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 140,000. 0. FAMILIES COMMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 165,000. 0. FAMILY STABILIZA COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 165,000. 0. FAMILY STABILITY COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 58,918. 0. CONTINUM COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 58,918. 0. CONTINUM COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 52,717. 0. HOMELESS OUTREACH COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 52,717. 0. HOMELESS OUTREACH	MILWAUKEE, WI 55255-2406	39-1249420	501 (C)(3)	225,000.	0.			HOUSING CASE MANAGERS
728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 140,000. 0. HOUSING STABILIZA MILWAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 140,000. 0. FAMILIES COMMUNITY ADVOCATES INC. 39-1249426 501 (C) (3) 165,000. 0. FAMILY STABILIZA COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 165,000. 0. FAMILY STABILITY COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 58,918. 0. CONTINUM COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 58,918. 0. CONTINUM COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 52,717. 0. HOMELESS OUTREACH COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 52,717. 0. HOMELESS OUTREACH	COMMUNITY ADVOCATES INC							EVICTION PREVENTION &
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728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 165,000. 0. PAMILY STABILITY COMMUNITY ADVOCATES, INC. EMERGENCY SUPPORT/ADVOCATY SUPPORT/ADVOCATY 728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 58,918. 0. EMERGENCY COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 58,918. 0. CONTINUUM COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. FAMILY SUPPORT CE FAMILY SUPPORT CE FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. S9-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. S9-1249426 501 (C) (3) 52,717. 0. EMERGENCY		39-1249426	501 (C)(3)	140,000.	0.			
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MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 165,000. 0. FAMILY STABILITY COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 58,918. 0. EMERGENCY COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 58,918. 0. CONTINUUM COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 52,717. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 52,717. 0. FAMILY SUPPORT CE	COMMUNITY ADVOCATES INC.							
COMMUNITY ADVOCATES, INC. SUPPORT/ADVOCATES, INC. 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 58,918. 0. COMMUNITY ADVOCATES, INC. COMMUNITY ADVOCATES, INC. COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 115,658. 0. MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 115,658. 0. COMMUNITY ADVOCATES, INC. FAMILY SUPPORT CE HOMELESS OUTREACH COMMUNITY ADVOCATES, INC. 39-1249426 501 (C)(3) 52,717. 0.	728 N JAMES LOVELL ST							
728 N JAMES LOVELL ST MILWAUKEE, WI 53233-240839-1249426501 (C) (3)58,918.0.SUPPORT/ADVOCACY CONTINUUMCOMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-240839-1249426501 (C) (3)115,658.0.FAMILY SUPPORT CECOMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-240839-1249426501 (C) (3)115,658.0.FAMILY SUPPORT CECOMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-240839-1249426501 (C) (3)52,717.0.HOMELESS OUTREACH CENTER	MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	165,000.	0.			FAMILY STABILITY
728 N JAMES LOVELL ST MILWAUKEE, WI 53233-240839-1249426501 (C) (3)58,918.0.SUPPORT/ADVOCACY CONTINUUMCOMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST 	COMMINITARY ADVICENTED THE							EMEDGENGY
MILWAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 58,918. 0. CONTINUM COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 39-1249426 501 (C) (3) 52,717. 0. FAMILY SUPPORT CE	•							
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 52,717. 0.		39-1249426	501 (C)(3)	58 918	0			
728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST HOMELESS OUTREACH HOMELESS OUTREACH MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 52,717. 0. CENTER								
728 N JAMES LOVELL ST 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 115,658. 0. FAMILY SUPPORT CE COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST HOMELESS OUTREACH HOMELESS OUTREACH MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 52,717. 0. CENTER	COMMUNITY ADVOCATES, INC.							
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 52,717. 0. HOMELESS OUTREACH CENTER								
728 N JAMES LOVELL ST HOMELESS OUTREACH MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 52,717. 0. CENTER	MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	115,658.	0.			FAMILY SUPPORT CENTER
728 N JAMES LOVELL ST HOMELESS OUTREACH MILWAUKEE, WI 53233-2408 39-1249426 501 (C) (3) 52,717. 0. CENTER								
MILWAUKEE, WI 53233-2408 39-1249426 501 (C)(3) 52,717. 0. CENTER								
								HOMELESS OUTREACH NURSING
COMMUNITY ADVOCATES, INC.	MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	52,717.	0.			CENTER
728 N JAMES LOVELL ST								
		39-1249426	501 (C)(3)	140 100	٥			STATE SHELTER SUBSIDY

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other		j		(
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTPATIENT HEALTH							
SERVICE - W180 N8085 TOWN HALL ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	55,981.	0.			DONOR DESIGNATIONS
;							
COMMUNITY OUTPATIENT HEALTH SERVICE - W180 N8085 TOWN HALL							COMMUNITY OUTREACH HEALTH
ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	22,549.	٥.			CLINIC
COMMUNITY SHARES OF WISCONSIN							
931 EAST MAIN STREET, SUITE 10							
MADISON, WI 53703	39-1172378	501 (C)(3)	5,351.	٥.			DONOR DESIGNATIONS
COMMUNITY SMILES DENTAL							
210 NW BARSTOW ST STE 305							
WAUKESHA, WI 53188	30-0436162	501 (C)(3)	34,706.	0.			DONOR DESIGNATIONS
COMMUNITY SMILES DENTAL							
210 NW BARSTOW ST STE 305							
WAUKESHA, WI 53188	30-0436162	501 (C)(3)	20,065.	0.			ADULT DENTAL CARE PROGRAM
CONGREGATION SHALOM							
7630 N SANTA MONICA BLVD							
FOX POINT, WI 53217	39-0991742	501 (C)(3)	13,625.	0.			DONOR DESIGNATIONS
CORE/EL CENTRO							
7630 N SANTA MONICA BLVD							
FOX POINT, WI 53217	39-2042797	501 (C)(3)	30,000.	٥.			HEALTH IMPROVEMENT FUND
CORE/EL CENTRO							
7630 N SANTA MONICA BLVD							
FOX POINT, WI 53217	39-2042797	501 (C)(3)	10,000.	0.			LEAD SAFE HOME KITS
CREATING HEALTHIER COMMUNITIES,							
LOCAL - 1199 N FAIRFAX ST STE 600							
- ALEXANDRIA, VA 22314	85-0258784	501 (C)(3)	337,671.	٥.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other A	COUNTY INC		and Domestic Go	vernments (Sch	edule I (Form 990) Pa		9-0806190 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT MILWAUKEE HIGH							
SCHOOL - 1818 W NATIONAL AVE STE 1							
- MILWAUKEE, WI 53204	53-0196617	501 (C)(3)	101,712.	0.			DONOR DESIGNATIONS
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET							
MILWAUKEE, WI 53226	39-0806286	501 (C)(3)	12,853.	0.			DONOR DESIGNATIONS
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET							
MILWAUKEE, WI 53226	39-0806286	501 (C)(3)	293,700.	0.			CHILDREN'S SERVICES
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET							
AILWAUKEE, WI 53226	39-0806286	501 (C)(3)	378,870.	0.			ADULT DAY SERVICES
DANE COUNTY HUMANE SOCIETY 5132 VOGES ROAD							
MADISON, WI 53718	39-0806335	501 (C)(3)	5,512.	0.			DONOR DESIGNATIONS
DEPAUL UNIVERSITY . JACKSON BOULEVARD							
CHICAGO, IL 60604	36-2167048	501 (C)(3)	29,750.	0.			DONOR DESIGNATIONS
DISCOVERY WORLD 500 N HARBOR DR							
AILWAUKEE, WI 53202	39-1691578	501 (C)(3)	15,665.	0.			DONOR DESIGNATIONS
DIVERSE AND RESILIENT INC. 2439 NORTH HOLTON STREET							
MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	18,426.	0.			DONOR DESIGNATIONS
DIVERSE AND RESILIENT INC. 2439 NORTH HOLTON STREET							
ILWAUKEE, WI 53212	30-0084616	501 (C)(3)	20,000.	0.			HEALTH IMPROVEMENT FUNI

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Eilt	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DIVERSE AND RESILIENT INC.							
2439 NORTH HOLTON STREET							
MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	50,000.	0.			HEALTHY YOUTH
DIVERSE AND RESILIENT, INC.							
2439 NORTH HOLTON STREET							
MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	57,494.	0.			END HIV
DIVINE SAVIOR HOLY ANGELS HIGH							
SCHOOL - 4257 N 100TH STREET -							
MILWAUKEE, WI 53222	39-0929898	501 (C)(3)	36,952.	0.			DONOR DESIGNATIONS
DOMINICAN CENTER							
2470 W. LOCUST STREET							
MILWAUKEE, WI 53206	41-1685734	501 (C)(3)	150,000.	0.			CAPACITY BUILDING
DOWN SYNDROME ASSOCIATION OF							
WISCONSIN, INC 11709 W							
CLEVELAND AVE STE 2 - WEST ALLIS,							
WI 53227	39-1681338	501 (C)(3)	6,000.	0.			DONOR DESIGNATIONS
DR HOWARD FULLER COLLEGIATE							
ACADEMY - 4030 NORTH 29TH STREET -							
MILWAUKEE, WI 53216	30-0322248	501 (C)(3)	486,750.	0.			DONOR DESIGNATIONS
,			, -				
DR HOWARD FULLER COLLEGIATE							
ACADEMY - 4030 NORTH 29TH STREET -							
MILWAUKEE, WI 53216	30-0322248	501 (C)(3)	112,500.	0.			CAPACITY BUILDING
DREXEL FUND							
135 W WELLS ST STE 100				-			
MILWAUKEE, WI 53203	46-5768451	501 (C)(3)	9,781.	0.			DONOR DESIGNATIONS
EARTHSHARE WISCONSIN							
1717 K ST. NW							
WASHINGTON, DC 20006	52-1601960	501 (C)(3)	26,093.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS SOUTHEASTERN WISCONSIN 5737 WEST WASHINGTON STREET, SUITE							
NEST ALLIS, WI 53214	39-0816849	501 (C)(3)	13,675.	0.			DONOR DESIGNATIONS
EASTERSEALS SOUTHEASTERN WISCONSIN 6737 WEST WASHINGTON STREET, SUITE	20.0010040	501 (0)(2)	00.055				
VEST ALLIS, WI 53214	39-0816849	501 (C)(3)	82,255.	0.			CASE MANAGEMENT (SBHF)
EASTERSEALS SOUTHEASTERN WISCONSIN							
VEST ALLIS, WI 53214	39-0816849	501 (C)(3)	88,802.	0.			SUPPORTED EMPLOYMENT
EASTERSEALS SOUTHEASTERN WISCONSIN 5737 WEST WASHINGTON STREET, SUITE							CHILDBIRTH & INFANT PREPARATION SERVICES
VEST ALLIS, WI 53214	39-0816849	501 (C)(3)	18,708.	0.			(SBHF)
EISENHOWER CENTER 4425 WEST WOOLWORTH AVENUE							
MILWAUKEE, WI 53218	39-1540021	501 (C)(3)	5,425.	0.			DONOR DESIGNATIONS
ERAS SENIOR NETWORK 2607 NORTH GRANDVIEW BOULEVARD, STE							
WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	61,066.	0.			FAITH IN ACTION
ERAS SENIOR NETWORK 2607 NORTH GRANDVIEW BOULEVARD, STE							NEIGHBORHOOD OUTREACH
WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	170,644.	٥.			PROJECT
ERAS SENIOR NETWORK							
2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	7,500.	0.			HELPING KIDS SUCCEED
EVANGELICAL CHILD & FAMILY AGENCY			.,				
1617 SOUTH 124 STREET NEW BERLIN, WI 53151	36-2229573	501 (C)(3)	8,232.	0.			DONOR DESIGNATIONS

Schedule I (Form 990) WAUKESHA		C.	u			3	9-0806190 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGELICAL COVENANT CHURCH HINDSDALE IL - 412 SOUTH GARFIELD STREET - HINSDALE, IL 60521	36-2480776	501 (C)(3)	13,750.	0.			DONOR DESIGNATIONS
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BOULEVARD GLENVIEW, IL 60026	36-2518129	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS
FAMILY PROMISE OF OZAUKEE COUNTY 136 W GRAND AVE							
PORT WASHINGTON, WI 53074	46-4227704	501 (C)(3)	40,000.	0.			SAFE & STABLE HOMES
FAMILY PROMISE OF WAUKESHA COUNTY 2727 N. GRANDVIEW BLVD. SUITE 203 WAUKESHA, WI 53188	39-1038707	501 (C)(3)	40,000.	0.			SAFE & STABLE HOMES
WAOKESHA, WI JJ100	33-1030707	501 (0)(5)	40,000.	0.			SAFE & SIABLE NOMES
FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 WAUKESHA, WI 53188	39-1038707	501 (C)(3)	12,780.	0.			DONOR DESIGNATIONS
FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203	20 1020707		24.606				
WAUKESHA, WI 53188	39-1038707	501 (C)(3)	34,696.	0.			THE C.A.R.E. CENTER
FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 WAUKESHA, WI 53188	39-1038707	501 (C)(3)	19,090.	0.			CENTER FOR THE PREVENTION OF FAMILY VIOLENCE
FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 WAUKESHA, WI 53188	39-1038707	501 (C)(3)	178,908.	0.			MENTAL HEALTH COUNSELING
FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203				0.			
WAUKESHA, WI 53188	39-1038707	JOT (C)(J)	40,000.	υ.			HELPING KIDS SUCCEED

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other	Assistance to Do		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		9-0806190 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE OF WAUKESHA							
2727 N. GRANDVIEW BLVD. SUITE 203							
WAUKESHA, WI 53188	39-1038707	501 (C)(3)	20,000.	0.			SAFE & STABLE HOMES
FEEDING AMERICA EASTERN WISCONSIN							
1700 W FOND DU LAC AVE							
MILWAUKEE, WI 53205	39-1384593	501 (C)(3)	47,610.	0.			DONOR DESIGNATIONS
FISHER HOUSE WISCONSIN							
5000 W NATIONAL AVE							
MILWAUKEE, WI 53295	27-5461119	501 (C)(3)	8,073.	0.			DONOR DESIGNATIONS
,							
FIX THE SYSTEM WISCONSIN							
8850 BLACKHAWK ROAD, UNIT 403							
MIDDLETON, WI 53562	83-2323474	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS
FOUNDATION OF THE LEGACY GUILD							
823 BURLINGTON AVENUE							
WESTERN SPRINGS, IL 60558	46-0888441	501 (C)(3)	9,675.	0.			DONOR DESIGNATIONS
DAY DATHE LUMUEDAN CUUDCU							
FOX POINT LUTHERAN CHURCH							
7510 N SANTA MONICA BLVD	39-0907255	501(C)(3)	25,500.	0.			DONOR DESIGNATIONS
FOX POINT, WI 53217	39-0907233	501 (C/(3)	25,500.	0.			DONOR DESIGNATIONS
FRESH START LEARNING							
4314 W NORTH AVE							
MILWAUKEE, WI 53208	45-2674487	501 (C)(3)	37,500.	0.			URGENT NEED
· · · · · ·							
FRESH START LEARNING							
4314 W NORTH AVE							
MILWAUKEE, WI 53208	45-2674487	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
FRIEDENS COMMUNITY MINISTRIES,							
INC 1220 WEST VLIET STREET -							
MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	6,125.	0.			DONOR DESIGNATIONS
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Schedule I (Form 990)

WAUKESHA COUNTY INC. . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIEDENS COMMUNITY MINISTRIES, INC 1220 WEST VLIET STREET -							
MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	51,657.	0.			EMERGENCY FOOD PANTRY
FRIENDS OF MADACC 3839 W BURNHAM ST							
WEST MILWAUKEE, WI 53215	26-2650117	501 (C)(3)	7,457.	0.			DONOR DESIGNATIONS
FRIENDS, INC. P.O. BOX 117							
WEST BEND, WI 53095	39-1308555	501 (C)(3)	6,078.	0.			DONOR DESIGNATIONS
FRIENDS, INC. P.O. BOX 117							
WEST BEND, WI 53095	39-1308555	501 (C)(3)	30,000.	0.			OPENING DOORS
FRIENDS, INC. P.O. BOX 117							
WEST BEND, WI 53095	39-1308555	501 (C)(3)	25,000.	0.			SAFE & STABLE HOMES
FROEDTERT HOSPITAL FOUNDATION, INC. – 9200 WEST WISCONSIN AVENUE – MILWAUKEE, WI 53226	39-1431192	501 (C)(3)	403,045.	0.			DONOR DESIGNATIONS
FROEDTERT HOSPITAL FOUNDATION, INC 9200 WEST WISCONSIN AVENUE							
- MILWAUKEE, WI 53226	39-1431192	501 (C)(3)	73,590.	0.			COMMUNITY SCHOOLS
GATHERING OF SOUTHEAST WI, INC., THE – 804 E. JUNEAU AVE –							
MILWAUKEE, WI 53202	39-1891030	501 (C)(3)	25,367.	0.			DONOR DESIGNATIONS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC 131 SOUTH 69TH							
STREET – MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	21,309.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WISCONSIN							LEADERSHIP & CRITICAL
							LIFE SKILLS DEVELOPMENT
SOUTHEAST, INC 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501(C)(3)	462,095.	0.			FOR GIRLS
	0002000	501 (0)(0)	102,000.				
GLACIAL COMMUNITY YMCA							
1750 E VALLEY ROAD							PABST FARMS SPECIAL
OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	57,213.	0.			PROGRAMS
GLOBAL IMPACT							
1199 NORTH FAIRFAX STREET, SUITE 30							
ALEXANDRIA, VA 22314	52-1273585	501 (C)(3)	8,810.	0.			DONOR DESIGNATIONS
COLDEN HOUSE INC							
GOLDEN HOUSE INC 1120 UNIVERSITY AVENUE							
GREEN BAY, WI 54302	39-1342659	501(C)(3)	5,005.	0.			DONOR DESIGNATIONS
	55 1542055	501 (0/(5/	5,005.				
GOODWILL INDUSTRIES OF SE WI							
6055 N 91ST ST.							
MILWAUKEE, WI 53225	39-0808491	501 (C)(3)	35,842.	0.			DONOR DESIGNATIONS
GPS EDUCATION PARTNERS							
N19W24075 RIVERWOOD DR, SUITE 300							
WAUKESHA, WI 53188	39-1667442	501 (C)(3)	6,125.	0.			DONOR DESIGNATIONS
GPS EDUCATION PARTNERS							
N19W24075 RIVERWOOD DR, SUITE 300	20 1667442	E01 (0)(2)	EE 750	0.			
WAUKESHA, WI 53188	39-1667442	501 (C)(3)	55,752.	0.			PATHWAYS TO EMPLOYABILITY
GRAFTON EDUCATION FOUNDATION INC.							
1900 WASHINGTON ST							
GRAFTON, WI 53024	27-1202208	501 (C)(3)	275,000.	0.			DONOR DESIGNATIONS
· · ·			, , ,				
GRAFTON SCHOOL DISTRICT							
1900 WASHINGTON ST							
GRAFTON, WI 53024	54 - 0682401	501 (C)(3)	75,000.	0.			PARTNERSHIP SCHOOLS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other A		nestic organization.					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND AVENUE CLUB INC.							
210 EAST MICHIGAN STREET							
MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	26,896.	0.			DONOR DESIGNATIONS
GRAND AVENUE CLUB INC.							
210 EAST MICHIGAN STREET							
MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	10,000.	0.			TECHQUITY
GRAND AVENUE CLUB, INC.							
210 EAST MICHIGAN STREET							
MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	29,649.	0.			GRAND AVENUE CLUB
GREATER CHICAGO FOOD DEPOSITORY							
4100 WEST 42 PLACE							
CHICAGO, IL 60632-3920	36-2971864	501 (C)(3)	5,328.	0.			DONOR DESIGNATIONS
GREATER MILWAUKEE FOUNDATION							
101 WEST PLEASANT STREET, SUITE 210							
MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	32,300.	0.			DONOR DESIGNATIONS
,							
GREATER MILWAUKEE FOUNDATION							
101 WEST PLEASANT STREET, SUITE 210							
MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	250,000.	0.			MILWAUKEE SUCCEEDS
GREATER TWIN CITIES UNITED WAY							
404 SOUTH EIGHTH STREET							
	41-1973442	E_{01} (C) (2)	27 552	0			DONOD DEGICNAMIONG
4INNEAPOLIS, MN 55404	41-19/3442	501 (C)(3)	37,552.	0.			DONOR DESIGNATIONS
GROUNDWORK MILWAUKEE							
227 W PLEASANT ST							
MILWAUKEE, WI 53212	32-0182692	501 (C)(3)	127,500.	0.			CAPACITY BUILDING
GUEST HOUSE OF MILWAUKEE INC.							
1216 N 13TH ST							
MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	6,000.	0.			BUILDING GRANT
MI JJZUJ	23-T22220T	JOT (C)(J)	0,000.	υ.			POTIDING GRANT

