

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>225 WEST VINE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53212</b> <b>F</b> Name and address of principal officer: <b>MARY LOU YOUNG</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>39-0806190</b> <b>E</b> Telephone number <b>414-263-8141</b> <b>G</b> Gross receipts \$ <b>58,615,615.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYGMWC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1909</b> <b>M</b> State of legal domicile: <b>WI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION: UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>51</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>50</b> <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> <b>152</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>2500</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>60,058,019.</b> <b>Prior Year</b> <b>54,945,626.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>529,627.</b> <b>479,215.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>515,756.</b> <b>724,897.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>145,132.</b> <b>170,907.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>61,248,534.</b> <b>56,320,645.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>53,242,802.</b> <b>44,987,267.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>7,183,290.</b> <b>7,635,061.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,509,820.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,432,250.</b> <b>2,731,689.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>62,858,342.</b> <b>55,354,017.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-1,609,808.</b> <b>966,628.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>41,858,727.</b> <b>Beginning of Current Year</b> <b>39,933,507.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>10,691,469.</b> <b>7,268,059.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>31,167,258.</b> <b>32,665,448.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>FILIPPO CARINI, CHIEF OPERATING OFFICER</b> Type or print name and title	Date  		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY ANDERSON, CPA</b>	Preparer's signature <b>KIMBERLY ANDERSON, C</b>	Date <b>11/12/18</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00188889</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>		
	Firm's address ▶ <b>8215 GREENWAY BOULEVARD, SUITE 600</b> <b>MIDDLETON, WI 53562</b>			Phone no. (608) <b>662-8600</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

UNITED WAY OF GREATER MILWAUKEE &  
WAUKESHA COUNTY INC.

Form 990 (2017)

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**OUR MISSION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT IN HEALTH, EDUCATION, AND FINANCIAL STABILITY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: \_\_\_\_\_) (Expenses \$ 28,154,596. including grants of \$ 26,185,906.) (Revenue \$ \_\_\_\_\_)  
**COMMUNITY INVESTMENT STRATEGIES - SEE SCHEDULE O**

4b (Code: \_\_\_\_\_) (Expenses \$ 876,429. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**VOLUNTEER ENGAGEMENT - SEE SCHEDULE O**

4c (Code: \_\_\_\_\_) (Expenses \$ 925,934. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**GRANTS - SEE SCHEDULE O**

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

4e Total program service expenses **48,758,320.**

Form 990 (2017)

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

**Part IV Checklist of Required Schedules**

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

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BENFIELD DIRECTOR	0.60	X					0.	0.	0.	
(2) STEVEN BOOTH DIRECTOR	0.30	X					0.	0.	0.	
(3) DANIEL BUKIEWICA DIRECTOR	0.30	X					0.	0.	0.	
(4) THOMAS CARDELLA DIRECTOR	0.60	X					0.	0.	0.	
(5) CHERYL CARRON DIRECTOR	0.30	X					0.	0.	0.	
(6) STEPHANIE CHEDID DIRECTOR	0.30	X					0.	0.	0.	
(7) SHEILA COCHRAN DIRECTOR	2.30	X					0.	0.	0.	
(8) DARIENNE DRIVER, ED.D. DIRECTOR	0.60	X					0.	0.	0.	
(9) JOHN DUNN DIRECTOR	0.30	X					0.	0.	0.	
(10) MICHAEL ERWIN DIRECTOR	0.30	X					0.	0.	0.	
(11) PAMELA FENDT DIRECTOR	0.30	X					0.	0.	0.	
(12) KEVIN FLETCHER DIRECTOR	0.30	X					0.	0.	0.	
(13) JOHN FLORSHEIM DIRECTOR	0.30	X					0.	0.	0.	
(14) MICHAEL FLYNN DIRECTOR	0.30	X					0.	0.	0.	
(15) CRISTY GARCIA-THOMAS DIRECTOR	0.60	X					0.	0.	0.	
(16) DAVID GAY DIRECTOR	0.60	X					0.	0.	0.	
(17) KELLY GREBE DIRECTOR	0.30	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DARRYL GREEN DIRECTOR	0.30	X					0.	0.	0.	
(19) EILEEN HANKES DIRECTOR	0.30	X					0.	0.	0.	
(20) JACQUELINE HERD-BARBER DIRECTOR	0.60	X					0.	0.	0.	
(21) NANCY HERNANDEZ DIRECTOR	0.30	X					0.	0.	0.	
(22) MARK IRGENS DIRECTOR	0.30	X					0.	0.	0.	
(23) CATHERINE JACOBSON DIRECTOR	0.30	X					0.	0.	0.	
(24) JASMINE JOHNSON DIRECTOR	0.30	X					0.	0.	0.	
(25) SUZANNE KELLEY DIRECTOR	0.30	X					0.	0.	0.	
(26) DONALD LAYDEN DIRECTOR	0.60	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,203,937.	0.	205,132.	
<b>d Total (add lines 1b and 1c)</b>							1,203,937.	0.	205,132.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MATTHEW LEVATICH DIRECTOR	2.30	X						0.	0.	0.
(28) JAY MAGULSKI DIRECTOR	2.60	X						0.	0.	0.
(29) GREGORY MARCUS VICE CHAIR	0.60	X		X				0.	0.	0.
(30) RICHARD MEEUSEN DIRECTOR	0.30	X						0.	0.	0.
(31) JOHN MILLER DIRECTOR	0.30	X						0.	0.	0.
(32) BLAKE MORET DIRECTOR	0.30	X						0.	0.	0.
(33) CORY NETTLES CHAIR	1.60	X		X				0.	0.	0.
(34) GREGORY OBERLAND SECRETARY	0.60	X		X				0.	0.	0.
(35) GEORGE OLIVER DIRECTOR	0.30	X						0.	0.	0.
(36) JEFFREY PEELEN DIRECTOR	0.30	X						0.	0.	0.
(37) CHRISTOPHER PIOTROWSKI DIRECTOR	0.30	X						0.	0.	0.
(38) MICHAEL ROWE DIRECTOR	0.30	X						0.	0.	0.
(39) STEVE SALOUTOS DIRECTOR	0.60	X						0.	0.	0.
(40) PAUL SCHMITZ DIRECTOR	0.30	X						0.	0.	0.
(41) BERNIE SHERRY DIRECTOR	0.30	X						0.	0.	0.
(42) THELMA SIAS DIRECTOR	0.30	X						0.	0.	0.
(43) JUDSON SNYDER DIRECTOR	0.30	X						0.	0.	0.
(44) LYNN SPRANGERS DIRECTOR	0.30	X						0.	0.	0.
(45) MARGARET TROY DIRECTOR	0.30	X						0.	0.	0.
(46) ROBERT VALCQ DIRECTOR	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	65,050.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,308,496.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	53,572,080.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		3,453,511.			
	<b>h Total.</b> Add lines 1a-1f .....		54,945,626.			
	<b>Program Service Revenue</b>	<b>2 a</b> SERVICE FEES .....	<b>Business Code</b>			
		900099	479,215.	479,215.		
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		479,215.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		319,169.		319,169.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	148,600.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....		0.		
	<b>c</b> Rental income or (loss) .....		148,600.			
	<b>d</b> Net rental income or (loss) .....		148,600.		148,600.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	2,418,245.	257,995.		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		2,161,466.	109,046.	
		<b>c</b> Gain or (loss) .....		256,779.	148,949.	
	<b>d</b> Net gain or (loss) .....		405,728.		405,728.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 65,050. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	24,500.			
		<b>b</b> Less: direct expenses .....		24,458.		
<b>c</b> Net income or (loss) from fundraising events .....			42.		42.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	6,727.				
	<b>b</b> Less: direct expenses .....		0.			
	<b>c</b> Net income or (loss) from gaming activities .....		6,727.		6,727.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11</b>	<b>a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....	900099	15,538.	15,538.		
	<b>e Total.</b> Add lines 11a-11d .....		15,538.			
<b>12 Total revenue.</b> See instructions .....		56,320,645.	494,753.	0.	880,266.	

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**Part IX Statement of Functional Expenses**

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

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

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

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

**UNITED WAY OF GREATER MILWAUKEE &  
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**Part X Balance Sheet**

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

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

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

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2017)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	50,812,885.	53,617,309.	58,015,256.	60,058,019.	54,945,626.	277,449,095.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	50,812,885.	53,617,309.	58,015,256.	60,058,019.	54,945,626.	277,449,095.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						22,600,011.
<b>6 Public support.</b> Subtract line 5 from line 4.						254,849,084.