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Schedule I (Form 990) WAUKESHA	COONTY IN	ن •					9-0806190 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUEST HOUSE OF MILWAUKEE INC.							
1216 N 13TH ST							
MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	43,033.	0.			DONOR DESIGNATIONS
			,				
GUEST HOUSE OF MILWAUKEE INC.							
1216 N 13TH ST							
MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	10,000.	0.			SAFE & STABLE HOMES
GUEST HOUSE OF MILWAUKEE, INC.							
1216 N 13TH ST							
MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	45,192.	0.			EMERGENCY SHELTER
GUEST HOUSE OF MILWAUKEE, INC.							
1216 N 13TH ST							
MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	172,933.	0.			STATE SHELTER SUBSIDY
HARRY & ROSE SAMSON FAMILY JEWISH							
COMMUNITY CENTER - 6255 NORTH							
SANTA MONICA BOULEVARD - WHITEFISH							
BAY, WI 53217	39-0806234	501 (C)(3)	30,686.	0.			DONOR DESIGNATIONS
HARRY & ROSE SAMSON FAMILY JEWISH							
COMMUNITY CENTER - 6255 NORTH							
SANTA MONICA BOULEVARD - WHITEFISH							
BAY, WI 53217	39-0806234	501 (C)(3)	124,999.	٥.			OLDER ADULT SENIORS
HARRY & ROSE SAMSON FAMILY JEWISH							
COMMUNITY CENTER - 6255 NORTH							
SANTA MONICA BOULEVARD - WHITEFISH							SCHOOL AGED SPECIAL
BAY, WI 53217	39-0806234	501 (C)(3)	20,123.	0.			NEEDS-SHILUV
HARRY & ROSE SAMSON FAMILY JEWISH							
COMMUNITY CENTER - 6255 NORTH							
SANTA MONICA BOULEVARD - WHITEFISH							
BAY, WI 53217	39-0806234	501 (C)(3)	32,728.	0.			SPECIAL NEEDS-CHAVERIM
HAVENWOODS ECONOMIC DEVELOPMENT							
CORP 6161 NORTH 64 STREET -							
MILWAUKEE, WI 53218	02-0590061	501 (C)(3)	20,000.	Ο.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAR WISCONSIN, INC.							
10243 WEST NATIONAL AVENUE							
NEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	17,488.	0.			DONOR DESIGNATIONS
· · · ·							
HEAR WISCONSIN, INC.							
10243 WEST NATIONAL AVENUE							KELLOGG CHILD & FAMILY
WEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	172,377.	0.			PROGRAM
HEART OF WEST MICHIGAN UNITED WAY							
118 COMMERCE AVENUE SUITE 100			5 510				
GRAND RAPIDS, MI 49503-4106	38-1360923	501 (C)(3)	5,518.	0.			DONOR DESIGNATIONS
HEARTLAND HOUSING							
208 S LASALLE ST. STE 1300							
CHICAGO, IL 60604	36-3642952	501 (C)(3)	25,000.	0.			SAFE & STABLE HOMES
			23,000.	••			
HEARTLOVE PLACE INC.							
1927 N. VEL R. PHILLIPS AVE							REDUCING BARRIERS TO
MILWAUKEE, WI 53212-3611	39-1896815	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMENT
i							
HEBRON HOUSING SERVICES							
1166 QUAIL CT SUITE 400							
PEWAUKEE, WI 53072	39-1414365	501 (C)(3)	7,701.	0.			DONOR DESIGNATIONS
HEBRON HOUSING SERVICES							
1166 QUAIL CT SUITE 400							
PEWAUKEE, WI 53072	39-1414365	501 (C)(3)	25,000.	0.			WINTER SHELTER
HIR WELLNESS CENTER							
3136 W KILBOURN AVE							
MILWAUKEE, WI 53208	81-4600131	501 (C)(3)	30,000.	0.			CAPACITY BUILDING
	51 4000151		50,000.	0.			CALIFORNIA DOLIDING
HOLTON STREET CLINIC							
3251 N HOLTON ST							
MILWAUKEE, WI 53212	39-1637174	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE OF MILWAUKEE, INC. 209 W ORCHARD ST MILWAUKEE, WI 53204-2957	39-1592900	501 (C)(3)	60,000.	0.			FAMILY BONDS HOUSING PROGRAM
HOPE HOUSE OF MILWAUKEE, INC. 209 W ORCHARD ST MILWAUKEE, WI 53204-2957	39-1592900	501 (C)(3)	60,000.	0.			FAMILY FLEX FUND HOUSING CASE MANAGER
HOPE NETWORK FOR SINGLE MOTHERS N88 W17658 CHRISTMAN RD MENOMONEE FALLS, WI 53051	39-1475304	501 (C)(3)	6,500.	0.			DONOR DESIGNATIONS
HOPE STREET MINISTRY 2522 W CAPITOL DR MILWAUKEE, WI 53206	05-0627081	501 (C)(3)	5,244.	0.			DONOR DESIGNATIONS
HOUSING ACTION COALITION OF WAUKESHA CTY – 1210 SENTRY DRIVE – MILWAUKEE, WI 55186-5930	26-4291024	501 (C)(3)	75,000.	0.			OPERATIONAL SUPPORT
HOUSING RESOURCES, INC. 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	10,389.	0.			DONOR DESIGNATIONS
HOUSING RESOURCES, INC. 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	22,610.	0.			POST PURCHASE COUNSELING
HUNGER RELIEF FUND OF WISCONSIN 5000 W. ELECTRIC AVENUE WEST MILWAUKEE, WI 53219	39-1345847	501 (C)(3)	65,505.	0.			DONOR DESIGNATIONS
HUNGER TASK FORCE, INC. 5000 ELECTRIC AVENUE WEST MILWAUKEE, WI 53219	39-1345847	501 (C)(3)	165,059.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

ssistance to Don (b) EIN		and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(b) FIN						
(-)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
26-0697330	501 (C)(3)	293,610.	0.			DONOR DESIGNATIONS
						MILWAUKEE HEALTHCARE
39-1958089	501 (C)(3)	18,382.	0.			PARTNERSHIP
		,	-			
82-4847818	501 (C)(3)	5,269.	0.			DONOR DESIGNATIONS
39-0988784	501 (C)(3)	15 264.	0.			DONOR DESIGNATIONS
		10,201.	••			
39-0988784	501 (C)(3)	817,698.	0.			IMPACT 2-1-1
		100.000				
39-0988784	501 (C)(3)	100,000.	0.			SAFE & STABLE HOMES
39-0988784	501 (C)(3)	1,000,000.	0.			FAMILY FLEX FUND
39-1343425	501 (C)(3)	15,564.	0.			DONOR DESIGNATIONS
						ATTENDANT REFERRAL
39-1343425	501 (C)(3)	13,188.	0.			PROGRAM
	39-1958089 82-4847818 39-0988784 39-0988784 39-0988784 39-0988784 39-0988784 39-0988784	26-0697330 501 (C) (3) 39-1958089 501 (C) (3) 82-4847818 501 (C) (3) 39-0988784 501 (C) (3) 39-0988784 501 (C) (3) 39-0988784 501 (C) (3) 39-0988784 501 (C) (3)	39-1958089 501 (C) (3) 18,382. 82-4847818 501 (C) (3) 5,269. 39-0988784 501 (C) (3) 15,264. 39-0988784 501 (C) (3) 817,698. 39-0988784 501 (C) (3) 100,000. 39-0988784 501 (C) (3) 1,000,000. 39-0988784 501 (C) (3) 1,5,564.	26-0697330 501 (C) (3) 293,610. 0. 39-1958089 501 (C) (3) 18,382. 0. 82-4847818 501 (C) (3) 5,269. 0. 39-0988784 501 (C) (3) 15,264. 0. 39-0988784 501 (C) (3) 817,698. 0. 39-0988784 501 (C) (3) 100,000. 0. 39-0988784 501 (C) (3) 1,000,000. 0. 39-1343425 501 (C) (3) 15,564. 0.	26-0697330 501 (C) (3) 293,610. 0. 39-1958089 501 (C) (3) 18,382. 0. 82-4847818 501 (C) (3) 5,269. 0. 39-0988784 501 (C) (3) 15,264. 0. 39-0988784 501 (C) (3) 15,264. 0. 39-0988784 501 (C) (3) 100,000. 0. 39-0988784 501 (C) (3) 100,000. 0. 39-0988784 501 (C) (3) 100,000. 0. 39-0988784 501 (C) (3) 1,000,000. 0. 39-0988784 501 (C) (3) 1,000,000. 0. 39-1343425 501 (C) (3) 15,564. 0.	26-0697330 501 (C) (3) 293,610 0. appraisal, other) 39-1958089 501 (C) (3) 18,382. 0.

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENCEFIRST, INC.							
504 S. 1ST ST							
MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	35,000.	0.			HEALTHY YOUTH
INDEPENDENCEFIRST, INC.							
504 S. 1ST ST							REDUCING BARRIERS TO
MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMENT
INNER BEAUTY CENTER							
1300 SOUTH LAYTON BOULEVARD							
MILWAUKEE, WI 53215	47-1261667	501 (C)(3)	10,721.	0.			DONOR DESIGNATIONS
JACK MILLER CENTER FOR TEACHING			, -				
AMERICA FOUNDING PRINCIPLES AND							
HISTORY - 3 BALA PLAZA WEST - BALA							
CYNWYD, PA 19004	26-1147689	501 (C)(3)	50,000.	0.			DONOR DESIGNATIONS
JAMES ALBRECHT FREE CLINIC							
1110 OAK ST STE 1200							
WEST BEND, WI 53095	39-1839654	501 (C)(3)	30,538.	0.			DONOR DESIGNATIONS
JDRF INTERNATIONAL, SOUTHEASTERN							
WISCONSIN CHAPTER - 3333 NORTH							
MAYFAIR ROAD, SUITE 107 -							
WAUWATOSA, WI 53222	13-3272289	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
JEWISH FAMILY SERVICES INC.							
1300 N. JACKSON STREET							
MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	46,088.	0.			DONOR DESIGNATIONS
,				- •			
JEWISH FAMILY SERVICES, INC.							
1300 N. JACKSON STREET							
MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	74,731.	0.			CASE MANAGEMENT PROGRAM
TEWICU EANTLY CEDUTORS THA							
JEWISH FAMILY SERVICES, INC.							
1300 N. JACKSON STREET	20 0006001	501 (0) (2)	153 005	^			INDIVIDUAL & FAMILY
MILWAUKEE, WI 53202	39-0806291	DAT (C)(3)	153,985.	0.	1	1	COUNSELING

Schedule I (Form 990)

WAUKESHA COUNTY INC.

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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 noncash 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)	13,406.	0.			DONOR DESIGNATIONS
JOBSWORK MKE							
2821 N VEL R. PHILLIPS STREET							
MILWAUKEE, WI 53212	46-3689224	501 (C)(3)	33,000.	0.			DONOR DESIGNATIONS
JOBSWORK MKE							
2821 N VEL R. PHILLIPS STREET							MILWAUKEE HEALTHCARE
MILWAUKEE, WI 53212	46-3689224	501 (C)(3)	140,000.	0.			PARTNERSHIP
JOBSWORK MKE							
2821 N VEL R. PHILLIPS STREET							REDUCING BARRIERS TO
MILWAUKEE, WI 53212	46-3689224	501(C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEME
	10 0000221	501 (0)(3)					
JOURNEY HOUSE, INC.							
2110 W SCOTT ST							
MILWAUKEE, WI 53204	39-1203539	501 (C)(3)	35,788.	0.			DONOR DESIGNATIONS
JOURNEY HOUSE, INC.							
2110 W SCOTT ST							
MILWAUKEE, WI 53204	39-1203539	501 (C)(3)	30,615.	0.			COMMUNITY SCHOOLS
····· , ···· - ·							
JUNIOR ACHIEVEMENT OF WISCONSIN,							
INC 11111 WEST LIBERTY DRIVE -							
MILWAUKEE, WI 53224	39-0826295	501 (C)(3)	113,493.	0.			DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT USA							
12320 ORACLE BLVD.							
COLORADO SPRINGS, CO 80921	84-1267604	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT WORLDWIDE INC.							
131 DARTMOUTH STREET, 3RD FLOOR							
BOSTON, MA 02116	27-3666259	501 (C)(3)	15,000.	٥.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINSHIP COMMUNITY FOOD CENTER							
2610 N MARTIN LUTHER KING DR							
MILWAUKEE, WI 53212	46-3422131	501 (C)(3)	34,665.	0.			DONOR DESIGNATIONS
LA CASA DE ESPERANZA, INC							
410 ARCADIAN AVENUE							
WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	37,868.	0.			EARLY CHILDHOOD EDUCATION
LA CASA DE ESPERANZA, INC							
410 ARCADIAN AVENUE							SCHOOL AGE EDUCATION
WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	56,801.	0.			PROGRAM
			,				
LA CASA DE ESPERANZA, INC							
410 ARCADIAN AVENUE							
WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	202,902.	0.			FINANCIAL STABILITY
LA CASA DE ESPERANZA, INC							
410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	18,434.	0.			WORKFORCE DEVELOPMENT
WAOKESHA, WI JJ100-J000	55-1144440	501 (C/(5)	10,454.	0.			WORRFORCE DEVELOPMENT
LA CASA DE ESPERANZA, INC.							
410 ARCADIAN AVENUE							
WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	7,566.	0.			DONOR DESIGNATIONS
LA CASA DE ESPERANZA, INC.							
410 ARCADIAN AVENUE							REDUCING BARRIERS TO
WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMENT
LA CASA DE ESPERANZA, INC.							
410 ARCADIAN AVENUE							
WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	40,000.	0.			VITA
LA CAUSA INC							
LA CAUSA, INC. 413 W. SCOTT STREET							
MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	8,771.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CAUSA, INC.							
413 W. SCOTT STREET							CRISIS NURSERY AND
MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	28,245.	0.			RESPITE CENTER
,			, -				
LA CAUSA, INC.							
413 W. SCOTT STREET							EARLY EDUCATION AND CARE
MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	36,267.	0.			CENTER
			,				
LAD LAKE, WISCONSIN							
PO BOX 158							
DOUSMAN, WI 53118-0158	39-0806398	501 (C)(3)	35,000.	٥.			HEALTHY YOUTH
LAW FORWARD							
222 WEST WASHINGTON AVENUE, SUITE 2							
MADISON, WI 53703	84-2803392	501 (C)(3)	25,000.	0.			DONOR DESIGNATIONS
LAWRENCE UNIVERSITY OF WISCONSIN							
711 EAST BOLDT WAY							
APPLETON, WI 54915	39-0806297	501 (C)(3)	60,300.	0.			DONOR DESIGNATIONS
LEGAL ACTION OF WISCONSIN INC.							
230 W WELLS, RM 800							
MILWAUKEE, WI 53203	39-1077192	501 (C)(3)	5,345.	0.			DONOR DESIGNATIONS
LEGAL ACTION OF WISCONSIN INC.							
230 W WELLS, RM 800	20 1077100		50.000	0			REDUCING BARRIERS TO
MILWAUKEE, WI 53203	39-1077192	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMENT
LECAL ACTION OF WISCONSTN INC							
LEGAL ACTION OF WISCONSIN INC.							
230 W WELLS, RM 800 MILWAUKEE WI 53203	39-1077192	501(C)(3)	175,000.	0.			SAFE & STABLE HOMES
MILWAUKEE, WI 53203	22-1011122	JUT (C)(3)	1/5,000.	0.			DATE & STADLE HUMES
LEGAL AID SOCIETY OF MILWAUKEE							
728 N JAMES LOVELL ST, 3RD FLOOR							
MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	37,016.	0.			DONOR DESIGNATIONS
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Schedule I (Form 990) WAUKESHA		C.	u				89-0806190 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FLOOR MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	107,954.	0.			CIVIL DIVISION
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FLOOR MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	75,000.	0.			SAFE & STABLE HOMES
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FLOOR MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	2,122,971.	0.			RIGHT TO COUNSEL
LIFE NAVIGATORS 7203 WEST CENTER STREET WAUWATOSA, WI 53210	39-0978146	501 (C)(3)	26,000.	0.			DONOR DESIGNATIONS
LIGHTHOUSE FOUNDATION 116 BROWNS HILL ROAD SUITE 400 VALENCIA, PA 16059	25-1547324	501 (C)(3)	5,139.	0.			DONOR DESIGNATIONS
LITERACY SERVICES OF WISCONSIN, INC 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	81,724.	0.			DONOR DESIGNATIONS
LITERACY SERVICES OF WISCONSIN, INC 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	50,000.	0.			ADULT EDUCATION PROGRAM
LITERACY SERVICES OF WISCONSIN, INC 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	75,000.	0.			REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT
LOCAL INITIATIVES SUPPORT CORPORATION - 234 WEST FLORIDA ST STE 204 - MILWAUKEE, WI 53204	13-3030229	501 (C)(3)	6,000.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUMEN CHRISTI PARISH							
11300 ST JAMES LN							
MEQUON, WI 53092	30-0664758	501 (C)(3)	12,283.	0.			DONOR DESIGNATIONS
LUTHERAN HIGH SCHOOL ASSOCIATION							
OF GREATER MILWAUKEE - 10427 WEST							
LINCOLN AVENUE - WEST ALLIS, WI							
53227	46-1316300	501 (C)(3)	9,750.	0.			DONOR DESIGNATIONS
LUTHERAN SOCIAL SERVICES OF			,				
WISCONSIN & UPPER MICHIGAN - 6737							
W WASHINGTON ST STE 2275 - WEST							
ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	20,000.	0.			SAFE & STABLE HOMES
LUTHERAN SOCIAL SERVICES OF							
WISCONSIN & UPPER MICHIGAN - 6737							
W WASHINGTON ST STE 2275 - WEST							
ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	20,269.	0.			DONOR DESIGNATIONS
LUTHERAN SOCIAL SERVICES OF			,				
WISCONSIN & UPPER MICHIGAN, INC.							
- 6737 W WASHINGTON ST STE 2275 -							SPRING CITY CORNER
WEST ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	45,602.	0.			CLUBHOUSE
MACC FUND (MIDWEST ATHLETES							
AGAINST CHILDHOOD CANCER) - 10000							
WEST INNOVATION DRIVE, #135 -							
MILWAUKEE, WI 53226	39-1270290	501 (C)(3)	202,414.	0.			DONOR DESIGNATIONS
MAKE-A-WISH FOUNDATION OF							
WISCONSIN - 11020 W PLANK CT STE							
200 - WAUWATOSA, WI 53226	39-1543541	501 (C)(3)	22,000.	0.			DONOR DESIGNATIONS
MALAIKA EARLY LEARNING CENTER							
125 WEST AUER AVE							
MILWAUKEE, WI 53212	39-2021628	501 (C)(3)	13,061.	0.			DONOR DESIGNATIONS
	33 2021320		10,001.				
MARCUS CENTER FOR THE PERFORMING							
ARTS - 929 N WATER ST - MILWAUKEE,							
WI 53202	51-0532407	501 (C)(3)	18,338.	Ο.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY							
P.O. BOX 1881							
MILWAUKEE, WI 53201-1881	39-0806251	501 (C)(3)	343,242.	0.			DONOR DESIGNATIONS
MARQUETTE UNIVERSITY HIGH SCHOOL							
3401 W WISCONSIN AVE							
MILWAUKEE, WI 53208	39-0806826	501 (C)(3)	120,946.	0.			DONOR DESIGNATIONS
MATC FOUNDATION							
700 WEST STATE STREET							
MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	57,487.	0.			DONOR DESIGNATIONS
MATC FOUNDATION STUDENT'S GREATEST							
NEED - 700 WEST STATE STREET -							
MILWAUKEE, WI 53233	39-1341603	501(C)(3)	40,513.	0.			DONOR DESIGNATIONS
MILWAOKEE, WI 55255	55 1541005	501 (0/(5/	40,515.	۰.			DONOR DESIGNATIONS
MEDICAL COLLEGE OF WISCONSIN							
RESEARCH PARK CENTER							
WAUWATOSA, WI 53226	39-0806261	501(C)(3)	1,270,978.	0.			DONOR DESIGNATIONS
			,,,,,,,,,,,,,,,	••			
MENTAL HEALTH AMERICA OF							
WISCONSIN, INC 3910 W. LISBON							
AVENUE – MILWAUKEE, WI 53208	39-0827843	501 (C)(3)	11,754.	0.			DONOR DESIGNATIONS
· · ·			, ,				
MENTAL HEALTH AMERICA OF							
WISCONSIN, INC 3910 W. LISBON							
AVENUE - MILWAUKEE, WI 53208	39-0827843	501 (C)(3)	48,635.	0.			MENTAL HEALTH ADVANCEM
MEQUON THIENSVILLE COMMUNITY							
FOUNDATION - PO BOX 52 - MEQUON,							
NI 53092	39-1961314	501 (C)(3)	7,181.	0.			DONOR DESIGNATIONS
MEQUON-THIENSVILLE EDUCATION							
FOUNDATION - PO BOX 514 - MEQUON,							
WI 53092	31-1625167	501 (C)(3)	12,639.	Ο.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(-)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
META HOUSE, INC.							
2625 NORTH WEIL STREET							
MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	94,656.	0.			DONOR DESIGNATIONS
META HOUSE, INC.							
2625 NORTH WEIL STREET							
MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	144,569.	0.			TRANSITIONAL LIVING
METCALFE PARK COMMUNITY BRIDGES							
3624 W. NORTH AVE, 2ND FL							
MILWAUKEE, WI 53208	81-2101846	501 (C)(3)	20,000.	0.			LEAD SAFE HOME KITS
METCALFE PARK COMMUNITY BRIDGES							
3624 W. NORTH AVE, 2ND FL							
MILWAUKEE, WI 53208	81-2101846	501 (C)(3)	37,500.	0.			CAPACITY BUILDING
,							
METRO MILWAUKEE MEDIATION SERVICES							
POST OFFICE BOX 633							
MILWAUKEE, WI 53201	45-4194546	501 (C)(3)	60,000.	0.			SAFE & STABLE HOMES
METRO UNITED WAY, INC.							
POST OFFICE BOX 950148							
LOUISVILLE, KY 40295-0148	61-0444680	501 (C)(3)	37,539.	0.			DONOR DESIGNATIONS
METROGO INC							
PO BOX 1184							REDUCING BARRIERS TO
MILWAUKEE, WI 53201-1184	39-1717955	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMEN
			, ,				
METROGO INC MOBILISE							
790 N. MILWAUKEE STREET SUITE 3016							
MILWAUKEE, WI 53202	39-1717955	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
MILE HIGH UNITED WAY, INC.							
711 PARK AVE W							
DENVER, CO 80205-2891	84-0404235	501 (C)(3)	44,422.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILESTONES PROGRAMS FOR CHILDREN							
2214 EAST CAPITOL DRIVE							
SHOREWOOD, WI 53211-2105	39-1326721	501 (C)(3)	5,957.	0.			DONOR DESIGNATIONS
,			, .				
MILWAUKEE ACADEMY OF SCIENCE							
2000 W KILBOURN AVENUE							
MILWAUKEE, WI 53233	39-1974865	501 (C)(3)	19,855.	٥.			DONOR DESIGNATIONS
MILWAUKEE ACADEMY OF SCIENCE							
2000 W KILBOURN AVENUE							
MILWAUKEE, WI 53233	39-1974865	501 (C)(3)	36,000.	0.			TECHQUITY
MILWAUKEE ART MUSEUM							
700 N ART MUSEUM DRIVE							
MILWAUKEE, WI 53222	39-0806316	501 (C)(3)	40,141.	0.			DONOR DESIGNATIONS
	33 0000310	501 (0/(5/					
MILWAUKEE CHRISTIAN CENTER							
807 SOUTH 14TH STREET							
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	136,612.	0.			TEEN PREGNANCY PREVENTIO
MILWAUKEE CHRISTIAN CENTER							
807 SOUTH 14TH STREET							
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	6,240.	0.			DONOR DESIGNATIONS
MILWAUKEE CHRISTIAN CENTER							
807 SOUTH 14TH STREET	20.0007055						
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	68,692.	0.			YOUTH DEVELOPMENT PROGRA
MILWAUKEE CHRISTIAN CENTER							
807 SOUTH 14TH STREET							
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	56,569.	0.			EMERGENCY FOOD PANTRY
,,,							
MILWAUKEE CHRISTIAN CENTER							
807 SOUTH 14TH STREET							
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	55,442.	0.			OLDER ADULT CENTER

Schedule I (Form 990)

WAUKESHA COUNTY INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE CHRISTIAN CENTER							
807 SOUTH 14TH STREET							
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	50,373.	0.			COMMUNITY SCHOOLS
MILWAUKEE COLLEGE PREPARATORY -							
36TH STREET - 1228 W LLOYD STREET							
- MILWAUKEE, WI 53205	39-1881295	501 (C)(3)	127,548.	0.			DONOR DESIGNATIONS
MILWAUKEE COMMUNITY BUSINESS							
2821 N VEL R PHILLIPS AVE							REDUCING BARRIERS TO
MILWAUKEE, WI 53212	46-3689224	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMENT
MILWAUKEE COMMUNITY SERVICE CORPS							
1441 NORTH SEVENTH STREET							REDUCING BARRIERS TO
MILWAUKEE, WI 53205	39-1680843	501 (C)(3)	50,000.	0.			EMPLOYMENT & ADVANCEMENT
,			, ,				
MILWAUKEE COUNTY HOUSING DIVISION							
600 W WALNUT STREET							
MILWAUKEE, WI 53212-3863	39-6052035	501 (C)(3)	205,000.	0.			HOUSING NAVIGATORS
MILWAUKEE FILM INC							
1037 W MCKINLEY AVE #700							
MILWAUKEE, WI 53205-2530	26-3049630	501 (C)(3)	42,023.	0.			DONOR DESIGNATIONS
MILWAOKEE, WI 33203 2330	20 3049030	501 (0/(3/	42,023.	۰.			DONOR DESIGNATIONS
MILWAUKEE FOOD COUNCIL							
3425 N 80TH ST							
MILWAUKEE, WI 53222	32-0444271	501 (C)(3)	10,000.	0.			FOOD COUNCIL CAPACITY
NTLUNINER BOOD CONVERT							
MILWAUKEE FOOD COUNCIL							
3425 N 80TH ST	22 0444271	E_{01} (C) (2)	122 000	0.			FOOD COUNCIL
MILWAUKEE, WI 53222	32-0444271	SOT (C)(S)	122,000.	0.			FOOD COUNCIL
MILWAUKEE HABITAT FOR HUMANITY							
3726 NORTH BOOTH STREET							
MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	69,363.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HABITAT FOR HUMANITY							
3726 NORTH BOOTH STREET							
MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	40,000.	0.			SAFE & STABLE HOMES
,				- •			
MILWAUKEE HEALTH CARE PARTNERSHIP							
400 W RIVER WOODS PKWY							MILWAUKEE HEALTHCARE
MILWAUKEE, WI 53212	39-1931089	501 (C)(3)	348,500.	0.			PARTNERSHIP
			· · ·				
MILWAUKEE HEALTH SERVICES							
2555 NORTH MARTIN LUTHER KING DRIVE							MILWAUKEE HEALTHCARE
MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	18,382.	0.			PARTNERSHIP
MILWAUKEE HEALTH SERVICES							
2555 NORTH MARTIN LUTHER KING DRIVE							MILWAUKEE HEALTHCARE
MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	250,000.	0.			PARTNERSHIP
MILWAUKEE HEALTH SERVICES							
2555 NORTH MARTIN LUTHER KING DRIVE							
MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	150,000.	0.			SCIF
MILWAUKEE HEALTH SERVICES							
2555 NORTH MARTIN LUTHER KING DRIVE							
MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	10,000.	0.			MATERNAL HEALTH
MILWAUKEE INSTITUTE OF ART &							
DESIGN - 273 EAST ERIE STREET -							
	39-1201561	501 (C)(3)	50 600	0.			DONOR DESIGNATIONS
MILWAUKEE, WI 53202-6003	33-1201301	JUI (C/(J)	50,600.	0.			DONOR DESIGNATIONS
MILWAUKEE JEWISH FEDERATION							
1360 N PROSPECT AVENUE							
MILWAUKEE, WI 53202	39-0806312	501 (C)(3)	99,980.	0.			DONOR DESIGNATIONS
, H1 33202	33 0000312			0.			Denon Dibionitiond
MILWAUKEE LABOR COUNCIL							
633 SOUTH HAWLEY ROAD, #110							
MILWAUKEE, WI 53214	39-0965630		300,000.	0.			PROGRAMS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Schedule I (Form 990) WAUKESHA				. (0.1			9-0806190 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE LGBT COMMUNITY CENTER							
315 WEST COURT STREET							
MILWAUKEE, WI 53212	39-1893808	501 (C)(3)	7,346.	0.			DONOR DESIGNATIONS
,			, ,				
MILWAUKEE LGBT COMMUNITY CENTER							
315 WEST COURT STREET							PROJECT Q HEALTH &
MILWAUKEE, WI 53212	39-1893808	501 (C)(3)	27,474.	0.			WELLNESS
MILWAUKEE MUSLIM WOMEN'S COALITION							
5235 SOUTH 27TH STREET							
MILWAUKEE, WI 53221	27-2805324	501 (C)(3)	100,000.	0.			CAPACITY BUILDING
MILWAUKEE PBS							
1036 NORTH 8TH STREET							
MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	15,837.	0.			DONOR DESIGNATIONS
, ,			,	- •			
MILWAUKEE PUBLIC LIBRARY							
FOUNDATION - 814 WEST WISCONSIN							
AVENUE - MILWAUKEE, WI 53233	39-1610233	501 (C)(3)	26,663.	0.			DONOR DESIGNATIONS
MILWAUKEE PUBLIC MUSEUM							
800 W WELLS ST							
MILWAUKEE, WI 53233	39-1723105	501 (C)(3)	124,717.	0.			DONOR DESIGNATIONS
MILWAUKEE PUBLIC SCHOOLS							
234 W. GALENA STREET	20 1000110		14 000	0			
MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	14,000.	0.			MY VERY OWN LIBRARY
MILWAUKEE PUBLIC SCHOOLS							
FOUNDATION - 234 W. GALENA STREET							
- MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	268,135.	0.			DONOR DESIGNATIONS
,							
MILWAUKEE REPERTORY THEATER							
108 E WELLS ST							
MILWAUKEE, WI 53202	39-0946025	501 (C)(3)	38,132.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE RESCUE MISSION							
830 N 19TH ST							
MILWAUKEE, WI 53233	39-0816851	501 (C)(3)	122,538.	0.			DONOR DESIGNATIONS
,,			,				
MILWAUKEE SCHOOL OF ENGINEERING							
1025 N. BROADWAY							
MILWAUKEE, WI 53202	39-0477970	501 (C)(3)	101,499.	0.			DONOR DESIGNATIONS
MILWAUKEE SYMPHONY ORCHESTRA							
212 W. WISCONSIN AVE.							
MILWAUKEE, WI 53203-2307	39-6023436	501 (C)(3)	101,071.	0.			DONOR DESIGNATIONS
MILWAUKEE URBAN LEAGUE							
435 W. NORTH AVENUE							
MILWAUKEE, WI 53212	39-0826861	501 (C)(3)	14,695.	٥.			DONOR DESIGNATIONS
MILWAUKEE URBAN LEAGUE							
435 W. NORTH AVENUE	20.0000001			<u>^</u>			
MILWAUKEE, WI 53212	39-0826861	501 (C)(3)	94,348.	0.			PROJECT READY
MILWAUKEE URBAN LEAGUE							
435 W. NORTH AVENUE							
MILWAUKEE, WI 53212	39-0826861	501 (C)(3)	94,847.	0.			MUL EMPLOYMENT ASSISTANC
	0,0020001		51,017.	0.			
MILWAUKEE URBAN LEAGUE							
435 W. NORTH AVENUE							
MILWAUKEE, WI 53212	39-0826861	501 (C)(3)	64,222.	0.			COMMUNITY SCHOOLS
			,				
MILWAUKEE WOMEN'S CENTER, INC.,							
THE - 728 N JAMES LOVELL ST -							
MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	31,632.	0.			EMERGENCY SHELTER
· · · ·							
MILWAUKEE WOMEN'S CENTER, INC.,							
THE - 728 N JAMES LOVELL ST -							NEVERMORE BATTERERS
MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	43,993.	0.			TREATMENT

Schedule I (Form 990)

WAUKESHA COUNTY INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSIONARY SOCIETY OF ST PAUL THE							
APOSTL (PAULIST FATHERS) - 415							
WEST 59TH STREET - NEW YORK, NY							
10019	13-1624092	501 (C)(3)	69,000.	0.			DONOR DESIGNATIONS
MKE FELLOWS							
815 N WATER ST FL 3							
MILWAUKEE, WI 53202-3526	75-3070195	501 (C)(3)	13,051.	0.			DONOR DESIGNATIONS
,							
MKE FELLOWS							
815 N WATER ST FL 3							MKE FELLOWS - YOUNG MEN
MILWAUKEE, WI 53202-3526	75-3070195	501 (C)(3)	175,000.	0.			UNITED
MKE FELLOWS							
815 N WATER ST FL 3							
MILWAUKEE, WI 53202-3526	75-3070195	501 (C)(3)	50,000.	0.			MILWAUKEE FELLOWS
MKE URBAN STABLES							
3038A N CAMBRIDGE AVE	02 2572222		10 425	0			
MILWAUKEE, WI 53211	83-2573223	501 (C)(3)	10,435.	0.			DONOR DESIGNATIONS
MOUNT MARY UNIVERSITY							
2900 NORTH MENOMONEE RIVER PARKWAY							
MILWAUKEE, WI 53222-4597	39-0806154	501 (C)(3)	113,000.	0.			DONOR DESIGNATIONS
,			,				
MYOSITIS ASSOCIATION-AMERICA							
6950 COLUMBIA GATEWAY DRIVE, SUITE							
COLUMBIA, MD 21046	54-1660976	501 (C)(3)	6,000.	0.			DONOR DESIGNATIONS
NAMI SOUTHEAST WI							
2717 NORTH GRANDVIEW BLVD, SUITE 205							
WAUKESHA, WI 53188	39-1485627	501 (C)(3)	25,000.	0.			FAMILY EDUCATION PROGRAM
NAMI SOUTHEAST WI							
2717 NORTH GRANDVIEW BLVD, SUITE 205							