**Section B. Total Support**

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

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.19 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	90.24 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</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.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

UNITED WAY OF GREATER MILWAUKEE &

Schedule A (Form 990 or 990-EZ) 2017 WAUKESHA COUNTY INC.

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**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

UNITED WAY OF GREATER MILWAUKEE &  
WAUKESHA COUNTY INC.

Employer identification number

39-0806190

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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**

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b> UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	<b>Employer identification number</b> 39-0806190
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 3,037,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,889,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,436,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,438,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,102,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY INC.</b>	Employer identification number <b>39-0806190</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD AND DRINKS FOR EVENT	\$ 5,804.	12/05/17
3	100,000 SHARES OF REGION FINANCIAL CORPORATION	\$ 1,436,000.	10/06/17
5	PRINTING	\$ 2,563.	07/26/17
		\$	
		\$	
		\$	

Name of organization <b>UNITED WAY OF GREATER MILWAUKEE &amp; WAUKESHA COUNTY INC.</b>	Employer identification number <b>39-0806190</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017



**Part VII Investments - Other Securities.**

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

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

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**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:**

UNITED WAY HAS BEEN DETERMINED TO BE A CHARITABLE ORGANIZATION AS DEFINED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, AS SUCH, IS EXEMPT FROM FEDERAL INCOME TAXES. UNITED WAY IS ALSO EXEMPT FROM STATE

**Part XIII** Supplemental Information (continued)

INCOME TAXES.

MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2018 AND 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS 18,801,361.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS 18,801,361.





**UNITED WAY OF GREATER MILWAUKEE &**

Schedule G (Form 990 or 990-EZ) 2017 **WAUKESHA COUNTY INC.**

39-0806190 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN ' S LEADERSHIP L (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	89,550.			89,550.
	<b>2</b> Less: Contributions .....	65,050.			65,050.
	<b>3</b> Gross income (line 1 minus line 2) .....	24,500.			24,500.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	17,922.			17,922.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	6,536.			6,536.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				24,458.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				42.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(88NINE) RADIO MILWAUKEE 220 E. PITTSBURGH AVENUE MILWAUKEE, WI 53204	20-1257939	501 (C)(3)	15,425.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ABCD: AFTER BREAST CANCER DIAGNOSIS - 5775 NORTH GLEN PARK ROAD, #201 - GLENDALE, WI 53209	39-1967028	501 (C)(3)	5,700.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ABCD: AFTER BREAST CANCER DIAGNOSIS - 5775 NORTH GLEN PARK ROAD, #201 - GLENDALE, WI 53209	39-1967028	501 (C)(3)	30,000.	0.			LATINA PEER SUPPORT INITIATIVE
ACADEMY FOR URBAN SCHOOL LEADERSHIP (AUSL) - 3400 NORTH AUSTIN AVENUE - CHICAGO, IL 60634	36-4447457	501 (C)(3)	9,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ACHIEVING EDUCATIONAL EXCELLENCE INC - 2607 SOUTH 5TH STREET - MILWAUKEE, WI 53207	47-1800734	501 (C)(3)	39,529.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ACTS COMMUNITY DEVELOPMENT CORPORATION - 2414 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1837474	501 (C)(3)	18,975.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 635.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

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

Schedule I (Form 990)

39-0806190

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI 53186-4924	39-1867400	501 (C)(3)	6,998.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI 53186-4924	39-1867400	501 (C)(3)	8,993.	0.			COMMUNITY ORIENTEERING
ADVOCATES OF OZAUKEE, INC. PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	24,116.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ADVOCATES OF OZAUKEE, INC. PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	57,222.	0.			DOMESTIC VIOLENCE
AFRICAN AMERICAN BREASTFEEDING NETWORK - 4340 N 46TH STREET - MILWAUKEE, WI 53216	46-2196318	501 (C)(3)	25,000.	0.			HEALTHY BIRTH OUTCOMES
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 820 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	88,164.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 820 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	57,002.	0.			LIFEPOINT
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 820 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	88,097.	0.			FOOD PANTRY
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 820 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	90,411.	0.			DENTAL CLINIC

Schedule I (Form 990)

UNITED WAY OF GREATER MILWAUKEE &  
WAUKESHA COUNTY INC.

Schedule I (Form 990)

39-0806190

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES - 648 N. PLANKINTON AVE. STE 425 - MILWAUKEE, WI 53203-2926	39-1709925	501 (C)(3)	7,469.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ALOHA UNITED WAY 200 NORTH VINEYARD BOULEVARD, #700 HONOLULU, HI 96817	99-0073494	501 (C)(3)	8,580.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ALVERNO COLLEGE 3401 SOUTH 39 STREET MILWAUKEE, WI 53215-4093	39-0806263	501 (C)(3)	47,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER - 620 SOUTH 76 STREET, #160 - MILWAUKEE, WI 53214-1549	39-1350965	501 (C)(3)	61,069.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER - 620 SOUTH 76 STREET, #160 - MILWAUKEE, WI 53214-1549	39-1350965	501 (C)(3)	21,825.	0.			AWARENESS, EDUCATION AND SUPPORT
AMERICAN HEART ASSOCIATION - NATIONAL CENTER - 7272 GREENVILLE AVENUE - DALLAS, TX 75231	13-5613797	501 (C)(3)	6,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN LUNG ASSOCIATION OF WISCONSIN, UPPER MIDWEST, BROOKFIELD - 13100 WEST LISBON ROAD, SUITE 700 - BROOKFIELD, WI	20-4392201	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	3,000.	0.			LOCAL DISASTER RESPONSE
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	117,992.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	50,500.	0.			HOME FIRE PREPAREDNESS PROGRAM
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	803,523.	0.			LOCAL DISASTER RESPONSE
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3067804	501 (C)(3)	9,005.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501 (C)(3)	9,682.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ANGELA HOSPICE HOME CARE INC. (MI) 14100 NEWBURGH RD LIVONIA, MI 48154-5010	38-2755767	501 (C)(3)	15,058.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3193389	501 (C)(3)	11,058.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ANTI-DEFAMATION LEAGUE SOUTHEAST REGION - ONCE SECURITIES CENTRE - ATLANTA, GA 30305	13-1818723	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ARTHRITIS FOUNDATION, UPPER MIDWEST REGION, WEST ALLIS - 10427 WEST LINCOLN AVENUE, #1400 - WEST ALLIS, WI 53227	58-1341679	501 (C)(3)	5,448.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	14,237.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	55,676.	0.			AURORA VNA ZILBER FAMILY HOSPICE
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	507,323.	0.			AURORA AT HOME
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	40,000.	0.			HEALTHY BIRTH OUTCOMES
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	12,612.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	87,835.	0.			MILWAUKEE MENTAL HEALTH CONSULTANTS
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	250,663.	0.			FAMILY ENRICHMENT
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	296,223.	0.			ELDER SERVICE MONEY MANAGEMENT
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	362,034.	0.			SYSTEMIC FAMILY COUNSELING
AURORA FOUNDATION 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-9044569	501 (C)(3)	25,000.	0.			HEALTHY BIRTH OUTCOMES