Schedule I (Form 990) WAUKESHA (/=		39-0806190 Page
Part II Continuation of Grants and Other A	ssistance to Do	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI SOUTHEAST WI							
2717 NORTH GRANDVIEW BLVD, SUITE 205							
WAUKESHA, WI 53188	39-1485628	501 (C)(3)	36,000.	0.			HEALTH IMPROVEMENT FUND
NAMI WAUKESHA, INC.							
2717 NORTH GRANDVIEW BLVD, SUITE 205	20 1495627	F01 (0) (2)	201 061	0			
WAUKESHA, WI 53188	39-1485627	501 (C)(3)	301,861.	0.			WAUKESHA RECOVERY
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY, WISCONSIN - 1120 JAMES							
DRIVE, SUITE A - HARTLAND, WI 53029	12 5661025	F(1) (a) (2)	5 700	0.			DONOR DESIGNATIONS
55025	13-5661935	501 (C/(3)	5,700.	0.			DONOR DESIGNATIONS
NATIVITY JESUIT ACADEMY							
1515 S 29TH ST							
MILWAUKEE, WI 53215	39-1741141	501 (C)(3)	71,492.	0.			DONOR DESIGNATIONS
NEAR WEST SIDE PARTNERS							
624 NORTH 24 STREET, FIRST FLOOR							
MILWAUKEE, WI 53233	47-2708769	501 (C)(3)	5,673.	0.			DONOR DESIGNATIONS
,							
NEHEMIAH PROJECT, INC.							
2506 WEST VLIET STREET							
MILWAUKEE, WI 53205	39-1841047	501 (C)(3)	12,660.	٥.			DONOR DESIGNATIONS
NEIGHBORHOOD HOUSE OF MILWAUKEE,							
INC 2819 W. RICHARDSON PLACE -							
MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	61,478.	0.			DONOR DESIGNATIONS
NEIGHBORHOOD HOUSE OF MILWAUKEE,							
INC 2819 W. RICHARDSON PLACE -							
MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	93,159.	0.			EARLY CHILDHOOD EDUCATION
NETGEROOP HOUSE OF NELLYMES							
NEIGHBORHOOD HOUSE OF MILWAUKEE,							
INC 2819 W. RICHARDSON PLACE -	20 0000000	F01 (d) (2)	1.05 .050	^			
MILWAUKEE, WI 53208-3546	39-0806269	DUT (C)(3)	165,658.	0.			YOUTH DEVELOPMENT PROGRA

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE OF MILWAUKEE,							
INC 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	7,737.	0.			EARLY CHILDHOOD
NEU LIFE COMMINITY DEVELOPMENT							
2014 W. NORTH AVE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	133,388.	0.			TEEN PREGNANCY PREVENTION
NEU-LIFE COMMUNITY DEVELOPMENT							
2014 W. NORTH AVE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	45,000.	0.			HEALTHY YOUTH
NEU-LIFE COMMUNITY DEVELOPMENT							
2014 W. NORTH AVE							
MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
NEW CONCEPT SELF DEVELOPMENT							
CENTER INC 1531 W. VLIET STREET							
- MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	24,972.	0.			MLK SOCIAL SERVICE
NEW CONCEPT SELF DEVELOPMENT							
CENTER INC 1531 W. VLIET STREET							FATHERS' RESOURCE &
- MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	43,644.	0.			EMPLOYMENT CENTER
NEXT DOOR							
2545 NORTH 29TH STREET							
MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	75,000.	0.			EARLY CHILDHOOD EDUCATION
NEXT DOOR							
2545 NORTH 29TH STREET							
MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	268,571.	0.			DONOR DESIGNATIONS
NEXT DOOR							
2545 NORTH 29TH STREET							
MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	20,000.	0.			HEALTH IMPROVEMENT FUND

Schedule I (Form 990) WAUKESHA	COUNTY IN	C.	*			3	89-0806190 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NONPROFIT MANAGEMENT FUND							
101 W PLEASANT STREET							NONPROFITS
MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	50,000.	0.			SUPPORT-CAPACITY BUILDING
NORTHWOODS UNITED WAY, INC							
SEVEN A NORTH BROWN STREET							
RHINELANDER, WI 54501-0177	39-1247457	501 (C)(3)	6,702.	0.			DONOR DESIGNATIONS
NOTRE DAME SCHOOL OF MILWAUKEE							
2604 W ORCHARD ST	39-1850760	E01 (0)(2)	21.061	0.			DONOR DEGLONATIONS
MILWAUKEE, WI 53204	39-1850760	501 (C)(3)	31,961.	0.			DONOR DESIGNATIONS
OPERATION DREAM							
1555 N. RIVERCENTER DRIVE							
MILWAUKEE, WI 53212	26-1455938	501 (C)(3)	13,750.	0.			DONOR DESIGNATIONS
ORANGE COUNTY UNITED WAY							
18012 MITCHELL AVENUE							
IRVINE, CA 92614-6008	33-0047994	501 (C)(3)	5,648.	0.			DONOR DESIGNATIONS
OSHKOSH AREA COMMUNITY FOUNDATION							
230 OHIO ST STE 100							
OSHKOSH, WI 54902	39-2034571	501 (C)(3)	43,405.	0.			DONOR DESIGNATIONS
OSHKOSH AREA UNITED WAY, INC.							
21 W NEW YORK AVE							
OSHKOSH, WI 54901-3757	39-1017908	501 (C)(3)	8,420.	0.			DONOR DESIGNATIONS
OUR NEXT GENERATION INC.							
3421 W. LISBON AVENUE							
MILWAUKEE, WI 53208	39-1761838	501 (C)(3)	5,361.	0.			DONOR DESIGNATIONS
· · · ·	1						
OUR REDEEMER LUTHERAN CHURCH							
10025 W NORTH AVE							
WAUWATOSA, WI 53226	39-0920005	501 (C)(3)	10,000.	Ο.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other			and Domostia Co	vernmente (Sch	dulo I (Earm 000) Da		9-0806190 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH COMMUNITY HEALTH CENTERS, INC. – 711 W. CAPITOL DR. – MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	54,534.	0.			MILWAUKEE HEALTHCARE PARTNERSHIP
OUTREACH COMMUNITY HEALTH CENTERS, INC. – 711 W. CAPITOL DR. – MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	100,000.	0.			RAPIDLY RE-HOUSING FAMILIES
OZAUKEE FAMILY SERVICES 4922 COLUMBIA ROAD CEDARBURG, WI 53012	39-1208203	501 (C)(3)	29,685.	0.			DONOR DESIGNATIONS
OZAUKEE FAMILY SERVICES 4922 COLUMBIA ROAD CEDARBURG, WI 53012	39-1208203	501 (C)(3)	24,861.	0.			COUNSELING SERVICES
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	10,499.	0.			DONOR DESIGNATIONS
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	61,199.	0.			PARENT HELPLINE
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	73,562.	0.			PARENTING EDUCATION & SUPPORT SERVICES
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	50,000.	0.			HEALTHY YOUTH
PARENTS PLACE, INC. 1570 E MORELAND BLVD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	45,431.	0.			COMMUNITY EDUCATION/BORN LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS PLACE, INC.							
1570 E MORELAND BLVD							
WAUKESHA, WI 53186	39-1513200	501 (C)(3)	9,673.	0.			SUPERVISED VISITATION
,			,				
PARTNERS WORLDWIDE							
6139 TAHOE DRIVE SE							
GRAND RAPIDS, MI 49546	38-3293173	501 (C)(3)	50,000.	0.			DONOR DESIGNATIONS
PATHFINDERS							
4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	70,950.	0.			DONOR DESIGNATIONS
PATHFINDERS							
4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	40,266.	٥.			SUPPORTED HOUSING
PATHFINDERS							
4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	45,000.	0.			HEALTHY YOUTH
SOJOURNER FAMILY PEACE CENTER,							
INC 4200 N HOLTON ST -	20 1195204	E_{01} (a) (b)	42.055	0			
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	43,955.	0.			EMERGENCY SHELTER
SOJOURNER FAMILY PEACE CENTER,							
INC 4200 N HOLTON ST -							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	95,382.	0.			COURTHOUSE ADVOCACY
	33 1103304		55,552.				
SOJOURNER FAMILY PEACE CENTER,							
INC 4200 N HOLTON ST -							MILWAUKEE HEALTHCARE
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	8,550.	0.			PARTNERSHIP
,			,				
SOUTHEASTERN WISCONSIN YOUTH FOR							
CHRIST - 4200 N HOLTON ST -							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	6,540.	0.			DONOR DESIGNATIONS

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

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
39-1185304	501 (C)(3)	5,238.	0.			DONOR DESIGNATIONS
39-1185304	501 (C)(3)	7,990.	0.			DONOR DESIGNATIONS
39-1185304	501 (C)(3)	5 306.	0.			DONOR DESIGNATIONS
39-1185304	501 (C)(3)	51,418.	0.			DONOR DESIGNATIONS
39-1185304	501 (C)(3)	1,378,811.	0.			DONOR DESIGNATIONS
39-1185304	501 (C)(3)	5,010.	0.			DONOR DESIGNATIONS
		. ,				
39-1185304	501 (C)(3)	67,180.	0.			DONOR DESIGNATIONS
			-			
39-1185304	501 (C)(3)	46,319.	0.			DONOR DESIGNATIONS
39-1185304	501 (C)(3)	6,459.	0.			DONOR DESIGNATIONS
	39-1185304 39-1185304 39-1185304 39-1185304 39-1185304 39-1185304 39-1185304	if applicable 39-1185304 501 (C)(3) 39-1185304 501 (C)(3) 39-1185304 501 (C)(3) 39-1185304 501 (C)(3) 39-1185304 501 (C)(3) 39-1185304 501 (C)(3) 39-1185304 501 (C)(3)	39-1185304 501 (C) (3) 5,238. 39-1185304 501 (C) (3) 7,990. 39-1185304 501 (C) (3) 5,306. 39-1185304 501 (C) (3) 51,418. 39-1185304 501 (C) (3) 1,378,811. 39-1185304 501 (C) (3) 1,378,811. 39-1185304 501 (C) (3) 5,010. 39-1185304 501 (C) (3) 67,180. 39-1185304 501 (C) (3) 46,319.	39-1185304 501 (C) (3) 5,238. 0. 39-1185304 501 (C) (3) 7,990. 0. 39-1185304 501 (C) (3) 7,990. 0. 39-1185304 501 (C) (3) 5,306. 0. 39-1185304 501 (C) (3) 51,418. 0. 39-1185304 501 (C) (3) 1,378,811. 0. 39-1185304 501 (C) (3) 5,010. 0. 39-1185304 501 (C) (3) 67,180. 0. 39-1185304 501 (C) (3) 46,319. 0.	assistance assistance (book, FMV, appraisal, other) 39-1185304 501 (C) (3) 5,238. 0. 39-1185304 501 (C) (3) 7,990. 0. 39-1185304 501 (C) (3) 7,990. 0. 39-1185304 501 (C) (3) 5,306. 0. 39-1185304 501 (C) (3) 51,418. 0. 39-1185304 501 (C) (3) 1,378,811. 0. 39-1185304 501 (C) (3) 5,010. 0. 39-1185304 501 (C) (3) 5,010. 0. 39-1185304 501 (C) (3) 67,180. 0. 39-1185304 501 (C) (3) 67,180. 0.	assistance (book, FWV, appraisal, other) 39-1185304 501 (C) (3) 5,238. 0. 39-1185304 501 (C) (3) 7,990. 0. 39-1185304 501 (C) (3) 7,990. 0. 39-1185304 501 (C) (3) 5,306. 0. 39-1185304 501 (C) (3) 51,418. 0. 39-1185304 501 (C) (3) 1,378,811. 0. 39-1185304 501 (C) (3) 5,010. 0. 39-1185304 501 (C) (3) 5,010. 0. 39-1185304 501 (C) (3) 67,180. 0. 39-1185304 501 (C) (3) 67,180. 0.

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Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH ACADEMY							
4200 N HOLTON ST							EARLY CHILDHOOD EDUCATION
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	41,438.	0.			CENTER
ST. MARCUS LUTHERAN SCHOOL							
4200 N HOLTON ST MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	10,094.	0.			DONOR DESIGNATIONS
ST. MARKS EPISCOPAL CHURCH 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	18,000.	0.			DONOR DESIGNATIONS
ST. ROBERT PARISH AND SCHOOL 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	6,000.	0.			DONOR DESIGNATIONS
TEACH FOR AMERICA MILWAUKEE 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	22,358.	0.			DONOR DESIGNATIONS
TEENS GROW GREENS 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	6,755.	٥.			DONOR DESIGNATIONS
THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA - 4200 N HOLTON ST -							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	66,747.	٥.			DONOR DESIGNATIONS
THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA - 4200 N HOLTON ST -							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	274,390.	0.			SCOUTS BSA
TRI-COUNTY UNITED WAY 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	8,175.	0.			DONOR DESIGNATIONS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMOS, INC.							
4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	40,000.	0.			HEALTHY YOUTH
UNITED COMMUNITY CENTER, INC 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	72,340.	0.			AFTER SCHOOL ACHIEVEMENT
UNITED COMMUNITY CENTER, INC 4200 N HOLTON ST MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	225,587.	0.			BEFORE & AFTER SCHOOL CARE PROGRAM
<i>.</i>							
UNITED COMMUNITY CENTER, INC							
4200 N HOLTON ST							YOUTH EMPOWERED TO
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	142,989.	0.			SUCCEED
UNITED COMMUNITY CENTER, INC 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	81,375.	0.			ELDERLY PROGRAM
PATHFINDERS 4200 N HOLTON ST							PREVENTING FAMILY HOMELESSNESS FOR YOUNG
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	110,000.	0.			ADULTS
PATHFINDERS 4200 N HOLTON ST							
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	242,729.	0.			PATHFINDERS YOUTH SHELTEN
PATHFINDERS							
4200 N HOLTON ST	39-1185304	501(C)(3)	151,758.	0.			CLINICAL SERVICES
MILWAUKEE, WI 53212	39-1103304	DOT (C)(D)	151,758.	0.			CHINICAN SERVICES
PEARLS FOR TEEN GIRLS, INC. 1805 NORTH MARTIN LUTHER KING JUNIC							
MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	154,779.	0.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEARLS FOR TEEN GIRLS, INC. 1805 NORTH MARTIN LUTHER KING JUNIO MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	77,000.	0.			HEALTHY YOUTH
PENFIELD CHILDREN'S CENTER 333 N 26TH STREET MILWAUKEE, WI 53233	39-1093701	501 (C)(3)	120,488.	0.			DONOR DESIGNATIONS
JNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501 (C)(3)	5,002.	0.			DONOR DESIGNATIONS
JNITED WAY FOR GREATER AUSTIN 2000 EAST MLK JR BOULEVARD AUSTIN, TX 78702-1340	74-1193439	501 (C)(3)	11,085.	0.			DONOR DESIGNATIONS
JNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W GRAND BLVD, SUITE 500 - DETROIT, MI 48202-3012	20-3099071	501 (C)(3)	15,227.	0.			DONOR DESIGNATIONS
JNITED WAY FOX CITIES, INC. 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501 (C)(3)	80,071.	0.			DONOR DESIGNATIONS
UNITED WAY OF BREVARD COUNTY 037 DIXON BOULEVARD 20COA, FL 32922-6806	59-0836384	501 (C)(3)	19,985.	0.			DONOR DESIGNATIONS
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316-1838	59-0624402	501 (C)(3)	5,148.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL ALABAMA, INC 3600 EIGHTH AVENUE, SOUTH - BIRMINGHAM, AL 35222	63-0288846	501 (C)(3)	6,187.	0.			DONOR DESIGNATIONS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF CENTRAL INDIANA							
2955 N MERIDIAN ST., STE 300							
INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	13,195.	0.			DONOR DESIGNATIONS
,,,							
UNITED WAY OF CENTRAL OHIO							
360 SOUTH THIRD STREET							
COLUMBUS, OH 43215	31-4393712	501 (C)(3)	6,233.	0.			DONOR DESIGNATIONS
UNITED WAY OF COLLIER AND THE KEYS							
9015 STRADA STELL CT STE 204							
NAPLES, FL 34109	59-1026096	501 (C)(3)	13,161.	0.			DONOR DESIGNATIONS
UNITED WAY OF DANE COUNTY, INC.							
2059 ATWOOD AVENUE							
MADISON, WI 53704	39-0817532	501 (C)(3)	137,643.	0.			DONOR DESIGNATIONS
UNITED WAY OF DODGE COUNTY (WI)							
215 CORPORATE DRIVE, SUITE H5							
BEAVER DAM, WI 53916	39-6030786	501 (C)(3)	7,862.	0.			DONOR DESIGNATIONS
INTERD HAV OF DOOD CONNEY							
UNITED WAY OF DOOR COUNTY							
57 NORTH THIRD AVENUE	39-1799879	501(C)(3)	5,505.	0.			DONOR DESIGNATIONS
STURGEON BAY, WI 54235	JJ-1/JJ0/9	JOT (C)(J)	5,505.	0.			DONOR DESIGNATIONS
UNITED WAY OF ERIE COUNTY (PA)							
650 EAST AVENUE, SUITE 200							
ERIE, PA 16503	25-1053091	501 (C)(3)	8,875.	0.			DONOR DESIGNATIONS
,			<i>,,,,,,</i> ,				
UNITED WAY OF GREATER ATLANTA							
100 EDGEWOOD AVE NE							
ATLANTA, GA 30303	58-0566194	501 (C)(3)	15,396.	0.			DONOR DESIGNATIONS
		-	, ,				
UNITED WAY OF GREATER CHARLOTTE							
601 EAST 5 STREET, SUITE 350							
CHARLOTTE, NC 28202	56-0529948	501 (C)(3)	21,529.	Ο.			DONOR DESIGNATIONS

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Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF GREATER CHIPPEWA							
ALLEY INC 3603 NORTH HASTINGS							
AY, SUITE 200 - EAU CLAIRE, WI							
4703	39-1077901	501 (C)(3)	12,149.	0.			DONOR DESIGNATIONS
NITED WAY OF GREATER CINCINNATI 2400 READING RD							
CINCINNATI, OH 45202	31-0537502	501 (C)(3)	22,859.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE							
CLEVELAND, OH 44115	34-6516654	501 (C)(3)	94,605.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR							
HOUSTON, TX 77007	74-1167964	501 (C)(3)	15,681.	0.			DONOR DESIGNATIONS
JNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, INC 225 N. /INE STREET - MILWAUKEE, WI 53212	39-0806190	501 (C)(3)	39,513.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIRCLE							
NASHVILLE, TN 37228	62-0533104	501 (C)(3)	5,887.	0.			DONOR DESIGNATIONS
INITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1800 JFK SOULEVARD, SUITE 1200 -							
PHILADELPHIA, PA 19103	23-1556045	501 (C)(3)	10,724.	0.			DONOR DESIGNATIONS
NITED WAY OF GREATER ST. LOUIS, NC 910 NORTH ELEVENTH STREET -							
AINT LOUIS, MO 63101	43-0714167	501 (C)(3)	18,354.	0.			DONOR DESIGNATIONS
NITED WAY OF GREATER TOLEDO 24 JACKSON ST							
OLEDO, OH 43604	34-4427947	501 (C)(3)	5,681.	٥.			DONOR DESIGNATIONS

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0) WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF HARRISONBURG AND							
ROCKINGHAM CO., INC 100 S.							
MASON STREET - HARRISONBURG, VA				_			
22801	54-0632716	501 (C)(3)	10,099.	0.			DONOR DESIGNATIONS
UNITED WAY OF JEFFERSON & NORTH WALWORTH COUNTIES - 734 MADISON	20 (04(2)(1		C 210				
AVENUE - FORT ATKINSON, WI 53538	39-6046361	501 (C)(3)	6,319.	0.			DONOR DESIGNATIONS
UNITED WAY OF KENOSHA COUNTY 5500 6TH AVENUE, SUITE 210							
KENOSHA, WI 53140-3710	39-0806285	501 (C)(3)	22,964.	0.			DONOR DESIGNATIONS
UNITED WAY OF KING COUNTY 720 SECOND AVENUE							
SEATTLE, WA 98104	91-0565555	501 (C)(3)	42,142.	0.			DONOR DESIGNATIONS
UNITED WAY OF LAKE COUNTY, INC (OH) – 9285 PROGRESS PARKWAY – MENTOR, OH 44060-1854	34-1105038	501 (C)(3)	19,046.	0.			DONOR DESIGNATIONS
,			, ,				
UNITED WAY OF LAKE COUNTY, INC. (IL) - 330 S GREENLEAF STREET -				_			
GURNEE, IL 60031	36-2167949	501 (C)(3)	17,836.	0.			DONOR DESIGNATIONS
UNITED WAY OF MANITOWOC COUNTY, INC 21 E WALDO BLVD -							
MANITOWOC, WI 54220	39-1099039	501 (C)(3)	22,969.	0.			DONOR DESIGNATIONS
UNITED WAY OF MARATHON COUNTY, INC (WI) - 705 S 24TH ST STE 400B -							
WAUSAU, WI 54401	39-0935496	501 (C)(3)	18,910.	٥.			DONOR DESIGNATIONS
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY - 51 SLEEPER							
STREET - BOSTON, MA 02210-1208	04-2382233	501 (C)(3)	18,124.	Ο.			DONOR DESIGNATIONS

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF METROPOLITAN CHICAGO							
333 S WABASH AVE 30TH FLOOR							
CHICAGO, IL 60604	30-0200478	501 (C)(3)	246,156.	0.			DONOR DESIGNATIONS
,							
UNITED WAY OF METROPOLITAN DALLAS,							
INC 1800 N. LAMAR ST DALLAS,							
TX 75202	75-6005352	501 (C)(3)	8,542.	0.			DONOR DESIGNATIONS
UNITED WAY OF NEW YORK CITY							
205 EAST 42 STREET							
NEW YORK, NY 10017	13-2617681	501 (C)(3)	5,767.	0.			DONOR DESIGNATIONS
INTER HAV OF NORMAN INC. (OV)							
UNITED WAY OF NORMAN INC. (OK) 2424 SPRINGER DR SUITE 304							
NORMAN, OK 73069	73-0668684	501 (C)(3)	45,145.	0.			DONOR DESIGNATIONS
				••			
UNITED WAY OF NORTH CENTRAL MASS.,							
INC 649 JOHN FITCH HWY -							
FITCHBURG, MA 01420	04-2233021	501 (C)(3)	9,319.	0.			DONOR DESIGNATIONS
UNITED WAY OF NORTHERN OZAUKEE							
COUNTY - P.O. BOX 39 - PORT							
WASHINGTON, WI 53074	23-7084522	501 (C)(3)	16,708.	0.			DONOR DESIGNATIONS
INTERD HAV OF DALK DEACH CONNEY							
UNITED WAY OF PALM BEACH COUNTY							
477 S ROSEMARY AVE., SUITE 230 WEST PALM BEACH, FL 33401	59-0683258	501 (C)(3)	20,152.	0.			DONOR DESIGNATIONS
			20,102.	0.			
UNITED WAY OF PORTAGE COUNTY (OH)							
999 E. MAIN STREET (2ND FLOOR)							
RAVENNA, OH 44266	34-1024769	501 (C)(3)	5,296.	0.			DONOR DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY (WI)							
2801 HOOVER RD							
STEVENS POINT, WI 54481	39-0831152	501 (C)(3)	26,479.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF RACINE COUNTY							
2000 DOMANIK DRIVE							
RACINE, WI 53404	39-0806349	501 (C)(3)	143,738.	0.			DONOR DESIGNATIONS
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET							
PROVIDENCE, RI 02909	05-0276059	501 (C)(3)	6,293.	0.			DONOR DESIGNATIONS
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, SUITE 300							
ROCKFORD, IL 61103	36-2167843	501 (C)(3)	15,476.	0.			DONOR DESIGNATIONS
UNITED WAY OF SALT LAKE 257 E 200 S STE 300							
SALT LAKE CITY, UT 84111	87-0227091	501 (C)(3)	5,039.	0.			DONOR DESIGNATIONS
UNITED WAY OF SHEBOYGAN COUNTY 2020 ERIE AVENUE	20.0000740		10.070				
SHEBOYGAN, WI 53081	39-0808749	501 (C)(3)	18,079.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTH WOOD & ADAMS COUNTIES - 351 OAK STREET -							
WISCONSIN RAPIDS, WI 54494	39-1212595	501 (C)(3)	7,643.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHEAST MISSISSIPPI, INC - 210 WEST FRONT							
STREET - HATTIESBURG, MS 39401	64-0410475	501 (C)(3)	5,578.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHERN KENTUCKY INC – 1110 COLLEGE STREET –							
BOWLING GREEN, KY 42101-2233	61-0590564	501 (C)(3)	11,934.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHWESTERN INDIANA, INC 318 MAIN ST STE							
504 - EVANSVILLE, IN 47708	35-0868069	501 (C)(3)	16,320.	0.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JNITED WAY OF SOUTHWESTERN							
PENNSYLVANIA - 1250 PENN AVE -							
PITTSBURGH, PA 15222	25-1043578	501 (C)(3)	50,643.	0.			DONOR DESIGNATIONS
UNITED WAY OF SUMMIT COUNTY, INC.							
37 N HIGH STREET							
AKRON, OH 44308	34-1169257	501 (C)(3)	30,545.	٥.			DONOR DESIGNATIONS
UNITED WAY OF THE BLUEGRASS							
651 PERIMETER DRIVE, SUITE 510							
LEXINGTON, KY 40517	61-0444679	501 (C)(3)	11,885.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE			, 				
COLUMBIA-WILLAMETTE - 619 SW 11							
AVENUE SUITE 300 - PORTLAND, OR							
97205-2646	93-0582124	501 (C)(3)	5,667.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE GREATER							
TRIANGLE, INC 800 PARK OFFICES							
DRIVE - DURHAM, NC 27709	56-1949103	501 (C)(3)	13,291.	0.			DONOR DESIGNATIONS
	50 19 19 10 5	301 (0/(3/	10,201.	· · ·			
UNITED WAY OF THE NATIONAL CAPITAL							
AREA - 1577 SPRING HILL RD STE 420							
- VIENNA, VA 22182	53-0234290	501 (C)(3)	7,008.	٥.			DONOR DESIGNATIONS
UNITED WAY OF THE PLAINS							
245 N WATER ST.							
WICHITA, KS 67202	48-0547688	501 (C)(3)	6,332.	0.			DONOR DESIGNATIONS
UNITED WAY OF WASHINGTON COUNTY							
POST OFFICE BOX 304							
WEST BEND, WI 53095	23-7281696	501 (C)(3)	81,078.	0.			DONOR DESIGNATIONS
UNITED WAY OF WASHTENAW							
2305 PLATT ROAD							
	38_1051004	501(C)(2)	5,918.	0.			DONOR DESTONATIONS
ANN ARBOR, MI 48104	38-1951024	DOT (C)(D)	5,918.	U.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF YORK COUNTY							
300 EAST KING STREET							
YORK, PA 17403	23-1352588	501 (C)(3)	76,128.	0.			DONOR DESIGNATIONS
UNITED WAY SERVICES OF GEAUGA							
COUNTY - 209 CENTER STREET -							
CHARDON, OH 44024-1189	20-5575556	501 (C)(3)	8,542.	0.			DONOR DESIGNATIONS
UNITED WAY SUNCOAST (TAMPA BAY AREA) - 5201 WEST KENNEDY							
BOULEVARD, SUITE 600 - TAMPA, FL 33609	59-3725701	501(C)(3)	5,483.	٥.			DONOR DESIGNATIONS
	55 5725701	501 (0/(3/	5,105.				DONOR DEDICIMITIOND
UNITED WAY WORLDWIDE							
701 NORTH FAIRFAX STREET							
ALEXANDRIA, VA 22314	13-1635294	501 (C)(3)	94,080.	0.			DONOR DESIGNATIONS
UNITY IN HOPE SCHOOL SYSTEM							
N119 W5912 JAMES CIRCLE							
CEDARBURG, WI 53012	85-3290715	501 (C)(3)	8,817.	0.			DONOR DESIGNATIONS
,			,				
UNITY IN MOTION, INC.							
PO BOX 511131							
MILWAUKEE, WI 53203	26-3696451	501 (C)(3)	23,525.	0.			DONOR DESIGNATIONS
UNIVERSITY OF ALABAMA LAW SCHOOL							
FDN - BOX 870136 - TUSCALOOSA, AL							
35487	63-3063964	501 (C)(3)	25,000.	0.			DONOR DESIGNATIONS
			,				
UNIVERSITY OF WISCONSIN -							
FOUNDATION - 1848 UNIVERSITY							
AVENUE - MADISON, WI 53726-4090	39-0743975	501 (C)(3)	1,500,495.	0.			DONOR DESIGNATIONS
PENFIELD CHILDREN'S CENTER							
833 N 26TH STREET							
MILWAUKEE, WI 53233	39-1093701	501 (C)(3)	38,711.	0.			BEHAVIORAL HEALTH CLINI
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WAUKESHA COUNTY INC.

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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 noncash 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 N 26TH STREET							EARLY INTERVENTION/PARENT
MILWAUKEE, WI 53233	39-1093701	501 (C)(3)	328,800.	0.			PROGRAM
PENFIELD CHILDREN'S CENTER							
833 N 26TH STREET							
MILWAUKEE, WI 53233	39-1093701	501 (C)(3)	20,000.	0.			HEALTH IMPROVEMENT FUND
PENFIELD CHILDREN'S CENTER							
833 N 26TH STREET							
MILWAUKEE, WI 53233	39-1093701	501 (C)(3)	25,000.	0.			LEAD EDUCATION & TOOLKITS
PENFIELD MONTESSORI ACADEMY							
1441 N 24TH ST	47-3685752	501 (C) (3)	6,250.	0.			DONOR DESIGNATIONS
MILWAUKEE, WI 53205	47 5005752	501 (0/(3/	0,230.				DONOR DESIGNATIONS
PITTSBURGH FOUNDATION							
5 PPG PL STE 250							
PITTSBURGH, PA 15222	25-0965466	501 (C)(3)	6,943.	0.			DONOR DESIGNATIONS
PIUS XI HIGH SCHOOL							
135 N 76ST							
MILWAUKEE, WI 53213	39-1101976	501 (C)(3)	6,804.	0.			DONOR DESIGNATIONS
PLANNED PARENTHOOD OF WISCONSIN							
ATTN: DEVELOPMENT DEPARTMENT							
MILWAUKEE, WI 53202-5917	39-0863391	501(C)(3)	106,140.	0.			DONOR DESIGNATIONS
,							
PLAYWORKS WISCONSIN							
3600 W PIERCE ST							
MILWAUKEE, WI 53215	94-3251867	501 (C)(3)	40,000.	0.			HELPING KIDS SUCCEED
PLYMOUTH COMMUNITY UNITED WAY							
960 W. ANN ARBOR TRAIL							
PLYMOUTH, MI 48170	23-7327248	501 (C)(3)	41,599.	Ο.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

Schedule I (Form 990) WAUKESHA Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990) Pa		9-0806190 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTAL INC.							
1015 CEDAR CREEK ROAD							
GRAFTON, WI 53024	39-1024001	501 (C)(3)	7,706.	0.			DONOR DESIGNATIONS
PORTAL INC. 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	7,681.	0.			EMPLOYMENT READINESS AND
GRAFION, WI 33024	39-1024001	501 (0)(3)	7,001.	0.			ADVANCEMENT
PREVENT BLINDNESS WISCONSIN 731 N JACKSON ST STE 405	20 6006227	E01 (0) (2)	72 150	0			DONOR DEGLONATIONS
MILWAUKEE, WI 53202-7600	39-6096227	501 (C)(3)	73,150.	0.			DONOR DESIGNATIONS
PRISM ECONOMIC DEVELOPMENT CORPORATION - 3725 N. SHERMAN							
BLVD MILWAUKEE, WI 53216	27-4679627	501 (C)(3)	200,500.	0.			DONOR DESIGNATIONS
PRISM ECONOMIC DEVELOPMENT CORPORATION - 3725 N. SHERMAN BLVD MILWAUKEE, WI 53216	27-4679627	501 (C)(3)	10,000.	0.			REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT
PRISM ECONOMIC DEVELOPMENT CORPORATION - 3725 N. SHERMAN BLVD MILWAUKEE, WI 53216	27-4679627	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
PROGRESSIVE COMMUNITY HEALTH							
CENTERS - POST OFFICE BOX 772654 - DETROIT, MI 48277	39-1958810	501 (C)(3)	5,516.	0.			MILWAUKEE HEALTHCARE PARTNERSHIP
PROGRESSIVE COMMUNITY HEALTH CENTERS - POST OFFICE BOX 772654 -							MILWAUKEE HEALTHCARE
DETROIT, MI 48277	39-1958810	501 (C)(3)	35,000.	0.			PARTNERSHIP
PRO-LIFE WISCONSIN EDUCATION TASK FORCE - 15850 WEST BLUEMOUND ROAD							
SUITE 311 - BROOKFIELD, WI 53005	39-1830544	501 (C)(3)	5,842.	0.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC ALLIES							
735 N. WATER STREET							
MILWAUKEE, WI 53202-5000	52-1759564	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 W WATERTOWN PLANK ROAD - WAUWATOSA,							
wi 53226	39-1433107	501 (C)(3)	18,250.	0.			DONOR DESIGNATIONS
ROSELAND CHRISTIAN MINISTRIES CENTER - 10858 S MICHIGAN AVE - CHICAGO, IL 60628	36-3094828	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
				••			
RUNNING REBELS COMMUNITY							
ORGANIZATION - 225 W CAPITOL DRIVE	39-3910464	F(1)	E 0E1	0.			DONOR DESIGNATIONS
- MILWAUKEE, WI 53212	39-3910404	501 (C)(3)	5,051.	0.			DONOR DESIGNATIONS
RUNNING REBELS COMMUNITY ORGANIZATION - 225 W CAPITOL DRIVE - MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	19,000.	0.			HEALTHY YOUTH
	55 5510101		15,000.	· ·			
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	77,528.	0.			YOUTH ENHANCED SUPPORT
WISCONSIN COMMUNITY SERVICES, INC.							COMMINIANY DEINARCONATON
3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	100,985.	0.			COMMUNITY REINTEGRATION SERVICES
	55 0000404		100,000.	0.			
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3							
MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	22,549.	0.			DRIVER'S LICENSE RECOVE
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3							CRIMINAL JUSTICE RECOVE
MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	183,210.	Ο.		1	SERVICES