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AURORA HEALING CENTER 130 WEST BRUCE STREET, SUITE 400 MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	48,228.	0.			COUNSELING PROGRAM FOR UNDERSERVED SURVIVORS
AURORA HEALING CENTER 130 WEST BRUCE STREET, SUITE 400 MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	6,500.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITIATIVE
AURORA HEALING CENTER ON BRUCE STREET - 130 WEST BRUCE STREET, SUITE 400 - MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	16,011.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA WALKER'S POINT COMMUNITY CLINIC - 130 W BRUCE STREET - MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	25,000.	0.			MHCP GRANT
BADGER ADVOCATES 10 EAST DOTY STREET # 836 MADISON, WI 53703	27-5033472	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BADGER INSTITUTE 633 W WISCONSIN AVE #330 MILWAUKEE, WI 53203	39-1592727	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BASICS IN MILWAUKEE, INC. 2224 WEST KILBOURN AVENUE, SUITE 21 MILWAUKEE, WI 53233	39-1880148	501 (C)(3)	6,196.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BAY VIEW COMMUNITY CENTER, INC. 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	5,000.	0.			EMERGENCY FOOD PURCHASE
BAY VIEW COMMUNITY CENTER, INC. 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	19,138.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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BAY VIEW COMMUNITY CENTER, INC. 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	16,702.	0.			50 PLUS
BAY VIEW COMMUNITY CENTER, INC. 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	29,987.	0.			FOOD PANTRY
BAY VIEW COMMUNITY CENTER, INC. 1320 EAST OKLAHOMA AVENUE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	90,900.	0.			FAMILY AND CHILDREN
BENEDICT CENTER, THE 1849 N. DR. MARTIN LUTHER KING DRIV MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	7,758.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BENEDICT CENTER, THE 1849 N. DR. MARTIN LUTHER KING DRIV MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	50,000.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITITAVE
BENEDICT CENTER, THE 1849 N. DR. MARTIN LUTHER KING DRIV MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	2,500.	0.			WI WEATHER WELLNESS
BEST BUDDIES WISCONSIN 10425 W NORTH AVE STE 340 WAUWATOSA, WI 53226	52-1614576	501 (C)(3)	20,372.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO - 560 WEST LAKE STREET, FLOOR 5 - CHICAGO, IL 60661	36-2681212	501 (C)(3)	9,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE, INC. - 788 NORTH JEFFERSON STREET, SUITE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501 (C)(3)	187,311.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE, INC. - 788 NORTH JEFFERSON STREET, SUITE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501 (C)(3)	196,050.	0.			ONE TO ONE MENTORING PROGRAM
BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC. - 885 BADGER CIRCLE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	19,993.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC. - 885 BADGER CIRCLE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	26,580.	0.			MATCH ME
BIZSTARTS MILWAUKEE INC 1555 NORTH RIVERCENTER DRIVE, SUITE MILWAUKEE, WI 53212	26-1766033	501 (C)(3)	7,223.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BLACK ARTS MKE 929 NORTH WATER STREET MILWAUKEE, WI 53202	47-1889202	501 (C)(3)	9,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BLOODCENTER OF WISCONSIN, INC. 638 NORTH 18 STREET MILWAUKEE, WI 53233-2121	39-0807235	501 (C)(3)	10,855.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL - 1776 W WARREN AVE - DETROIT, MI 48208-2215	45-4003240	501 (C)(3)	5,044.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD - WAUKESHA, WI 53188	39-0806342	501 (C)(3)	41,710.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD - WAUKESHA, WI 53188	39-0806342	501 (C)(3)	118,712.	0.			CUB SCOUTS

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BOYS & GIRLS CLUBS OF AMERICA, NATIONAL HEADQUARTERS - ATTN: PAUL SANSONE - ATLANTA, GA 30309-3447	13-5562976	501 (C)(3)	18,509.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686	501 (C)(3)	5,794.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	1,138,227.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	110,303.	0.			SPARK EARLY LITERACY PROGRAM
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	118,100.	0.			SPONSOR-A-SCHOLAR
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	1,206,185.	0.			SCHOOL ACHIEVEMENT
BRADLEY IMPACT FUND 1249 NORTH FRANKLIN PLACE MILWAUKEE, WI 53202	45-4678325	501 (C)(3)	63,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	11,361.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	47,750.	0.			COMMUNITY MED SHARE

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BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	110,000.	0.			MHCP GRANT
BREWERS COMMUNITY FOUNDATION MILLER PARK MILWAUKEE, WI 53214	39-1970152	501 (C)(3)	19,082.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BROWN COUNTY UNITED WAY 112 NORTH ADAMS STREET GREEN BAY, WI 54301-5010	39-0806299	501 (C)(3)	121,024.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BRUCE GUADALUPE SCHOOL 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204	39-1146191	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BUILD INC 1223 NORTH MILWAUKEE AVENUE CHICAGO, IL 60622	23-7022085	501 (C)(3)	7,321.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CANCERCURE OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	81-0648432	501 (C)(3)	5,615.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARDINAL STRITCH UNIVERSITY 6801 NORTH YATES ROAD MILWAUKEE, WI 53217-3945	39-0806196	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARE NET PREGNANCY CENTER OF MILWAUKEE - 2917 NORTH OAKLAND AVENUE - MILWAUKEE, WI 53211	39-1496868	501 (C)(3)	15,111.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARING PLACE, INC., THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	7,538.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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CARING PLACE, INC., THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	15,139.	0.			MEALS ON WHEELS
CARING PLACE, INC., THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	28,115.	0.			ADULT DAY CARE
CARMEN HIGH SCHOOL OF SCIENCE AND TECHNOLOGY - 1712 SOUTH 32 STREET - MILWAUKEE, WI 53215	56-2569203	501 (C)(3)	14,189.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER, INC. 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	34,682.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER, INC., THE 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	63,899.	0.			EMERGENCY SHELTER
CATHEDRAL CENTER, INC., THE 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	5,000.	0.			THERMOSTATS & SHELTER
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	237,711.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	23,881.	0.			OUTREACH & CASE MANAGEMENT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	42,630.	0.			SUPPORTED PARENTING

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	50,793.	0.			OUTREACH & CASE MANAGEMENT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	54,698.	0.			PREGNANCY AND PARENTING SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	237,353.	0.			BEHAVIORAL HEALTH SERVICES
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	147,061.	0.			IN HOME SUPPORT & HOARDING INTERVENTION
CATHOLIC CHARITIES OF THE DIOCESE OF GREEN BAY - 1825 RIVERSIDE DRIVE - GREEN BAY, WI 54301	39-0808438	501 (C)(3)	5,129.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHOLIC MEMORIAL HIGH SCHOOL 601 EAST COLLEGE AVENUE WAUKESHA, WI 53186-5598	39-0964819	501 (C)(3)	41,263.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CENTRO LEGAL POR DERECHOS HUMANOS INC. - 611 WEST NATIONAL AVENUE #103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	77,783.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CENTRO LEGAL POR DERECHOS HUMANOS INC. - 611 WEST NATIONAL AVENUE #103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	73,271.	0.			DOMESTIC ABUSE AND FAMILY LAW PROGRAM
CHABAD OF DOWNTOWN 1301 N ASTOR ST MILWAUKEE, WI 53202	39-1672482	501 (C)(3)	43,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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CHARLES E. KUBLY FOUNDATION 1341 W MEQUON RD #220 MEQUON, WI 53092-3241	20-0375310	501 (C)(3)	7,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3148588	501 (C)(3)	5,275.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S COMMUNITY HEALTH PLAN 9000 W. WISCONSIN AVE MILWAUKEE, WI 53226	27-1494977	501 (C)(3)	25,000.	0.			MHCP GRANT
CHILDREN'S HEALTH ALLIANCE OF WISCONSIN - 6737 W WASHINGTON STREET, SUITE 1111 - WEST ALLIS, WI 53214	39-0812532	501 (C)(3)	18,000.	0.			MHCP GRANT
CHILDREN'S HOSPITAL & HEALTH SYSTEM FDN. - MS 3050 - MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	378,514.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HOSPITAL OF WISCONSIN 9000 W. WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	431,997.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HOSPITAL OF WISCONSIN 9000 W. WISCONSIN AVENUE WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	125,000.	0.			MHCP GRANT
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES - 9000 W. WISCONSIN AVENUE - WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	59,814.	0.			VOLUNTEER RESPITE CARE
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES - 9000 W. WISCONSIN AVENUE - WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	93,877.	0.			MILWAUKEE START RIGHT

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CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES - 9000 W. WISCONSIN AVENUE - WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	133,743.	0.			COUNSELING FOR CHILDREN AND FAMILIES
CHILDREN'S HOSPITAL OF WISCONSIN-CS COMMUNITY SERVICES - 620 SOUTH 76TH STREET, SUITE 120 - MILWAUKEE, WI 53214-1549	39-0806380	501 (C)(3)	60,890.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S MERCY HOSPITALS & CLINICS (MO) - 2401 GILLHAM ROAD - KANSAS CITY, MO 64108	44-0605373	501 (C)(3)	7,054.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S ONCOLOGY SERVICES OF ILLINOIS INC. - 213 WEST INSTITUTE PLACE, SUITE 306 - CHICAGO, IL 60610	36-4263831	501 (C)(3)	7,314.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHRIST THE KING BAPTIST CHURCH 7750 NORTH 60 STREET MILWAUKEE, WI 53223	39-1528628	501 (C)(3)	10,143.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA, SUITE 220 ASHBURN, VA 20147	94-3193374	501 (C)(3)	7,297.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CITY OF MILWAUKEE HEALTH DEPT 841 BROADWAY MILWAUKEE, WI 53202	39-6005532	501 (C)(3)	40,000.	0.			HEALTHY BIRTH OUTCOMES
CITY YEAR MILWAUKEE, INC. 648 NORTH PLANKINTON AVENUE, SUITE MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	78,067.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CITY YEAR MILWAUKEE, INC. 648 NORTH PLANKINTON AVENUE, SUITE MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	94,500.	0.			WHOLE SCHOOL WHOLE CHILD