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	20,000.	0.			HEALTHY YOUTH
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	20,000.	0.			HEALTHY YOUTH- 2 OF 2
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	50,000.	0.			REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	50,000.	0.			REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT
WISCONSIN EQUAL JUSTICE FUND PO BOX 46103 MADISON, WI 53744	39-1904737	501 (C)(3)	9,082.	0.			DONOR DESIGNATIONS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208-3156	39-0810533	501 (C)(3)	32,385.	0.			DONOR DESIGNATIONS
WISCONSIN LUTHERAN CHILD & FAMILY SERVICE - W175 N11120 STONEWOOD DR STE 101 - GERMANTOWN, WI 53022	39-1047224	501 (C)(3)	7,599.	0.			DONOR DESIGNATIONS
WISCONSIN PRIMARY HEALTH CARE ASSOCIATION - 5202 EASTPARK BLVD SUITE 109 - MADISON, WI 53718-2151	39-1407034	501 (C)(3)	605,645.	0.			MILWAUKEE HEALTHCARE PARTNERSHIP
WISCONSIN RIGHT TO LIFE EDUCATION FUND - 5317 N 118TH CT - MILWAUKEE, WI 53217	39-1548867	501 (C)(3)	5,492.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CARE CENTER							
1441 NORTH FARWELL AVENUE							
MILWAUKEE, WI 53202	81-4537878	501 (C)(3)	29,959.	0.			DONOR DESIGNATIONS
WOMEN'S CENTER, INC., THE							
505 NORTH EAST AVENUE							
WAUKESHA, WI 53186	39-1269698	501 (C)(3)	16,640.	0.			CHILD ABUSE PREVENTION
WOMEN'S CENTER, INC., THE							
505 NORTH EAST AVENUE							
WAUKESHA, WI 53186	39-1269698	501 (C)(3)	15,041.	0.			EMPLOYMENT
NONEN'S GENERE ING MUE							
WOMEN'S CENTER, INC., THE 505 NORTH EAST AVENUE							TRANSTATANA LIVINA C
	39-1269698	F01 (0) (2)	117 000	0.			TRANSITIONAL LIVING &
WAUKESHA, WI 53186	39-1209090	501 (C)(S)	117,089.	0.			DOMESTIC VIOLENCE PROGRAM
WOMEN'S CENTER, INC., THE							
505 NORTH EAST AVENUE							SEXUAL ABUSE & ASSAULT
WAUKESHA, WI 53186	39-1269698	501(C)(3)	21,326.	0.			COUNSELING
			,				
WOMEN'S CENTER, THE							
505 N EAST AVE							
WAUKESHA, WI 53186	39-1269698	501 (C)(3)	32,012.	0.			DONOR DESIGNATIONS
WOMEN'S FUND OF GREATER MILWAUKEE							
INC 316 NORTH MILWAUKEE STREET,							
SUITE 215 - MILWAUKEE, WI 53202	20-3514894	501 (C)(3)	8,133.	0.			DONOR DESIGNATIONS
WRTP/BIG STEP							
3841 WEST WISCONSIN AVE							
MILWAUKEE, WI 53208	39-1838210	501 (C)(3)	6,458.	0.			DONOR DESIGNATIONS
LERIN MILLINUMER DUDI TO DADTO							
WUWM-MILWAUKEE PUBLIC RADIO							
POST OFFICE BOX 413	22 7227744	F(1) (2) (2)	0 000	^			DONOR DEGICNATIONS
MILWAUKEE, WI 53201-0413	23-7337744	DAT (C)(2)	8,898.	Ο.		1	DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other A			and Domestic Go	overnments (Scho	edule I (Form 990), Pa		9-0000190 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA ELEMENTARY SCHOOL							
5115 W. KEEFE AVE							
MILWAUKEE, WI 53216	39-1631932	501 (C)(3)	41,000.	0.			DONOR DESIGNATIONS
				·			
YMCA OF GREATER WAUKESHA COUNTY							
3610 MICHELLE WITMER MEMORIAL DR ST							
NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	48,389.	٥.			DAY CAMP
YMCA OF GREATER WAUKESHA COUNTY							
3610 MICHELLE WITMER MEMORIAL DR ST							
NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	9,519.	٥.			EARLY CHILDHOOD EDUCATION
YMCA OF METROPOLITAN MILWAUKEE,			,				
INC 161 WEST WISCONSIN AVENUE,							
SUITE 4000 - MILWAUKEE, WI							
53203-2601	39-0806314	501 (C)(3)	43,254.	٥.			DONOR DESIGNATIONS
YMCA OF METROPOLITAN MILWAUKEE,			,				
INC 161 WEST WISCONSIN AVENUE,							
SUITE 4000 - MILWAUKEE, WI							
53203-2601	39-0806314	501 (C)(3)	156,495.	٥.			DAY CAMP (FKA: CAMP FLY)
YMCA OF METROPOLITAN MILWAUKEE,			,				
INC 161 WEST WISCONSIN AVENUE,							
SUITE 4000 - MILWAUKEE, WI							
53203-2601	39-0806314	501 (C)(3)	153,027.	٥.			EARLY CHILDHOOD EDUCATION
YWCA SOUTHEAST WISCONSIN							
1915 NORTH MARTIN LUTHER KING JR. D							
MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	78,584.	٥.			COMMUNITY SCHOOLS
RUNNING REBELS COMMUNITY							
ORGANIZATION - 225 W CAPITOL DRIVE							
- MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
SAFE AND SOUND							
801 WEST MICHIGAN STREET							
MILWAUKEE, WI 53233	39-1940292	501 (C)(3)	30,293.	٥.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINTA							
8901 W CAPITOL DR							
MILWAUKEE, WI 53222-1706	39-1338354	501 (C)(3)	15,000.	0.			HEALTH IMPROVEMENT FUND
SALVATION ARMY - WAUKESHA 445 MADISON STREET							
WAUKESHA, WI 53188	13-2923701	501 (C)(3)	11,452.	0.			DONOR DESIGNATIONS
SALVATION ARMY - WAUKESHA 445 MADISON STREET							
WAUKESHA, WI 53188	13-2923701	501 (C)(3)	40,000.	0.			SAFE & STABLE HOMES
SALVATION ARMY WISCONSIN AND UPPER MICHIGAN - 11315 WEST WATERTOWN PLANK ROAD - WAUWATOSA, WI 53226	13-2923701	501 (C)(3)	234,338.	0.			STATE SHELTER SUBSIDY
SALVATION ARMY, THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 53226-0019	13-2923701	501 (C)(3)	51,054.	0.			DONOR DESIGNATIONS
SALVATION ARMY, THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 53226-0019	13-2923701	501 (C)(3)	60,000.	0.			EMERGENCY SERVICES PROGRAM
SALVATION ARMY, THE- WAUKESHA COUNTY - 445 MADISON STREET - WAUKESHA, WI 53188	13-2923701	501 (C)(3)	48,364.	0.			EMERGENCY LODGE
SALVATION ARMY, THE- WAUKESHA COUNTY - 445 MADISON STREET -							
WAUKESHA, WI 53188 SALVATION ARMY, THE- WISCONSIN &	13-2923701	501 (C)(3)	13,868.	0.			FAMILY SERVICES
UPPER MICHIGAN - 11315 WEST WATERTOWN PLANK ROAD - WAUWATOSA,							
NI 53226	13-2923701	501 (C)(3)	134,041.	0.			EMERGENCY LODGE

Schedule I (Form 990)

WAUKESHA COUNTY INC.

	COUNTY IN						9-0806190 Page
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHLITZ AUDUBON NATURE CENTER							
1111 EAST BROWN DEER ROAD							
BAYSIDE, WI 53217	39-1231819	501(C)(3)	5,350.	0.			DONOR DESIGNATIONS
	55 1251015	501 (0/(5/	5,550.				DONOR DEDIGNATIOND
SCHOOL DISTRICT OF WAUKESHA							
LINDHOLM BUILDING							
WAUKESHA, WI 53186	39-6005053	501 (C)(3)	112,500.	0.			PARTNERSHIP SCHOOLS
;							
SECUREFUTURES							
222 MAPLE AVENUE							
MILWAUKEE, WI 53203	20-5203533	501 (C)(3)	39,779.	٥.			DONOR DESIGNATIONS
SERENITY INNS, INC.							
2825 W BROWN ST							
MILWAUKEE, WI 53208	41-2034019	501 (C)(3)	8,750.	0.			DONOR DESIGNATIONS
ANADD LIMEDIAN ING							
SHARP LITERACY, INC.							
5775 N GLEN PARK RD #202	39-1963963	501 (C)(3)	52,095.	0.			DONOR DESIGNATIONS
MILWAUKEE, WI 53209	39-1903903	501 (0)(5)	52,095.	0.			DONOR DESIGNATIONS
SHOREWOOD SEED FOUNDATION							
POST OFFICE BOX 71235							
GLENDALE, WI 53211	04-3750042	501 (C)(3)	13,016.	0.			DONOR DESIGNATIONS
,			, ,				
SILVER SPRING NEIGHBORHOOD CENTER							
INC 5460 N. 64TH ST -							
MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	47,155.	0.			DONOR DESIGNATIONS
SILVER SPRING NEIGHBORHOOD CENTER,							
INC 5460 N. 64TH ST -							ELAINE SCHREIBER CHILD
MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	135,534.	0.			DEVELOPMENT CENTER
ATTUER ARRIVA NETATION ART							
SILVER SPRING NEIGHBORHOOD CENTER,							
INC 5460 N. 64TH ST -	20 0066201	E01 (C)(2)	245 277	^			
MILWAUKEE, WI 53218	39-0966281	DUI (C)(3)	245,377.	0.			YOUTH SOCIAL DEVELOPMENT

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER SPRING NEIGHBORHOOD CENTER,							
INC 5460 N. 64TH ST -							
MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	19,078.	0.			COMMUNITY FOOD BANK
SILVER SPRING NEIGHBORHOOD CENTER,							
INC 5460 N. 64TH ST -							
MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	60,167.	0.			COMMUNITY SCHOOLS
SIXTEENTH STREET COMMUNITY HEALTH							
CENTER, INC 1032 S CESAR CHAVEZ							MILWAUKEE HEALTHCARE
DR MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	350,000.	0.			PARTNERSHIP
,							
SIXTEENTH STREET COMMUNITY HEALTH							
CENTER, INC 1032 S CESAR CHAVEZ							MILWAUKEE HEALTHCARE
DR. – MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	28,186.	0.			PARTNERSHIP
SIXTEENTH STREET COMMUNITY HEALTH							
CENTER, INC 1032 S CESAR CHAVEZ	20 1100455		00.053				
DR. – MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	99,063.	0.			THE GREAT START PROGRAM
SIXTEENTH STREET COMMUNITY HEALTH							
CENTERS - 1032 S CESAR CHAVEZ DR.							
- MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	181,758.	0.			COMMUNITY SCHOOLS
SIXTEENTH STREET COMMUNITY HEALTH							
CENTERS INC 1032 S CESAR CHAVEZ							
DR MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	64,801.	0.			DONOR DESIGNATIONS
SOCIAL DEVELOPMENT COMMISSION							
1730 WEST NORTH AVE							
MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	22,120.	0.			COMMUNITY SCHOOLS
SOCIAL DEVELOPMENT FOUNDATION							
1730 WEST NORTH AVENUE	47 0000000	F01 (C) (2)	250.000	^			x77 m x
AILWAUKEE, WI 53205	47-0923289	DOT (C)(3)	250,000.	0.			VITA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURNER FAMILY PEACE CENTER,							
INC 619 WEST WALNUT STREET -							
MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	160,906.	0.			DONOR DESIGNATIONS
,			,				
SOUTHSIDE ORGANIZING COMMITTEE							
1300 SOUTH LAYTON BOULEVARD							
MILWAUKEE, WI 53215	39-1276210	501 (C)(3)	10,000.	0.			LEAD SAFE HOME KITS
SOUTHSIDE ORGANIZING COMMITTEE							
1300 SOUTH LAYTON BOULEVARD							
MILWAUKEE, WI 53215	39-1276210	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
ST. JOSEPH ACADEMY							
1600 WEST OKLAHOMA AVENUE							
MILWAUKEE, WI 53215-4518	39-0806262	501 (C)(3)	10,000.	0.			LEAD SAFE HOME KITS
UNITED COMMUNITY CENTER, INC.							
1028 SOUTH NINTH STREET	20 1146101		05 100	0			DONOD DEGEGNATIONS
MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	85,123.	0.			DONOR DESIGNATIONS
UNITED METHODIST CHILDREN'S							
SERVICES OF - 3940 WEST LISBON							
AVENUE - MILWAUKEE, WI 53208	39-1030611	501 (C)(3)	75,000.	0.			SAFE & STABLE HOMES
UNITED METHODIST CHILDREN'S							
SERVICES OF - 3940 WEST LISBON							
AVENUE – MILWAUKEE, WI 53208	39-1030611	501 (C)(3)	10,000.	0.			LEAD SAFE HOME KITS
UNITED NEGRO COLLEGE							
FUND-MILWAUKEE - 1805 7TH STREET							
NW - WASHINGTON, DC 20001	13-1624241	501 (C)(3)	33,214.	0.			DONOR DESIGNATIONS
UNITED PERFORMING ARTS FUND INC.							
301 W. WISCONSIN AVE. SUITE 600							
MILWAUKEE, WI 53203	39-6100399	501 (C)(3)	273,310.	Ο.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY BAY AREA							
550 KEARNEY ST., SUITE 1000							
SAN FRANCISCO, CA 94108	94-1312348	501 (C)(3)	7,731.	0.			DONOR DESIGNATIONS
			,				
UNITED WAY BLACKHAWK REGION							
205 N MAIN ST							
JANESVILLE, WI 53545	39-6006734	501 (C)(3)	24,061.	0.			DONOR DESIGNATIONS
UNIVERSITY SCHOOL OF MILWAUKEE							
2100 WEST FAIRY CHASM ROAD				_			
MILWAUKEE, WI 53217	39-6076442	501 (C)(3)	71,351.	0.			DONOR DESIGNATIONS
URBAN ECOLOGY CENTER							
1500 EAST PARK PLACE							
MILWAUKEE, WI 53211-3587	39-1712663	501 (C)(3)	47,150.	0.			DONOR DESIGNATIONS
URBAN ECONOMIC DEVELOPMENT OF	55 1712005		1,,150.				
WISCONSIN - 1915 N. DR. MARTIN							
LUTHER KING DRIVE #206 -							
MILWAUKEE, WI 53212	39-1893799	501 (C)(3)	10,000.	0.			SUPPORT-NONPROFITLIFT.OR
URBAN LEARNING COLLABORATIVE							
6737 W. WASHINGTON ST.							REDUCING BARRIERS TO
WEST ALLIS, WI 53214	39-1865501	501 (C)(3)	25,000.	0.			EMPLOYMENT & ADVANCEMENT
USHERS NEW LOOK							
500 BISHOP ST NW STE B5							
ATLANTA, GA 30318-4369	58-2480934	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
UWM FOUNDATION, THE 1440 E NORTH AVE							
MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	7,144.	0.			DONOR DESIGNATIONS
	23 / 33 / 144	501 (0/(5/	,144.	0.			DONOR DEDIGNATIONS
VALLEY OF THE SUN UNITED WAY							
3200 E CAMELBACK RD STE 375							
PHOENIX, AZ 85018	86-0104419	501 (C)(3)	37,441.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

WAUKESHA COUNTY INC.

	COUNTY IN						9-0806190 Pag
Part II Continuation of Grants and Othe	r Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
/IA CDC							
1545 SOUTH LAYTON BOULEVARD							
MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
VIA CDC							
1545 SOUTH LAYTON BOULEVARD							
MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	8,263.	0.			DONOR DESIGNATIONS
VISION FORWARD ASSOCIATION							
912 NORTH HAWLEY ROAD							
MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	33,665.	0.			CHILDREN'S SERVICES
7			, -				
JISION FORWARD ASSOCIATION							
912 NORTH HAWLEY ROAD							
MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	22,167.	0.			DONOR DESIGNATIONS
VIVENT HEALTH							
820 N PLANKINTON AVE							
MILWAUKEE, WI 53203	39-1534049	501(C)(3)	66,507.	0.			DONOR DESIGNATIONS
	33 1334043	501 (0/(5/					DONOR DEDIGNATIOND
VIVENT HEALTH							
820 N PLANKINTON AVE							
MILWAUKEE, WI 53203	39-1534049	501 (C)(3)	74,286.	0.			FOOD PANTRY
VIVENT HEALTH							
820 N PLANKINTON AVE							
MILWAUKEE, WI 53203	39-1534049	501(C)(3)	67,229.	0.			DENTAL CLINIC
internet, at 55205	55 1554049		07,223.	0.			
VIVENT HEALTH							
320 N PLANKINTON AVE							
AILWAUKEE, WI 53203	39-1534049	501 (C)(3)	40,691.	0.			LIFEPOINT
WALKER'S POINT YOUTH & FAMILY							
CENTER INC 1123 N WATER ST -							
MILWAUKEE, WI 53202	39-1247541	501 (C)(3)	15,000.	0.			BUILDING GRANT
· - · -			= ,		1	1	

Schedule I (Form 990)

WAUKESHA COUNTY INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALKER'S POINT CENTER FOR THE ARTS							
839 S 5TH ST							
MILWAUKEE, WI 53204-1730	39-1589878	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
WALKER'S POINT YOUTH & FAMILY							
CENTER INC 1123 N WATER ST -							
MILWAUKEE, WI 53202	39-1247541	501 (C)(3)	34,256.	0.			DONOR DESIGNATIONS
WALKER'S POINT YOUTH & FAMILY							
CENTER, INC 1123 N WATER ST -							
MILWAUKEE, WI 53202	39-1247541	501 (C)(3)	135,364.	0.			RUNAWAY SERVICES
WALNUT WAY CONSERVATION CORP							
2240 NORTH 17TH STREET							
MILWAUKEE, WI 53205	39-1534049	501 (C)(3)	37,500.	0.			CAPACITY BUILDING
UNIVERITY CONTACT TO CONTACT							
WAUKESHA COUNTY CENTER FOR GROWTH INC - 2717 N GRANDVIEW BLVD -							
WAUKESHA, WI 53188	81-3018616	501 (C)(3)	10,000.	0.			HOUSING STUDY
WAOKEBIIA, WI 55100	01 3010010	501 (0/(5/	10,000.	0.			
WAUKESHA COUNTY COMMUNITY DENTAL							
CLINIC - 210 NW BARSTOW ST STE 305							
- WAUKESHA, WI 53188	30-0436162	501 (C)(3)	35,000.	0.			HEALTH IMPROVEMENT FUNI
,			, ,				
WAUKESHA COUNTY COMMUNITY							
FOUNDATION - 2727 N GRANDVIEW BLVD							
- WAUKESHA, WI 53188	39-1909122	501 (C)(3)	16,422.	0.			PARADE VICTUMS
WAUKESHA FREE CLINIC							
237 WISCONSIN AVENUE, SUITE 200							
WAUKESHA, WI 53186	39-1273248	501 (C)(3)	6,868.	0.			DONOR DESIGNATIONS
WAUKESHA FREE CLINIC							.
237 WISCONSIN AVENUE, SUITE 200							ST. JOSEPH'S MEDICAL
WAUKESHA, WI 53186	39-1273248	501 (C)(3)	74,151.	0.			CLINIC

Schedule I (Form 990)

Schedule I (Form 990)

WAUKESHA COUNTY INC.