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CLOSE UP FOUNDATION 1330 BRADDOCK PLACE, SUITE 400 ALEXANDRIA, VA 22314	23-7122882	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	210,128.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	86,084.	0.			EARLY CHILDHOOD EDUCATION
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	202,125.	0.			HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPI)
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	340,945.	0.			YOUTH & FAMILY PROGRAM
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	5,000.	0.			FOOD PANTRY
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	75,000.	0.			HEALTHY GIRLS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	6,297.	0.			PROGRAM INVESTMENT
COALITION FOR CHILDREN, YOUTH AND FAMILIES - 6682 WEST GREENFIELD, SUITE 310 - MILWAUKEE, WI 53214	39-1496074	501 (C)(3)	11,529.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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COLLEGE POSSIBLE (WI) 1515 N. RIVERCENTER DRIVE, SUITE 10 MILWAUKEE, WI 53212	41-1968798	501 (C)(3)	22,819.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA COLLEGE OF NURSING 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212	39-1596986	501 (C)(3)	27,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST. MARY'S - OZAUKEE 13111 NORTH PORT WASHINGTON ROAD MEQUON, WI 53097	39-0806315	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST. MARY'S FOUNDATION INC. - 2320 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	16,350.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST. MARY'S FOUNDATION INC. - 2320 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	25,000.	0.			HEALTHY BIRTH OUTCOMES
COLUMBIA ST. MARY'S FOUNDATION INC. - 2320 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	50,000.	0.			MHCP GRANT
COMMUNITY ADVOCATES 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	200,000.	0.			SIEMER INSTITUTE GRANT
COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	23,433.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	69,274.	0.			EMERGENCY SUPPORT/ADVOCACY CONTINUUM

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COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	73,849.	0.			HOMELESS OUTREACH NURSING CENTER
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	162,020.	0.			FAMILY SUPPORT CENTER EMERGENCY SHELTER
COMMUNITY HEALTH CHARITIES FEDERATION - 1199 N FAIRFAX ST, SUITE 600 - ALEXANDRIA, VA 22314	13-6167225	501 (C)(3)	20,816.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY HEALTH CHARITIES, LOCAL 1199 N FAIRFAX ST STE 600 ALEXANDRIA, VA 22314	85-0258784	501 (C)(3)	690,275.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY OUTPATIENT HEALTH SERVICE - W180 N8085 TOWN HALL ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	47,509.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY OUTPATIENT HEALTH SERVICE - W180 N8085 TOWN HALL ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	31,587.	0.			COMMUNITY OUTREACH HEALTH CLINIC
COMMUNITY SHARES OF GREATER MILWAUKEE - 5027 W. NORTH AVENUE - MILWAUKEE, WI 53208	39-1362120	501 (C)(3)	153,927.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COPE SERVICES INC. 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1335672	501 (C)(3)	14,361.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COPE SERVICES, INC. 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1335672	501 (C)(3)	18,400.	0.			COPE HOTLINE

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COUNCIL FOR THE SPANISH SPEAKING, INC. - 614 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204-1713	39-1048542	501 (C)(3)	2,912.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COUNCIL FOR THE SPANISH SPEAKING, INC. - 614 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204-1713	39-1048542	501 (C)(3)	26,012.	0.			BILINGUAL IMMIGRATION SERVICES
CRISTO REY JESUIT MILWAUKEE HIGH SCHOOL - 1215 SOUTH 45 STREET - WEST MILWAUKEE, WI 53214	53-0196617	501 (C)(3)	5,020.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CROHN'S & COLITIS FOUNDATION, WISCONSIN CHAPTER - 17100 W BLUEMOUND RD STE 101 - BROOKFIELD, WI 53005-5950	13-6193105	501 (C)(3)	10,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	33,625.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	21,706.	0.			SENIOR SERVICES
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	374,799.	0.			CHILDREN'S SERVICES
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	558,670.	0.			ADULT DAY SERVICES
CYSTIC FIBROSIS FOUNDATION, WISCONSIN, WAUKESHA - 400 S EXECUTIVE DR STE 109 - BROOKFIELD, WI 53005	39-0987132	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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DETROIT RESCUE MISSION MINISTRIES GENESIS HOUSE (MI) - 150 STIMSON ST - DETROIT, MI 48201-2410	38-1459371	501 (C)(3)	25,027.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DISCOVERY WORLD 500 HARBOR DRIVE MILWAUKEE, WI 53202-5601	39-1691578	501 (C)(3)	32,543.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	10,717.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	48,000.	0.			HEALTHY GIRLS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	265,000.	0.			TEEN PREGNANCY
DIVERSE AND RESILIENT, INC. 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	75,000.	0.			END HIV
DIVINE SAVIOR HOLY ANGELS HIGH SCHOOL - 4257 NORTH 100 STREET - MILWAUKEE, WI 53222-1391	39-6054869	501 (C)(3)	81,671.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DOGTAG BAKERY 3206 GRACE STREET NW WASHINGTON, DC 20007	45-2130904	501 (C)(3)	20,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DOMINICAN CENTER FOR WOMEN, INC. 2470 WEST LOCUST STREET MILWAUKEE, WI 53206	41-1685734	501 (C)(3)	5,416.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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DRAKE UNIVERSITY 2621 CARPENTER AVENUE DES MOINES, IA 50311-3018	42-0680460	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BOULEVARD ERLANGER, KY 41018	26-4549213	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EARTHSHARE WISCONSIN 7735 OLD GEORGETOWN RD STE 510 BETHESDA, MD 20814	52-1601960	501 (C)(3)	26,565.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EASTERSEALS SOUTHEAST WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	29,907.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EASTERSEALS SOUTHEAST WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	26,206.	0.			CHILDBIRTH & INFANT PREPARATION SERVICES (SBHF)
EASTERSEALS SOUTHEAST WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	105,814.	0.			CASE MANAGEMENT (SBHF)
EASTERSEALS SOUTHEAST WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	114,235.	0.			SUPPORTED EMPLOYMENT
ELEVATE, INC. N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	3,288.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ELEVATE, INC. N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	39,554.	0.			GERMANTOWN PREVENTION

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ERAS SENIOR NETWORK, INC. 210 NORTHWEST BARSTOW STREET, SUITE 101 - WAUKESHA, WI 53188-3771	39-1393171	501 (C)(3)	6,009.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ERAS SENIOR NETWORK, INC. 210 NORTHWEST BARSTOW STREET, SUITE 101 - WAUKESHA, WI 53188-3771	39-1393171	501 (C)(3)	27,467.	0.			RETIRED AND SENIOR VOLUNTEER (RSVP)
ERAS SENIOR NETWORK, INC. 210 NORTHWEST BARSTOW STREET, SUITE 101 - WAUKESHA, WI 53188-3771	39-1393171	501 (C)(3)	27,721.	0.			FIND A RIDE WAUKESHA COUNTY
ERAS SENIOR NETWORK, INC. 210 NORTHWEST BARSTOW STREET, SUITE 101 - WAUKESHA, WI 53188-3771	39-1393171	501 (C)(3)	57,741.	0.			FAITH IN ACTION
EVANGELICAL CHILD & FAMILY AGENCY 1617 SOUTH 124 STREET NEW BERLIN, WI 53151	36-2229573	501 (C)(3)	14,212.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EVANGELICAL COVENANT CHURCH HINDSDALE IL - 412 SOUTH GARFIELD STREET - HINDSDALE, IL 60521	36-2480776	501 (C)(3)	13,697.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2518129	501 (C)(3)	13,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	7,589.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	13,605.	0.			COOPERATIVE PARENTING CENTER

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FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	26,724.	0.			CENTER FOR THE PREVENTION OF FAMILY VIOLENCE
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	42,743.	0.			C.A.R.E. CENTER, THE
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	250,463.	0.			MENTAL HEALTH COUNSELING
FEEDING AMERICA EASTERN WISCONSIN 1700 WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205-1299	39-1384593	501 (C)(3)	27,362.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FINANCIAL STABILITY-IDA BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	51,206.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FIRST CHRISTIAN AND MISSIONARY ALLIANCE CHURCH - W156 N10041 PILGRIM ROAD - GERMANTOWN, WI 53022	39-1430204	501 (C)(3)	17,364.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FIRST STEP-WESTERN WAYNE COUNTY PROJECT ON DOMESTIC ASSAULT - 44567 PINETREE DRIVE - PLYMOUTH, MI 48170	38-2208980	501 (C)(3)	13,892.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FISHER HOUSE WISCONSIN 5000 WEST NATIONAL AVENUE MILWAUKEE, WI 53295	27-5461119	501 (C)(3)	12,225.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY FOUNDATION - 625 EAST TENNESSEE STREET, SUITE 100 - TALLAHASSEE, FL 32308	59-6175096	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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FONDY FOOD CENTER, INC. 1617 WEST NORTH AVENUE, SUITE 4 MILWAUKEE, WI 53205-1253	31-1751969	501 (C)(3)	6,413.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FONDY FOOD CENTER, INC. 1617 WEST NORTH AVENUE, SUITE 4 MILWAUKEE, WI 53205-1253	31-1751969	501 (C)(3)	35,555.	0.			FONDY FARMER'S MARKET
FRESH COAST BASKETBALL CLASSIC 1300 A WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205	26-3023610	501 (C)(3)	20,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FRIEDENS COMMUNITY MINISTRIES, INC. - 1220 WEST VLIET STREET - MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	9,379.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FRIEDENS COMMUNITY MINISTRIES, INC. - 1220 WEST VLIET STREET - MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	57,891.	0.			EMERGENCY FOOD PANTRY
FRIENDS, INC. POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	11,802.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FRIENDS, INC. POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	19,665.	0.			DOMESTIC VIOLENCE PROJECT
GATHERING OF SOUTHEAST WI, INC., THE - 804 EAST JUNEAU AVENUE - MILWAUKEE, WI 53202	39-1891030	501 (C)(3)	23,144.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030	54-1603842	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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GIGIS PLAYHOUSE (MILW) 8685 N PORT WASHINGTON RD FOX POINT, WI 53217	20-0058563	501 (C)(3)	9,526.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	64,086.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	98,236.	0.			LEADERSHIP & CRITICAL LIFE SKILLS DEVELOPMENT FOR GIRLS (UWWC)-COMBINE
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	548,720.	0.			LEADERSHIP & CRITICAL LIFE SKILLS DEVELOPMENT FOR GIRLS
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN - 2131 BEAUFAIT - DETROIT, MI 48207-3410	38-2156255	501 (C)(3)	14,716.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, SUITE 30 ALEXANDRIA, VA 22314	52-1273585	501 (C)(3)	18,756.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GOODWILL INDUSTRIES OF SE WI 5400 S. 60TH STREET GREENDALE, WI 53129-0509	39-0808491	501 (C)(3)	35,377.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GPS EDUCATION PARTNERS 20633 WATERTOWN CT. WAUKESHA, WI 53186	39-1667442	501 (C)(3)	6,296.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GPS EDUCATION PARTNERS, INC. 20633 WATERTOWN CT. WAUKESHA, WI 53186	39-1667442	501 (C)(3)	84,792.	0.			PATHWAYS TO EMPLOYABILITY

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GRAND AVENUE CLUB INC. 210 EAST MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	44,705.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GRAND AVENUE CLUB, INC. 210 EAST MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	45,686.	0.			GRAND AVENUE CLUB
GREAT RIVERS UNITED WAY, INC 1855 EAST MAIN STREET ONALASKA, WI 54650-6727	39-0848188	501 (C)(3)	10,646.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET, SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	24,077.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET, SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	250,000.	0.			MILWAUKEE SUCCEEDS
GREATER OTTAWA COUNTY UNITED WAY POST OFFICE BOX 1349 HOLLAND, MI 49422	38-3522782	501 (C)(3)	10,153.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501 (C)(3)	48,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GROWTH WORKS INC. (MI) 271 S MAIN ST PLYMOUTH, MI 48170-1637	38-2036653	501 (C)(3)	6,247.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE INC. 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	50,122.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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GUEST HOUSE OF MILWAUKEE, INC. 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	63,306.	0.			EMERGENCY SHELTER
HABITAT FOR HUMANITY HURON VALLEY (MI) - 170 APRILL DR STE A - ANN ARBOR, MI 48103-1989	38-2874694	501 (C)(3)	6,274.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HABITAT FOR HUMANITY OF WISCONSIN 420 S 1ST ST #6 MILWAUKEE, WI 53204	27-0819276	501 (C)(3)	20,356.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	38,720.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	28,190.	0.			SCHOOL AGED SPECIAL NEEDS-SHILUV
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	45,847.	0.			SPECIAL NEEDS-CHAVERIM
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	184,320.	0.			OLDER ADULT SENIORS
HEALTH AND MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217739	501 (C)(3)	6,802.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HEAR WISCONSIN, INC. 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	28,904.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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HEAR WISCONSIN, INC. 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	199,510.	0.			LANGUAGE ACCESS SERVICES
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 32804-4714	59-0808854	501 (C)(3)	25,613.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SUITE 100 GRAND RAPIDS, MI 49503-4106	38-1360923	501 (C)(3)	6,847.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	24,435.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	47,111.	0.			JEREMY HOUSE
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	61,483.	0.			HOUSING ASSISTANCE
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	145,404.	0.			EMERGENCY SHELTER
HISPANIC ASSOCIATION ON CORPORATE RESPONSIBILITY - 1220 L STREET N.W. SUITE 701 - WASHINGTON, DC 20005	85-0356947	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HOLY APOSTLES 16000 WEST NATIONAL AVENUE NEW BERLIN, WI 53151	39-0806818	501 (C)(3)	8,697.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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HOUSING ACTION COALITION OF WAUKESHA CTY - POST OFFICE BOX 605 - WAUKESHA, WI 53187	26-4291024	501 (C)(3)	10,000.	0.			PROGRAM COORD. POSITION
HOUSING ACTION COALITION OF WAUKESHA CTY - POST OFFICE BOX 605 - WAUKESHA, WI 53187	26-4291024	501 (C)(3)	638.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HOUSING RESOURCES, INC. 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	11,724.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HOUSING RESOURCES, INC. 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	31,673.	0.			POST PURCHASE COUNSELING
HUMANE SOCIETY OF HURON VALLEY (MI) - 3100 CHERRY HILL RD - ANN ARBOR, MI 48105	38-1474931	501 (C)(3)	5,159.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HUNGER RELIEF FUND OF WISCONSIN HUNGER TASK FORCE, INC. MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	121,419.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HUNGER TASK FORCE, INC. 201 SOUTH HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	161,786.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
IGNACE INDIAN HEALTH CENTER 930 HISTORIC MITCHELL STREET MILWAUKEE, WI 53204	39-1958089	501 (C)(3)	20,126.	0.			MHCP GRANT
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	18,661.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	99,840.	0.			ASSESSMENT AND REFERRAL
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	818,526.	0.			IMPACT 2-1-1
INDEPENDENCEFIRST, INC. 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	20,311.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
INDEPENDENCEFIRST, INC. 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	18,474.	0.			ATTENDANT REFERRAL PROGRAM
INDEPENDENCEFIRST, INC. 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	48,000.	0.			HEALTHY GIRLS
INITIATIVE FOR A COMPETITIVE INNER CITY - 56 WARREN STREET #300 - ROXBURY, MA 02119	13-3772904	501 (C)(3)	12,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	13,633.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	39,690.	0.			FAMILY CAREGIVER SUPPORT NETWORK
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	76,710.	0.			EMPLOYMENT

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INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	187,109.	0.			NEIGHBORHOOD OUTREACH
INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 NORTH OLD WORLD THIRD ST. SUITE 420 - MILWAUKEE, WI 53203-1102	39-0806350	501 (C)(3)	4,056.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 NORTH OLD WORLD THIRD ST. SUITE 420 - MILWAUKEE, WI 53203-1102	39-0806350	501 (C)(3)	200,735.	0.			IMMIGRATION AND CITIZENSHIP SERVICES
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	42-1143702	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JA WORLDWIDE INC. 745 ATLANTIC AVENUE, #723 BOSTON, MA 02111	27-3666259	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JDRF INTERNATIONAL, SOUTHEASTERN WISCONSIN CHAPTER - 3333 NORTH MAYFAIR ROAD, SUITE 107 - WAUWATOSA, WI 53222	13-3272289	501 (C)(3)	5,600.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JEWISH FAMILY SERVICES INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	152,744.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JEWISH FAMILY SERVICES, INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	91,528.	0.			CASE MANAGEMENT
JEWISH FAMILY SERVICES, INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	215,708.	0.			INDIVIDUAL & FAMILY COUNSELING