(a) Name and address of		(a) IDC section	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durnage of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLPOINT CARE NETWORK							
8901 W CAPITOL DR							
MILWAUKEE, WI 53222-1706	39-1338354	501 (C)(3)	15,000.	0.			HEALTH IMPROVEMENT FUND
WESTCARE WISCONSIN, INC.							
335 W. WRIGHT ST							
MILWAUKEE, WI 53212	45-4459342	501 (C)(3)	72,265.	0.			COMMUNITY SCHOOLS
WESTSIDE ACADEMY							
1945 N 31 STREET							
MILWAUKEE, WI 53208	39-1929112	501 (C)(3)	7,500.	0.			TECHQUITY
WI FACETS, INC.							
600 WEST VIRGINIA STREET, SUITE 501							
MILWAUKEE, WI 53204	39-1824892	501 (C)(3)	5,708.	0.			DONOR DESIGNATIONS
WILLIAMS SYNDROME ASSOCIATION INC.							
560 KIRTS BOULEVARD, SUITE 116							
TROY, MI 48084-4141	22-3305007	501 (C)(3)	5,029.	0.			DONOR DESIGNATIONS
WISCONSIN VETERAN'S NETWORK							
6317 W NATIONAL AVE							HOUSING ADVOCACY FOR
WEST ALLIS, WI 53214	82-1043745	501 (C)(3)	25,059.	0.			VETERAN FAMILIES
YWCA SOUTHEAST WISCONSIN							
1915 NORTH MARTIN LUTHER KING JR. D							
MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	7,204.	0.			DONOR DESIGNATIONS
,			,2022				
YWCA SOUTHEAST WISCONSIN							
1915 NORTH MARTIN LUTHER KING JR. D							COMMUNITY ADULT LEARNING
MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	161,465.	0.			LAB
YWCA SOUTHEAST WISCONSIN							
1915 NORTH MARTIN LUTHER KING JR. D							PERSONAL FINANCIAL
MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	204,785.	0.			MANAGEMENT

Schedule I (Form 990)

Schedule I (Form 990)

WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY - 10005 W BLUEMOUND RD -							
MILWAUKEE, WI 53226	39-6077242	501 (C)(3)	8,159.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

Schedule I (Form 990) 2022

) 2022 WAUKESHA COUNTY INC.

39-0806190

Page 2

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.

 	ired in Part I. line 2: Part III. column	ired in Part I. line 2: Part III. column (b): and any other ad	ired in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR THOSE DISTRIBUTIONS LABELED "DONOR DESIGNATED PLEDGES," NO MONITORING

OF THE USE OF THESE FUNDS IS PERFORMED ONCE THE ORGANIZATION IS DEEMED TO

BE A 501(C)(3) SINCE THE DOLLARS ARE SENT TO THE AGENCIES AT THE REQUEST OF

THE DONOR AND, THEREFORE, ARE NOT DISTRIBUTED AT THE DISCRETION OF UNITED

WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY. FOR ALL THE OTHER

DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF

GREATER MILWAUKEE & WAUKESHA COUNTY'S COMMUNITY IMPACT DIVISION. THE

AGENCIES COMPLY WITH OUR "AGENCY OUTCOMES POLICY," THE IMPACT OF WHICH IS

Schedule I (Form 990) Part IV Supplemental Ir		Y OF GREATER COUNTY INC.	MILWAUKEE	&	39	-0806190	Page 2
TO ENABLE UWGMWC		IN A STANDAR	RD FASHION,	THE	RESULTS	OF THE	
PROGRAMS THAT IT	FUNDS.						
232291						Schedule I (F	orm 990)

04-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
		Compensated Employees		20	22	
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	UNITED WAY OF GREATER MILWAUKEE &	Employer i			mber
		WAUKESHA COUNTY INC.	39-0	80619	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee Written employment contract				
	X Independent of	compensation consultant II Compensation survey or study				
	X Form 990 of o	ther organizations I Approval by the board or compensation c	ommittee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	Х	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

WAUKESHA COUNTY INC.

39-0806190

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMY L. LINDNER	(i)	323,134.	0.	0.	0.	29,948.	353,082.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FILIPPO CARINI	(i)	229,429.	0.	0.	0.	48,750.	278,179.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICOLE ANGRESSANO	(i)	180,439.	0.	0.	0.	26,467.	206,906.	0.
VP - COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GINA SANTAGATI	(i)	157,247.	0.	0.	0.	40,786.	198,033.	0.
VP - RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NATALIE HARLAN	(i)	164,344.	0.	0.	0.	15,527.	179,871.	0.
DIRECTOR, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAYNE THOMA	(i)	135,095.	0.	0.	0.	28,310.	163,405.	0.
VP - VOLUNTEER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CRAIG NUECHTERLEIN	(i)	122,119.	0.	0.	0.	28,689.	150,808.	0.
VP - IT & PLEDGE PROCESSING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 4B:

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

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

CONTRIBUTION.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

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

Inspection Employer identification number

Department of the Treasury	At
Internal Revenue Service	Go to www.irs.gov/Form990
Name of the organization	UNITED WAY OF GREATE
	WAUKESHA COUNTY INC.

AY OF GREATER MILWAUKEE &

39-0806190

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Pai	t I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of	Noncash contribution	Method			
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash cor	ntribution	amount	íS
1	Art - Works of art			,,,,,,,,,,,,,,,,				
2								
2								
	Art - Fractional interests	X		55,374.	ЕМ1 7			
4	Books and publications	X		184,224.				
5	Clothing and household goods	Δ		104,224.	L M V			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	v	76	1 202 502				T 7 7 77
9	Securities - Publicly traded	Х	/0	1,283,592.	HIGH/LOW	DAI	RECE	IVE
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	Х		14,426.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (HOLIDAY GIFTS)	Х	0	93,240.	FMV			
26	Other (DIAPERS)	Х	0	28,574.				
27	Other (OTHER)	Х	0	25,300.				
28	Other ()			,				
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	-						
		, , , , u , , , , , , , , , , , , , , ,	inco / local of the ag				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 throug	nh 28 that it		100	
004	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?		,	•		30		x
h							a	
	If "Yes," describe the arrangement in Part II.	olicy that re	ouires the review	of any nonstandard contribut	tions?		1 X	
31	Does the organization have a gift acceptance p					<u>3</u>		+
32a	Does the organization hire or use third parties of		•	· • ·				- v
-	contributions?					32	a	X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r tor which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

39-0806190 Page 2

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.

SCHEDULE M, PART I, COLUMN (B):

Schedule M (Form 990) 2022

THE NUMBER IN COLUMN B IS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



39-0806190

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

WAUKESHA COUNTY INC.

MOBILIZING PEOPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT IN HEALTH,

UNITED WAY OF GREATER MILWAUKEE &

EDUCATION AND FINANCIAL STABILITY.

FORM 990, PART III, LINE 1

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.

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

TO ACCOMPLISH THE FOLLOWING:

* PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF HEALTH,

EDUCATION, AND FINANCIAL STABILITY.

* CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE

ACTION ON PRIORITY ISSUES.

* RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND

INTEGRATED, COMMUNITY-FOCUSED WORK.

* SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS.

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

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

ANTI-RACISM STATEMENT:

UNITED WAY OF GREATER MILWAUKEE AND WAUKESHA COUNTY UNEQUIVOCALLY

DENOUNCES RACISM AND ETHNIC DISCRIMINATION IN ALL ITS FORMS BECAUSE IT

UNDERMINES THE WELL-BEING AND VITALITY OF OUR COMMUNITIES AND IS IN

DIRECT OPPOSITION TO WHAT IT MEANS TO LIVE UNITED. WE RECOGNIZE THAT

STRUCTURAL RACISM, ETHNIC DISCRIMINATION, AND OTHER FORMS OF OPPRESSION

HAVE CONTRIBUTED TO RACIAL AND ETHNIC DISPARITIES THAT HAVE EXISTED IN

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF GREATER MILWAUKEE &	Page 2
WAUKESHA COUNTY INC.	39-0806190
THE PAST AND PERSIST IN THE PRESENT, AND THAT WE HAVE AN O	PPORTUNITY
AND RESPONSIBILITY TO CHANGE THESE SYSTEMS. WE ACKNOWLEDGE	THOSE
INEQUITIES ARE THE RESULT OF POLICIES AND PRACTICES THAT W	ORK TO
MARGINALIZE ENTIRE POPULATIONS OF PEOPLE.	
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY IS COMMI	TTED TO
WORKING WITH OUR COMMUNITY TO END THESE INEQUALITIES. TO A	CCOMPLISH
THIS, WE KNOW WE MUST ENGAGE OUR ENTIRE COMMUNITY, ESPECIA	LLY THOSE
WHOSE VOICES HAVE HISTORICALLY BEEN MARGINALIZED, IN SUPPO	RT OF THE
SHARED WORK FOR FORTIFYING EQUITY AND EMPOWERMENT. WE WILL	CONTINUE TO
WORK WITH PUBLIC AND PRIVATE PARTNERS TO CO-CREATE SOLUTIO	NS THAT
ENSURE EVERYONE HAS THE RESOURCES, SUPPORT, OPPORTUNITIES,	AND NETWORKS
THEY NEED TO THRIVE. WE COMMIT TO LEVERAGING OUR ASSETS TO	CREATE MORE
EQUITABLE COMMUNITIES.	
OUR VALUES:	
*WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WEL	L-BEING OF
THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY.	
*WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDI	VIDUAL
CONTRIBUTIONS. WE BELIEVE IN WORKING IN CONCERT WITH LOCAL	AGENCY
PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY.	
*WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS
OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR	CONTINUED
LOYALTY.	
*WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST M	AINTAIN
STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONF	IDENTIALITY
OF DONOR INFORMATION.	
*WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTE	RNALLY AND
EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING:	
O RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE	

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Schedule O (Form 990) 2022

08101129 131839 A508365

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2022.05000 UNITED WAY OF GREATER MIL A5083651

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
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	S, BALANCING
NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO AC	CHIEVE MEASURED
IMPACT AND OVERALL COMMUNITY IMPROVEMENT.	

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

TO ACCOMPLISH THE FOLLOWING:

* PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF HEALTH,

EDUCATION, AND FINANCIAL STABILITY.

* CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE

ACTION ON PRIORITY ISSUES.

* RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND

INTEGRATED, COMMUNITY-FOCUSED WORK.

* SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS.

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

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

FORM 990, PART III, LINE 4A

HEALTH

HEALTH OF INDIVIDUALS IS A STRONG INDICATOR OF THE HEALTH OF A

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Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORT	ANT DURING
ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INT	O ADULTHOOD
AND THROUGH OLDER AGE. TO IMPROVE THE HEALTH OF OUR COMMUN	ITY WE MUST
ALL BECOME MORE AWARE OF HEALTH RISKS, STARTING FROM BEFOR	E BIRTH.
WHETHER IT IS A TEEN STRUGGLING TO MAKE THE RIGHT DECISION	, A SENIOR IN
NEED OF HOME HEALTH CARE, OR A SURVIVOR OF ABUSE SEEKING A	SAFER
ENVIRONMENT; UNITED WAY IS WORKING TO IMPROVE THE QUALITY	OF LIFE FOR
ALL.	
UNITED WAY PARTNERS WITH AGENCIES TO PROVIDE HELP TO THOSE	WITHOUT
HEALTH INSURANCE, SENIORS IN NEED OF HOME HEALTH CARE, SUR	VIVORS OF
ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR AD	DICTION.
GOALS IN HEALTH: PROVIDE FUNDING TO INCREASE THE NUMBER OF	YOUTH AND
ADULTS WHO:	
ARE ABLE TO LIVE INDEPENDENTLY AND WITH DIGNITY.	
HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAVI	ORAL, DENTAL,
AND GENERAL HEALTH CARE SERVICES.	
HAVE A NETWORK OF SUPPORT FOR CHILDREN WITH DISABILITIES,	THEIR
FAMILIES, AND CAREGIVERS.	
HAVE ACCESS TO HIGH QUALITY, AFFORDABLE PRENATAL CARE, AN	D PREGNANCY
SUPPORT SERVICES.	
UNITED WAY'S INVESTMENT AREAS IN HEALTH:	
ACCESS TO HEALTHCARE: UNITED WAY IS REMOVING BARRIERS TO	ENSURE ALL
YOUTH AND ADULTS HAVE ACCESS TO QUALITY AND AFFORDABLE HEA	LTH CARE. TO
DO THIS, WE INVEST IN PROGRAMS THAT PROVIDE ACCESS TO GENE	RAL, DENTAL,
PRENATAL, AND PERINATAL, AND BEHAVIORAL AND MENTAL HEALTH	CARE.

	HEALTH & WELLNESS	UNITED WAY	IS SUPPORTING	YOUTH AND	ADULTS OF	ALL
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Schedule O (Form 990) 2022

 Schedule O (Form 990) 2022
 Page 2

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

 AGES AND ABILITIES TO ENSURE EVERYONE HAS THE OPPORTUNITY TO LIVE WITH

 INDEPENDENCE AND DIGNITY. WE DO THIS BY INVESTING IN PROGRAMS THAT

 PROVIDE OLDER ADULTS WITH SUPPORT AND INDEPENDENCE, SERVICES FOR

 CHILDREN AND ADULTS WITH DISABILITIES, THEIR FAMILIES, AND CAREGIVERS,

 AND CONNECT OUR ENTIRE COMMUNITY WITH ASSESSMENT, REFERRAL, AND SUPPORT

 PROGRAMS.

 SAFE & HEALTHY COMMUNITIES: UNITED WAY TRANSFORMS COMMUNITIES THROUGH

 EDUCATION AND ACCESS TO SUPPORT, MAKING HEALTHY CHOICES EASY, SAFE, AND

 AFFORDABLE. WE DO THIS BY INVESTING IN PROGRAMS THAT SUPPORT SURVIVORS

OF INTIMATE PARTNER VIOLENCE, HOUSE YOUTH WHO ARE HOMELESS, AND

ENCOURAGE MEDIATION AND HEALTHY CONFLICT RESOLUTION.

UNITED WAY'S IMPACT IN HEALTH

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

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

HTTPS://WWW.UNITEDWAYGMWC.ORG/HEALTH

EDUCATION

EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS.

STRONG, PRODUCTIVE COMMUNITIES ARE DEPENDENT UPON A SKILLED WORKFORCE

THAT CAN COMPETE IN A GLOBAL ECONOMY. IT'S NOT ENOUGH TO INTERVENE IN

HIGH SCHOOL. IT IS CRITICAL TO REACH CHILDREN EARLYEVEN BEFORE THEY

START SCHOOL. ONCE A YOUNG PERSON FALLS BEHIND, IT CAN BE VERY

DIFFICULT TO CATCH UP. IF A CHILD ISN'T READING AT GRADE LEVEL BY 3RD

GRADETHEY MAY NEVER CATCH UP. UNITED WAY IS WORKING WITH SCHOOLS AND

ORGANIZATIONS TO CHANGE THAT AND HELPING TO ENSURE THAT EVERY CHILD HAS

A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN PROGRAMS

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THAT PRODUCE RESULTS.

Schedule O (Form 990) 20	22					Page 2
Name of the organization	UNITED WA	Y OF	GREATER	MILWAUKEE	&	Employer identification number
-	WAUKESHA	COUNT	FY INC.			39-0806190

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:

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

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

HTTPS://WWW.UNITEDWAYGMWC.ORG/EDUCATION

FINANCIAL STABILITY

OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL FAMILIES ARE

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Page 2 Employer identification number 39-0806190
FINANCIALLY STABLE. FEWER FINANCIAL STRESSES LEAD TO HEALT	HIER LIVES,
IMPROVED WORK PERFORMANCE, AND BETTER EDUCATION OUTCOMES.	UNITED WAY
INVESTS IN PROGRAMS THAT HELP ADULTS IMPROVE THEIR EDUCATI	ON LEVEL AND
CREATE A MORE FINANCIALLY SECURE FUTURE FOR THEMSELVES AND	THEIR
FAMILIES.	
UNITED WAY'S WORK IN FINANCIAL STABILITY IS FOCUSED ON ENS	URING ALL
FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY.	
GOALS IN FINANCIAL STABILITY: INCREASE THE NUMBER OF ADULT	S & FAMILIES
WHO:	
HAVE A STABLE PLACE TO CALL HOME.	
ARE ABLE TO MEET THEIR HOUSEHOLD'S FOOD NEEDS.	
HAVE ACCESS TO FREE OR REDUCED COST LEGAL AID.	
GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE	
AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY SUSTAINING WA	GE.
INCREASE THEIR WEALTH BY ACHIEVING ASSET GOALS LIKE HOMEO	WNERSHIP OR A
STRONG SAVINGS ACCOUNT.	
UNITED WAY'S INVESTMENT AREAS IN FINANCIAL STABILITY:	
FINANCIAL EMPOWERMENT FOR INDIVIDUALS & FAMILIES: UNITED	WAY IS
PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. TO DO THIS	, WE ARE
INVESTING IN PROGRAMS THAT HELP PEOPLE UNDERSTAND HOW TO B	UILD
FINANCIAL ASSETS AND SAVE FOR A HOME OR POSTSECONDARY EDUC	ATION.
REDUCING BARRIERS TO EMPLOYMENT: UNITED WAY IS HELPING OT	HERS TO BUILD
EDUCATION CREDENTIALS AND SKILL CERTIFICATION TO OVERCOME	BARRIERS TO
EMPLOYMENT. TO DO THIS, WE INVEST IN PROGRAMS THAT HELP IN	DIVIDUALS
NAVIGATE THROUGH THE LEGAL SYSTEM AND GAIN EDUCATIONAL AND	/OR TRAINING
SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAM	ILY

SUSTAINING WAGE.

SAFE & STABLE HOMES: UNITED WAY IS ENSURING INDIVIDUALS AND FAMILIES HAVE SAFE AND AFFORDABLE PERMANENT HOUSING. WE DO THIS, BY INVESTING IN PROGRAMS THAT HELP PEOPLE MEET THEIR BASIC NEEDS OF FOOD AND SHELTER.

UNITED WAY'S IMPACT IN FINANCIAL STABILITY:

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

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

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

SPECIAL INITIATIVES

AS A COMMUNITY, WE MUST INVEST OUR RESOURCES EFFICIENTLY AND IN A WAY

THAT WILL LEAD TO LONG-TERM CHANGE. UNITED WAY ENGAGES THE COMMUNITY IN

A NUMBER OF SPECIAL INITIATIVES IN THE AREAS OF HEALTH, EDUCATION, AND

FINANCIAL STABILITY THAT BRING PEOPLE AND RESOURCES FROM ACROSS THE

COMMUNITY TOGETHER. WE WORK TOGETHER TO SET PRIORITIES AND BUILD

STRATEGIES THAT DRIVE LONG-TERM CHANGE.

HEALTH INITIATIVES

HEALTH IMPROVEMENT FUND

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

MILWAUKEE

EMPOWERING MINDS

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

AND ACCESS TO MENTAL HEALTH SERVICES.

EDUCATION INITIATIVES

MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP

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

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

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

PRACTICES OF SHARED LEADERSHIP, EQUITY AND CULTURAL RELEVANCE TO

ACHIEVE THIS VISION.