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JEWISH FEDERATION OF METRO CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606	36-2167761	501 (C)(3)	10,470.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JOHN XXIII EDUCATIONAL CENTER 1101 DOUGLAS AVE RACINE, WI 53402	53-0196617	501 (C)(3)	7,149.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JOURNEY HOUSE, INC. 2110 W SCOTT ST MILWAUKEE, WI 53204-2077	39-1203539	501 (C)(3)	20,878.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JUNIOR ACHIEVEMENT OF WISCONSIN, INC. - 11111 WEST LIBERTY DRIVE - MILWAUKEE, WI 53224	39-0826295	501 (C)(3)	190,799.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906-4477	84-1267604	501 (C)(3)	12,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-2030167	501 (C)(3)	25,807.	0.			WORKFORCE DEVELOPMENT
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-2030167	501 (C)(3)	53,014.	0.			EARLY CHILDHOOD EDUCATION PROGRAM
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-2030167	501 (C)(3)	79,520.	0.			SCHOOL AGE EDUCATION PROGRAM
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-2030167	501 (C)(3)	211,222.	0.			FINANCIAL STABILITY

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LA CASA DE ESPERANZA, INC. 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	14,624.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	18,653.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	37,149.	0.			CRISIS NURSERY AND RESPITE CENTER
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	50,805.	0.			EARLY EDUCATION AND CARE CENTER
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	25,000.	0.			HEALTHY GIRLS
LABOR COUNCIL 633 S HAWLEY RD MILWAUKEE, WI 53214	39-0965630	501 (C)(3)	300,000.	0.			UNITED WAY PROGRAM ALLOCATION
LAWRENCE UNIVERSITY OF WISCONSIN 711 EAST BOLDT WAY APPLETON, WI 54915	39-0806297	501 (C)(3)	30,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LAYTON BOULEVARD WEST NEIGHBORS 1545 SOUTH LAYTON BOULEVARD MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	7,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LEG UP FARM 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501 (C)(3)	8,578.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FL, NO. MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	39,336.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FL, NO. MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	151,227.	0.			CIVIL DIVISION
LEUKEMIA & LYMPHOMA SOCIETY, WISCONSIN CHAPTER, BROOKFIELD - 6737 W WASHINGTON STREET, SUITE 2100 - MILWAUKEE, WI 53214	13-5644916	501 (C)(3)	21,920.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LIFE NAVIGATORS 7203 WEST CENTER STREET WAUWATOSA, WI 53210-1126	39-0978146	501 (C)(3)	24,651.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LITERACY SERVICES OF WISCONSIN, INC. - 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	54,092.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LITERACY SERVICES OF WISCONSIN, INC. - 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	47,250.	0.			ADULT EDUCATION PROGRAM
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 48116-9436	38-2174453	501 (C)(3)	11,657.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LOCAL INITIATIVES SUPPORT CORPORATION - 234 WEST FLORIDA ST STE 204 - MILWAUKEE, WI 53204	13-3030229	501 (C)(3)	38,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LOTUS LEGAL CLINIC POST OFFICE BOX 13491 MILWAUKEE, WI 53213	47-5156371	501 (C)(3)	206.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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LOTUS LEGAL CLINIC POST OFFICE BOX 13491 MILWAUKEE, WI 53213	47-5156371	501 (C)(3)	50,000.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITIATIVE
LUMEN CHRISTI PARISH 11300 ST JAMES LANE MEQUON, WI 53092	30-0664758	501 (C)(3)	18,597.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN - 6737 W WASHINGTON ST STE 2275 - WEST ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	34,227.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN - 6737 W WASHINGTON ST STE 2275 - WEST ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	8,871.	0.			COUNSELING
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN - 6737 W WASHINGTON ST STE 2275 - WEST ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	14,328.	0.			SPRING CITY CORNER CLUBHOUSE
MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER) - 10000 WEST INNOVATION DRIVE, #135 - MILWAUKEE, WI 53226	39-1270290	501 (C)(3)	18,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MADINA ACADEMY INC 519 PALISADO AVENUE WINDSOR, CT 06095	06-1589428	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE STE 175 BRIGHTON, MI 48114	38-2505812	501 (C)(3)	5,379.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W. PLANK COURT SUITE 200 - WAUWATOSA, WI 53226	39-1543541	501 (C)(3)	19,350.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MALAIKA EARLY LEARNING CENTER 125 WEST AUER MILWAUKEE, WI 53212	39-2021628	501 (C)(3)	11,090.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY 1250 W. WISCONSIN AVE. MILWAUKEE, WI 53233	39-0806251	501 (C)(3)	27,929.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0806826	501 (C)(3)	25,598.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MARSHFIELD AREA UNITED WAY 156 SOUTH CENTRAL AVE MARSHFIELD, WI 54449	39-1035073	501 (C)(3)	5,753.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MATC FOUNDATION 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	20,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MATC FOUNDATION 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	5,000.	0.			EMERGENCY FUND
MEDICAL COLLEGE OF WI - CANCER CENTER - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501 (C)(3)	11,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD WAUWATOSA, WI 53226	39-0806261	501 (C)(3)	330,543.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MENOMONEE VALLEY PARTNERS, INC. 231 W MICHIGAN ST, P421 MILWAUKEE, WI 53203	31-1683712	501 (C)(3)	5,336.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	15,827.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	68,130.	0.			MENTAL HEALTH ADVANCEMENT
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	71,395.	0.			MENTAL HEALTH ACCESS
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	35,000.	0.			HEALTHY BIRTH OUTCOMES
MEQUON-THIENSVILLE EDUCATION FOUNDATION - 5000 WEST MEQUON ROAD - MEQUON, WI 53092	31-1625167	501 (C)(3)	8,831.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
META HOUSE, INC. 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	109,492.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
META HOUSE, INC. 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	194,418.	0.			TRANSITIONAL LIVING
META HOUSE, INC. 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	40,000.	0.			HEALTHY BIRTH OUTCOMES
METRO UNITED WAY, INC. DEPT 52860 LOUISVILLE, KY 40295-0148	61-0444680	501 (C)(3)	11,170.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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METROGO INC PO BOX 1184 MILWAUKEE, WI 53201-1184	39-1717955	501 (C)(3)	20,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILE HIGH UNITED WAY, INC. 711 PARK AVE W DENVER, CO 80205-2891	84-0404235	501 (C)(3)	19,568.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILESTONES PROGRAMS FOR CHILDREN 2214 EAST CAPITOL DRIVE SHOREWOOD, WI 53211-2105	39-1326721	501 (C)(3)	5,785.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA FEDERATION ME - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 -	94-3193418	501 (C)(3)	12,169.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILW AREA TECH COLL/ FOUNDATION AREA OF GREATEST NEED - 700 WEST STATE STREET - MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	50,130.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE ART MUSEUM 700 NORTH ART MUSEUM DRIVE MILWAUKEE, WI 53202	39-0806316	501 (C)(3)	22,590.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BALLET COMPANY LTD 504 WEST NATIONAL AVENUE MILWAUKEE, WI 53204-1792	39-1134735	501 (C)(3)	21,400.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BAR ASSOCIATION FOUNDATION - 424 EAST WELLS STREET - MILWAUKEE, WI 53202	39-6040219	501 (C)(3)	20,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BUCKS FOUNDATION 1001 NORTH 4 STREET MILWAUKEE, WI 53203	47-3620094	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE CENTER FOR CHILDREN AND YOUTH - 2004 N DR MLK JR DRIVE - MILWAUKEE, WI 53212	45-3068553	501 (C)(3)	25,000.	0.			HEALTHY GIRLS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 53233-2720	39-0806257	501 (C)(3)	75,562.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	10,331.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	64,932.	0.			EMERGENCY FOOD PANTRY
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	72,919.	0.			ELDERLY ADULT SUPPORT SERVICES
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	86,024.	0.			YOUTH DEVELOPMENT PROGRAM
MILWAUKEE COLLEGE PREPARATORY - 36TH ST OF WI - 2449 NORTH 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501 (C)(3)	127,564.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COLLEGIATE ACADEMY 4030 NORTH 29TH ST MILWAUKEE, WI 53216	30-0322248	501 (C)(3)	22,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE - POST OFFICE BOX 12360 - MILWAUKEE, WI 53213	46-3689224	501 (C)(3)	8,751.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE DOWNTOWN 600 EAST WELLS STREET MILWAUKEE, WI 53202	39-1988035	501 (C)(3)	50,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE EXCELLENCE CHARTER SCHOOL - 4950 NORTH 24 STREET - MILWAUKEE, WI 53209	47-4978181	501 (C)(3)	6,444.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE FILM INC 1037 W MCKINLEY AVE #700 MILWAUKEE, WI 53205-2530	26-3049630	501 (C)(3)	11,879.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE FIRE BELL FUND 300 S 84TH ST MILWAUKEE, WI 53214-1468	39-0289860	501 (C)(3)	8,246.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	21,174.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	80,000.	0.			HIGH RISK WOMEN CARE
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	6,979.	0.			CW NAVIGATOR SUPPORT
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	286,300.	0.			MHCP GRANT
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	50,000.	0.			MHCP GRANT