HELPING KIDS SUCCEED

SUPPORTS EDUCATORS, INCREASES STUDENT ACHIEVEMENT, AND ENHANCES FAMILY

STABILITY AND EMPOWERMENT IN THE SCHOOL DISTRICT OF WAUKESHA'S

HIGHEST-NEED SCHOOLS.

MY VERY OWN LIBRARY

BUILDS STRONG READERS BY PROVIDING FREE BOOKS AND FAMILY ENGAGEMENT

ACTIVITIES AT 18 MILWAUKEE PUBLIC AND SCHOOL DISTRICT OF WAUKESHA

SCHOOLS.

FINANCIAL STABILITY INITIATIVES

FINANCIAL EMPOWERMENT FOR WOMEN

PROVIDES EDUCATIONAL TOOLS AND RESOURCES THAT ASSIST WOMEN AND THEIR

FAMILIES IN PLANNING THEIR FINANCIAL FUTURE.

RACIAL EQUITY FUND

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

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

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

AND BROWN-LED ORGANIZATIONS AND ADVOCATE AND SUPPORT BLACK AND

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2022.05000 UNITED WAY OF GREATER MIL A5083651

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

BROWN-LED IDEAS.

REDUCING BARRIERS TO EMPLOYMENT AND ADVANCEMENT

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

SHOULD HAVE THE OPPORTUNITY TO OBTAIN PERMANENT EMPLOYMENT WITH A

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

HAVE OPPORTUNITIES FOR ADVANCEMENT.

SAFE & STABLE HOMES: ENDING FAMILY HOMELESSNESS

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

INTO PERMANENT HOMES, ENSURING FAMILIES STAY STABLY HOUSED, AND

PREVENTING FAMILY HOMELESSNESS.

TECHQUITY

BRIDGES THE DIGITAL DIVIDE BY FOSTERING GREATER DIGITAL EQUITY AND

INCLUSION THROUGHOUT OUR COMMUNITY.

FORM 990, PART III, LINE 4B

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,

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Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Page 2 Employer identification number 39-0806190
WITH THE UNDERSTANDING THAT A CHILD BELONGS TO A FAMILY, A	ND THAT
FAMILY LIVES AND INTERACTS WITHIN A LARGER COMMUNITY.	
CURRENT MCSP SCHOOLS (AUER AVENUE SCHOOL, BRADLEY TECH, HO	PKINS-LLOYD
COMMUNITY SCHOOL AND JAMES MADISON ACADEMIC CAMPUS) MAY HA	VE DIFFERENT
FOCUSES AND ACTIVITIES TO IMPROVE THEIR SCHOOLS AND COMMUN	ITIES, BUT
ALL SHARE CORE CHARACTERISTICS:	
A SHARED VISION THAT INTEGRATES INTO THE WORK OF THE SCHO	OL AND ALL
PARTNERS.	
DEMONSTRATED LONG-TERM COMMITMENT AND SHARED OWNERSHIP AS	EVIDENCED BY
A PARTNERSHIP AGREEMENT SIGNED BY THE SCHOOL, DISTRICT, AN	D LEAD
PARTNER AGENCY.	
A FULL-TIME COMMUNITY SCHOOL COORDINATOR HIRED BY A NON-P	ROFIT PARTNER
AND PLACED IN THE SCHOOL TO ASSESS, ALIGN, AND SUPPORT PRO	GRAMS AND
RESOURCES TO ACHIEVE THE SHARED VISION.	
LOCAL DECISION-MAKING REGARDING THE SHARED VISION AND PRI	ORITIES OF
THE COMMUNITY SCHOOL.	
THIS DECISION-MAKING HAPPENS THROUGH A SCHOOL-LEVEL ADVISO	RY 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 IMPLEMENTATI	ON OF THE
MCSP SCAN, A MULTI-COMPONENT TOOL THAT COMBINES ACADEMIC,	HEALTH, AND
SAFETY DATA WITH AN ASSET MAP AND LIVED-EXPERIENCE NARRATI	VE FROM
STUDENTS, SCHOOL STAFF, PARENTS, AND COMMUNITY MEMBERS.	
CULTURAL RELEVANCE WITHIN AND OUTSIDE OF THE SCHOOL DAY T	HAT RESPONDS
TO THE SELF-IDENTITIES OF STUDENTS, PARENTS, SCHOOL STAFF,	AND
COMMUNITY MEMBERS.	
A FOCUS ON EQUITY THAT PERMEATES ALL ACTIVITIES OF THE CO	MMUNITY
SCHOOL TO ENSURE THAT STUDENTS, PARENTS, SCHOOL STAFF, AND	COMMUNITY

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MEMBERS ALL HAVE THE SAME OPPORTUNITIES AND ACCESS TO RES	SOURCES TO HELP
THEM SUCCEED.	
SUCCESSFUL IMPLEMENTATION OF A COMMUNITY SCHOOLS' MODEL H	HAS BEEN PROVEN
ACROSS THE COUNTRY TO IMPROVE CLIMATE AND CULTURE, ACADE	MIC
ACHIEVEMENT, AND INVESTMENT IN LOCAL NEIGHBORHOODS. HERE	IN MILWAUKEE,
WE ARE DIRECTLY WORKING TO IMPROVE:	
STUDENT ATTENDANCE AND ACADEMIC ENGAGEMENT.	
LEVELS OF TRUST BETWEEN SCHOOL, FAMILY, AND BROADER COM	MUNITY.
ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STO	UDENT SUCCESS.
THE 2015-2016 SCHOOL YEAR WAS THE FIRST FULL YEAR OF IM	PLEMENTATION
FOR THE MCSP. SINCE THEN, ADDITIONAL SCHOOLS HAVE BEEN AI	DDED FOR A
TOTAL OF 12 IN 2022-2023.	
A \$2.5 MILLION, 5-YEAR GRANT (BEGINNING IN OCTOBER 2020)	WAS AWARDED TO
COMMUNITY SCHOOLS FROM THE US DEPARTMENT OF EDUCATION, FU	JLL-SERVICE
COMMUNITY SCHOOLS GRANT.	
TEEN PREGNANCY PREVENTION GRANT BOYS AND GIRLS CLUBS OF	GREATER
MILWAUKEE (BGCGM)	
THE BGCGM TEEN PREGNANCY PREVENTION PROGRAM INCLUDES COM	MUNITY

STAKEHOLDERS, DEPARTMENT OF CORRECTIONS, UNITED WAY OF GREATER

MILWAUKEE & WAUKESHA COUNTY, PRIVATE SCHOOLS, AND COMMUNITY

ORGANIZATIONS. BGCGM IS THE APPLICANT CHOSEN BY ITS PARTNERS TO

COORDINATE A WELL-ESTABLISHED SYSTEM OF COLLABORATING AGENCIES THAT

WILL PROVIDE GREATLY EXPANDED EVIDENCED-BASED TEEN PREGNANCY PREVENTION

EDUCATION IN THE CITY OF MILWAUKEE, WISCONSIN.

BGCGM AND	PARTNER	ORGANIZATIONS	WILL	FACILITATE	EVIDENCE-BASED	TEEN
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Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number $39-0806190$
PREGNANCY PREVENTION (EB TPP) EDUCATION TO YOUTH 10-19 YEA	ARS OF AGE
RESIDING IN MILWAUKEE COMMUNITIES OF HIGH NEED WITH TEEN E	SIRTH RATES
RANGING FROM 31.3 TO AS HIGH AS 88 BIRTHS PER 1,000 TEEN G	IRLS.

BGCGM AND PROJECT PARTNERS WILL PROVIDE EDUCATION TO YOUTH AGES 10-19 TO PRIVATE AND ALTERNATIVE HIGH SCHOOL SITES, MIDDLE SCHOOL SITES, UPPER ELEMENTARY SCHOOLS SITES, AFTER-SCHOOL RECREATIONAL PROGRAM SITES, AND THE HOUSE OF CORRECTIONS (AGES 17-19) UTILIZING THE POSITIVE PREVENTION PLUS (PPP) CURRICULUM.

RIGHT TO COUNSEL

RIGHT TO COUNSEL IS A THREE-YEAR PILOT THAT WILL PROVIDE FREE HOUSING

ATTORNEYS FOR EVERY FAMILY UNDER 200% OF THE FEDERAL POVERTY GUIDELINE

FACING AN EVICTION CASE IN MILWAUKEE COUNTY SMALL CLAIMS COURT.

LEGAL ACTION OF WISCONSIN'S EVICTION DEFENSE PROJECT DATA SHOWS THAT 90% OF EVICTION CASES ARE DISMISSED OR DELAYED WHEN A TENANT HAS LEGAL REPRESENTATION, BUT ONLY 3% OF THE 14,000 MILWAUKEE FAMILIES FACING AN EVICTION IN A TYPICAL YEAR WILL HAVE LEGAL REPRESENTATION.

RIGHT TO COUNSEL ADDRESSES RACIAL INEQUITIES IN HOUSING STABILITY.

MILWAUKEE COUNTY SMALL CLAIMS COURT DATA INDICATES FAMILIES AT-RISK FOR

EVICTIONS ARE MOSTLY BLACK AND LATINO RESIDENTS IN LOW-INCOME AREAS.

BLACK WOMEN, FAMILIES WITH CHILDREN, AND LATINO FAMILIES IN MOSTLY

WHITE NEIGHBORHOODS ARE DISPROPORTIONALLY EVICTED IN MILWAUKEE COUNTY.

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STATE SHELTER SUBSIDY GRANT

THE STATE SHELTER SUBSIDY GRANT (SSSG) PROVIDES UP TO 50% OF AN

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Schedule O (Form 990) 2022 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & Employer identification number 39-0806190 WAUKESHA COUNTY INC. EMERGENCY SHELTER OR VOUCHER PROGRAM'S ANNUAL OPERATING BUDGET. THE SAFE SHELTER AND HOMELESS GRANT FUNDS ARE AVAILABLE TO SHELTER PROGRAMS WITH ADDITIONAL FUNDING NEEDS LIKE RENOVATION/EXPANSION OF AN EXISTING SHELTER, DEVELOPMENT OF AN EXISTING BUILDING INTO A SHELTER, THE EXPANSION (OR DEVELOPMENT) OF SHELTER SERVICES, OR TO CONTINUE AN EXISTING LEVEL OF SERVICE. SSSG PARTICIPANTS WERE SURVEYED TO IDENTIFY FUNDING NEEDS FOR THE 2021/2022 AND 2022/2023 WINTERS AS WELL AS FUNDING NEEDS FOR CRITICAL CAPITAL INVESTMENTS. THE WISCONSIN DEPARTMENT OF ADMINISTRATION (DOA) USED INFORMATION COLLECTED TO DETERMINE THE PROPORTION OF FUNDING THAT EACH EMERGENCY SHELTER AND VOUCHER PROGRAM WOULD RECEIVE THROUGH THE SAFE SHELTER AND HOMELESSNESS GRANTS.

PUBLIC SERVICE COMMISSION UNIVERSAL SERVICE FUND A GRANT WAS AWARDED IN THE 2022-2023 YEAR TO SUPPORT DEVICES, INTERNET SERVICES AND DIGITAL LITERACY TRAINING FOR LOW-INCOME COMMUNITY MEMBERS AND THEIR FAMILIES.

MARGARET A. CARGILL PHILANTHROPIES SAFE & STABLE HOMES A \$1.5 MILLION GRANT WAS AWARDED FOR CALENDAR YEARS 2022 AND 2023 TO SUPPORT PROGRAMMATIC INVESTMENTS AND STAFF EFFORTS TOWARDS SAFE & STABLE HOMES: ENDING FAMILY HOMELESSNESS.

US DEPARTMENT OF JUSTICE, OFFICE OF VIOLENCE PREVENTION, ANTITERRORISM

AND EMERGENCY ASSISTANCE PROGRAM (AEAP) UNITED FOR WAUKESHA RESILIENCY

CENTER

A \$3.2 MILLION GRANT WAS AWARDED STARTING THE DAY OF THE PARADE

INCIDENT IN WAUKESHA AND COVERING THREE YEARS. IN THE MONTHS FOLLOWING
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WAUKESHA COUNTY INC.	39-0806190
THE INCIDENT, UNITED WAY FINANCIALLY SUPPORTED VARIOUS AGE	NCIES
PROVIDING SERVICES TO VICTIMS, KNOWING THAT IF APPROVED, A	EAP WOULD
REIMBURSE NEW AND SUPPLEMENTAL COSTS IN THE ESTABLISHMENT	
KEIMBORSE NEW AND SUPPLEMENTAL COSIS IN THE ESTABLISHMENT	AND OPERATION
OF THE UNITED FOR WAUKESHA RESILIENCY CENTER TO ASSIST THE	VICTIMS OF
THE NOVEMBER, 21, 2021 INCIDENT.	

FORM 990, PART III, LINE 4C

VOLUNTEER ENGAGEMENT

VOLUNTEERING THROUGH UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY IS A GREAT WAY TO GIVE BACK, WHILE GETTING INVOLVED IN SUPPORTING MANY OF THE MOST IMPORTANT ISSUES FACING OUR COMMUNITY TODAY. WE BELIEVE STRATEGIC VOLUNTEERISM MULTIPLIES THE POSITIVE IMPACT OF UNITED WAY'S FINANCIAL INVESTMENTS AND HAS THE POTENTIAL TO IMPROVE RESULTS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH. VOLUNTEER OPPORTUNITIES ALSO SUPPORT OUR KEY INITIATIVES INCLUDING SAFE & STABLE HOMES, REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT, EMPOWERING MINDS, AND TECHQUITY.

AVAILABLE OPPORTUNITIES INCLUDE:

*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 232212 10-28-22

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BOARD GAMES WITH OLDER ADULTS, HELPING TO HARVEST A COMMUNITY GARDEN,

OR PREPARING AND AVAILABLE OPPORTUNITIES INCLUDE:

*SUPPORTING UNITED WAY'S SIGNATURE EVENTS INCLUDING PROJECT HOMELESS CONNECT, BACKPACK COALITION, THE ANNUAL JOB SEMINAR, DIAPER BANK, AND OUR MARTIN LUTHER KING JR. DAYS OF SERVICE.

*ON-SITE PROJECTS: VOLUNTEERS CAN DO GOOD WITHOUT EVEN LEAVING THEIR OFFICE BY SPONSORING AND HOSTING KIT PACKING EVENTS TO PREPARE CARE PACKAGES FOR INDIVIDUALS AND FAMILIES SUCH AS PERSONAL CARE KITS; SNACK PACKS FOR YOUTH AND ADULTS; YOUTH MENTAL HEALTH WELLNESS KITS; AND SENIOR CARE KITS.

*IN THE COMMUNITY: VOLUNTEERS CAN ROLL UP THEIR SHIRT SLEEVES AT A UNITED WAY FUNDED PROGRAM BY READING BOOKS TO LOCAL CHILDREN, PLAYING BOARD GAMES WITH OLDER ADULTS, HELPING TO HARVEST A COMMUNITY GARDEN, OR PREPARING AND SERVING MEALS AT A LOCAL SHELTER. UNITED WAY'S STAFF HELPS FACILITATE THE OUTREACH AND LOGISTICS OF THESE GROUP VOLUNTEER EVENTS.

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

*SKILL-BASED: VOLUNTEERS CAN USE THEIR PROFESSIONAL TALENTS TO HELP

LOCAL COMMUNITY MEMBERS BY SERVING AS RESUME AND INTERVIEW COACHES AND

PROVIDING CAREER GUIDANCE AND MENTORSHIP. VOLUNTEERS CAN ALSO SERVE ON
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Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
A UNITED WAY COMMITTEE TO SUPPORT OUR MARKETING AND COMMUN	NICATIONS
EFFORTS, FUNDING AND IMPACT STRATEGIES, COMMUNITY ENGAGEM	ENT WORK; AND

*SUPPLY DRIVES: COMMUNITY GROUPS AND WORKPLACES CAN HOST A COLLECTION DRIVE TO MOBILIZE THE MOST NEEDED RESOURCES OF LOCAL NONPROFITS. REQUESTED ITEMS ROTATE SEASONALLY AND INCLUDE SCHOOL SUPPLIES, WINTER APPAREL, AND HEALTH AND HYGIENE ITEMS. UNITED WAY ALSO MOBILIZES DIAPERS AND BABY WIPES YEAR-ROUND FOR FAMILIES IN OUR FOUR-COUNTY REGION.

FAMILY ENGAGEMENT EFFORTS: VOLUNTEERING AS A FAMILY BUILDS TRADITIONS OF CARING, OFFERS QUALITY TIME TOGETHER, AND HELPS CREATE POSITIVE CHANGE IN OUR COMMUNITY. UNITED WAY COORDINATES SEVERAL FAMILY FRIENDLY WEEKEND EVENTS AT OUR VOLUNTEER CENTER THROUGHOUT THE YEAR.

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

DONOR DIRECTED DESIGNATIONS TO SPECIFIC MEMBER AND NON-MEMBER AGENCIES

TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS.

EXPENSES \$ 20,514,423. INCLUDING GRANTS OF \$ 20,514,423. REVENUE \$ 0.

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

FILIPPO CARINI IS NOT A VOTING MEMBER.

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

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

5	TED WAY OF GI KESHA COUNTY		JKEE &		Employer identification num $39-0806190$
FORM 990, PART VI,	, SECTION B,	LINE 11B:			
COPIES ARE SHARED	WITH THE EXE	CUTIVE, AUD	T AND	FINANCE	COMMITTEES.

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

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ANNUALLY REQUIRES STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS TO ELECTRONICALLY SIGN-OFF THAT THEY HAVE READ THE CODE OF ETHICS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES. AS PART OF THE PROCESS THEY ARE ALSO REQUIRED TO SUBMIT ANY CONFLICTS. THE CONFLICTS ARE PROVIDED TO THE GOVERNANCE COMMITTEE FOR ANY NECESSARY RESOLUTION. BOARD AND COMMITTEE ARE ASKED TO ABSTAIN FROM VOTING AND DISCUSSION BASED ON THEIR CONFLICTS.

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

AN EXECUTIVE REVIEW COMMITTEE COMPRISED OF MEMBERS OF THE BOARD EVALUATES

THE CEO'S ANNUAL PERFORMANCE AND MAKES RECOMMENDATIONS FOR COMPENSATION

ADJUSTMENTS TO THE BOARD.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED FOR 2022

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

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