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MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	15,021.	0.			CW NAVIGATOR SUPPORT
MILWAUKEE HEALTH SERVICES 2555 N. MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	35,384.	0.			MHCP GRANT
MILWAUKEE HEALTH SERVICES 2555 NORTH MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	48.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE INSTITUTE OF ART & DESIGN - 273 EAST ERIE STREET - MILWAUKEE, WI 53202-6003	39-1201561	501 (C)(3)	23,590.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE STE 1 MILWAUKEE, WI 53202-3094	39-0806312	501 (C)(3)	363,698.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET #2 MILWAUKEE, WI 53202-3139	39-1893808	501 (C)(3)	22,608.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET #2 MILWAUKEE, WI 53202-3139	39-1893808	501 (C)(3)	40,513.	0.			PROJECT Q HEALTH & WELLNESS
MILWAUKEE PUBLIC LIBRARY FOUNDATION - 814 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233	39-1610233	501 (C)(3)	27,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE PUBLIC MUSEUM 800 WEST WELLS MILWAUKEE, WI 53233	39-1723105	501 (C)(3)	54,297.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE PUBLIC SCHOOLS POST OFFICE BOX 2181 MILWAUKEE, WI 53201	39-1929112	501 (C)(3)	14,000.	0.			MY VERY OWN LIBRARY
MILWAUKEE PUBLIC SCHOOLS FOUNDATION - POST OFFICE BOX 2181 - MILWAUKEE, WI 53201	39-1929112	501 (C)(3)	38,101.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE PUBLIC TELEVISION FRIENDS - 700 WEST STATE STREET - MILWAUKEE, WI 53233-1419	39-6081120	501 (C)(3)	14,476.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE RESCUE MISSION 830 NORTH 19 STREET MILWAUKEE, WI 53233	39-0816851	501 (C)(3)	141,012.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE RIVERWALK DISTRICT 101 WEST PLEASANT STREET MILWAUKEE, WI 53212	39-1749659	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE SYMPHONY ORCHESTRA 1101 NO. MARKET ST. SUITE 100 MILWAUKEE, WI 53202-3148	39-6023436	501 (C)(3)	6,497.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212-3146	39-0826861	501 (C)(3)	20,037.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212-3146	39-0826861	501 (C)(3)	132,866.	0.			MUL EMPLOYMENT ASSISTANCE
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212-3146	39-0826861	501 (C)(3)	139,123.	0.			CAMPAIGN FOR ACADEMIC ACHIEVEMENT

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MILWAUKEE WOMEN'S CENTER, INC., THE - 728 N JAMES LOVELL ST - MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	7,918.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE WOMEN'S CENTER, INC., THE - 728 N JAMES LOVELL ST - MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	44,311.	0.			EMERGENCY SHELTER
MILWAUKEE WOMEN'S CENTER, INC., THE - 728 N JAMES LOVELL ST - MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	61,627.	0.			NEVERMORE BATTERERS TREATMENT
MUSEUM OF WISCONSIN ART 205 VETERANS AVENUE WEST BEND, WI 53095	39-1017647	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MUSLIM COMMUNITY AND HEALTH CENTER 803 WEST LAYTON AVENUE MILWAUKEE, WI 53221	45-2385629	501 (C)(3)	5,540.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MUSLIM COMMUNITY AND HEALTH CENTER 804 WEST LAYTON AVENUE MILWAUKEE, WI 53222	45-2385629	501 (C)(3)	100,000.	0.			MHCP GRANT
NAMI WAUKESHA INC (NATIONAL ALLIANCE FOR MENTAL ILLNESS) - 219 2ND AVENUE, SUITE B - EDWARDSVILLE, IL 62025	37-1322048	501 (C)(3)	13,044.	0.			COURT SUPPORT & ADVOCACY
NAMI WAUKESHA, INC. (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 217 WISCONSIN AVENUE, SUITE 300 - WAUKESHA, WI 53186-4946	39-1485627	501 (C)(3)	14,251.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NATIONAL ACTION COUNCIL FOR MINORITIES IN ENGINEERING INC. - 1 NORTH BROADWAY, STE 601 - WHITE PLAINS, NY 10601	52-1190664	501 (C)(3)	9,255.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET, SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NATIONAL FFA FOUNDATION POST OFFICE BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501 (C)(3)	15,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NATIVITY JESUIT ACADEMY 1515 SOUTH 29 STREET MILWAUKEE, WI 53215	39-1741141	501 (C)(3)	25,470.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEHEMIAH PROJECT, INC. 2506 WEST VLIET STREET MILWAUKEE, WI 53205	39-1841047	501 (C)(3)	17,365.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	56,376.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	107,823.	0.			EARLY CHILDHOOD EDUCATION
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	216,098.	0.			YOUTH DEVELOPMENT PROGRAM
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	2,900.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	25,000.	0.			HEALTHY GIRLS

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NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	25,000.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITIATIVE
NEW COMMUNITY SHELTER 301 MATHER STREET GREEN BAY, WI 54303	39-1787059	501 (C)(3)	5,214.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	43,728.	0.			MLK SOCIAL SERVICE
NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	67,252.	0.			EACH ONE REACH ONE
NEW CONCEPT SELF DEVELOPMENT CENTER, - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	38,725.	0.			HEALTHY GIRLS
NEW CONCEPT SELF DEVELOPMENT CENTER, INC. - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	6,986.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	58,955.	0.			SKILLS BUILDING & GED FAST TRACK PROGRAM
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	285,296.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	2,000.	0.			SUMMER READING

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NOTRE DAME SCHOOLS OF MILWAUKEE 1418 S LAYTON BLVD MILWAUKEE, WI 53215	39-1850760	501 (C)(3)	5,035.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE IRVINE, CA 92614-6008	33-0047994	501 (C)(3)	7,664.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OSHKOSH AREA UNITED WAY, INC. 36 BROAD STREET, #100 OSHKOSH, WI 54901	39-1017908	501 (C)(3)	7,168.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OUR NEXT GENERATION INC. 3421 W. LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501 (C)(3)	10,909.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OUTREACH COMMUNITY HEALTH CENTERS, INC. - 711 W. CAPITOL DR. - MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	2,600.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OUTREACH COMMUNITY HEALTH CENTERS, INC. - 711 W. CAPITOL DR. - MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	71,479.	0.			MHCP GRANT
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1208203	501 (C)(3)	49,961.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1208203	501 (C)(3)	8,155.	0.			PREVENTION
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1208203	501 (C)(3)	25,603.	0.			COUNSELING SERVICES

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OZAUKEE YOUTH HOCKEY ASSOCIATION 5505 PIONEER ROAD MEQUON, WI 53097	33-1051343	501 (C)(3)	41,073.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PANTHEON INDUSTRIES 1745 EXECUTIVE DRIVE OCONOMOWOC, WI 53066	39-1458096	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	15,493.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	85,729.	0.			PARENT HELPLINE
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	92,881.	0.			PARENTING EDUCATION & SUPPORT SERVICES
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	45,000.	0.			HEALTHY GIRLS
PARENTS PLACE, INC. 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	4,700.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PARENTS PLACE, INC. 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	13,548.	0.			SUPERVISED VISITATION
PARENTS PLACE, INC. 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	63,635.	0.			COMMUNITY EDUCATION/BORN LEARNING

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PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	58,907.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	45,124.	0.			Q-BLOK
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	50,000.	0.			HEALTHY GIRLS
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	100,000.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITIATIVE
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	190,049.	0.			CLINICAL SERVICES
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	303,972.	0.			PATHFINDERS YOUTH SHELTER
PAVE PARTNERS ADVANCING VALUES IN EDUCATION - 301 W WISCONSIN AVE, SUITE 300 - MILWAUKEE, WI 53203	39-1590212	501 (C)(3)	15,587.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PEARLS FOR TEEN GIRLS, INC. 1805 N. MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	109,040.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PEARLS FOR TEEN GIRLS, INC. 1805 N. MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	100,000.	0.			HEALTHY GIRLS

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PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233-1507	39-1093701	501 (C)(3)	150,322.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233-1507	39-1093701	501 (C)(3)	47,412.	0.			BEHAVIORAL HEALTH CLINIC
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233-1507	39-1093701	501 (C)(3)	484,839.	0.			EARLY INTERVENTION/PARENT PROGRAM
PLANNED PARENTHOOD OF WISCONSIN ATTN: DEVELOPMENT DEPARTMENT MILWAUKEE, WI 53202-5917	39-0863391	501 (C)(3)	125,951.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PLYMOUTH COMMUNITY UNITED WAY 960 W. ANN ARBOR TRAIL PLYMOUTH, MI 48170	23-7327248	501 (C)(3)	201,914.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PORTAL INC. 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	15,093.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PORTAL INC. 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	10,329.	0.			EMPLOYMENT READINESS AND ADVANCEMENT
PREVENT BLINDNESS WISCONSIN 731 NORTH JACKSON STREET SUITE 220 MILWAUKEE, WI 53202	39-6096227	501 (C)(3)	31,150.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	630.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	50,000.	0.			HEALTHY BIRTH OUTCOMES
PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	19,000.	0.			MHCP GRANT
PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	76,407.	0.			MHCP GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501 (C)(3)	10,172.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RONALD MCDONALD HOUSE (DE) 1901 ROCKLAND RD WILMINGTON, DE 19803	51-0295320	501 (C)(3)	5,019.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 W WATERTOWN PLANK ROAD - WAUWATOSA, WI 53226	39-1433107	501 (C)(3)	14,200.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RUNNING REBELS COMMUNITY ORGANIZATION - 1300A WEST FOND DU LAC AVENUE - MILWAUKEE, WI 53205	39-3910464	501 (C)(3)	1,371.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RUNNING REBELS COMMUNITY ORGANIZATION - 1300A WEST FOND DU LAC AVENUE - MILWAUKEE, WI 53205	39-3910464	501 (C)(3)	25,000.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITIATIVE
S.E.T. MINISTRY, INC. 2977 NORTH 50 STREET MILWAUKEE, WI 53210	39-1618277	501 (C)(3)	22,263.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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S.E.T. MINISTRY, INC. 2977 NORTH 50 STREET MILWAUKEE, WI 53210	39-1618277	501 (C)(3)	31,587.	0.			PEACE PROGRAM
SALVATION ARMY - PLYMOUTH (MI) 9451 S MAIN ST PLYMOUTH, MI 48170	38-1370971	501 (C)(3)	7,845.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	23,975.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	4,370.	0.			COMMUNITY MEAL PROGRAM
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	22,437.	0.			FAMILY SERVICES
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	65,109.	0.			EMERGENCY LODGE
SALVATION ARMY, THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 53226-0019	13-2923701	501 (C)(3)	66,924.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY, THE- WISCONSIN & UPPER MICHIGAN - 11315 WEST WATERTOWN PLANK ROAD - WAUWATOSA, WI 53226-0019	13-2923701	501 (C)(3)	21,973.	0.			EMPLOYMENT ASSISTANCE
SALVATION ARMY, THE- WISCONSIN & UPPER MICHIGAN - 11315 WEST WATERTOWN PLANK ROAD - WAUWATOSA, WI 53226-0019	13-2923701	501 (C)(3)	155,666.	0.			EMERGENCY LODGE

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SCHOOL DISTRICT OF WAUKESHA 222 MAPLE AVE WAUKESHA, WI 53186	39-9005053		65,000.	0.			HELPING KIDS SUCCEED
SCHOOLS THAT CAN MILWAUKEE 111 W PLEASANT ST # 101 MILWAUKEE, WI 53212-3939	27-2818891	501 (C)(3)	234,015.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SECURE FUTURES 710 PLANKINTON AVENUE MILWAUKEE, WI 53203	20-5203533	501 (C)(3)	14,536.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SERENITY INNS, INC. ATTN: ELLEN BLATHERS MILWAUKEE, WI 53208	41-2034019	501 (C)(3)	12,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS - 305 7TH AVENUE, 6TH FLOOR - NEW YORK CITY, NY 10001	13-2947657	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SHARON LYNNE WILSON CENTER FOR THE ARTS INC. - 19805 WEST CAPITOL DRIVE - BROOKFIELD, WI 53045	39-1787648	501 (C)(3)	25,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SHARP LITERACY, INC. 5775 N GLEN PARK RD #202 MILWAUKEE, WI 53209	39-1963963	501 (C)(3)	13,801.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SHOREWOOD SEED FOUNDATION POST OFFICE BOX 71235 GLENDALE, WI 53211	04-3750042	501 (C)(3)	27,911.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SILVER SPRING NEIGHBORHOOD CENTER INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	73,315.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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SILVER SPRING NEIGHBORHOOD CENTER, INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	20,074.	0.			COMMUNITY FOOD BANK
SILVER SPRING NEIGHBORHOOD CENTER, INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	162,068.	0.			ELAINE SCHREIBER CHILD DEVELOPMENT CENTER
SILVER SPRING NEIGHBORHOOD CENTER, INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	293,418.	0.			YOUTH SOCIAL DEVELOPMENT
SIXTEENTH STREET COMMUNITY HEALTH CENTER, INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	138,772.	0.			THE GREAT START PROGRAM
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	661,604.	0.			MHCP GRANT
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	37,500.	0.			AODA AND BEHAVIORIAL
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	46,630.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	889,365.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	16,358.	0.			DOMESTIC ABUSE VICTIM ADVOCATES

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SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	23,531.	0.			BEYOND ABUSE
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	38,043.	0.			EMERGENCY SHELTER
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	117,256.	0.			COURTHOUSE ADVOCACY
SOUTHEASTERN WISCONSIN YOUTH FOR CHRIST - 3001 CARPENTER AVE - MT PLEASANT, WI 53403	39-0977052	501 (C)(3)	6,282.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SPECIAL OLYMPICS MICHIGAN INC. (MI) - CENTRAL MICHIGAN UNIVERSITY - MOUNT PLEASANT, MI 48858	38-1964643	501 (C)(3)	11,115.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SPECIAL OLYMPICS WISCONSIN-GREATER MILWAUKEE AREA - 10224 NORTH PORT WASHINGTON ROAD - MEQUON, WI 53092	39-1176591	501 (C)(3)	10,715.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. ANN CENTER FOR INTERGENERATIONAL CARE - 2801 EAST MORGAN AVENUE - MILWAUKEE, WI 53207	39-1757756	501 (C)(3)	93,480.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. BENEDICT COMMUNITY MEAL PROGRAM - 1015 NORTH NINTH STREET - MILWAUKEE, WI 53233	39-0806264	501 (C)(3)	6,540.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. COLETTA OF WISCONSIN, INC. N4637 COUNTY ROAD Y JEFFERSON, WI 53549	39-0816855	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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ST. ELIZABETH ANN SETON DENTAL CLINIC - 1730 SOUTH 13 STREET - MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	18,032.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. ELIZABETH ANN SETON DENTAL CLINIC - 1730 SOUTH 13 STREET - MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	31,587.	0.			HEALTHY TEETH FOR CHILDREN
ST. ELIZABETH ANN SETON DENTAL CLINIC - 1730 SOUTH 13 STREET - MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	50,731.	0.			RESTORATIVE CARE
ST. FRANCIS CHILDREN'S CENTER 6700 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-6092761	501 (C)(3)	45,008.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. JOHN NEUMANN PARISH 44800 WARREN ROAD CANTON, MI 48187	38-1359274	501 (C)(3)	5,746.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215-4518	39-0806262	501 (C)(3)	5,130.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215-4518	39-0806262	501 (C)(3)	58,049.	0.			EARLY CHILDHOOD EDUCATION CENTER
ST. JOSEPH'S MEDICAL CLINIC, INC 826 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1273248	501 (C)(3)	89,628.	0.			MEDICAL SERVICES
ST. MARCUS LUTHERAN SCHOOL 2215 NORTH PALMER STREET MILWAUKEE, WI 53212	39-0850377	501 (C)(3)	127,133.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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STARTING POINT, INC. 11514 N. PORT WASHINGTON RD MEQUON, WI 53092	39-1246685	501 (C)(3)	25,012.	0.			LEAD PROGRAM
STARTING POINT, INC. 11514 N. PORT WASHINGTON RD MEQUON, WI 53092	39-1246685	501 (C)(3)	9,769.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
STILLWATER'S CENTER, INC. 2607 N GRANDVIEW BLVD STE 108 WAUKESHA, WI 53188-1690	39-1818956	501 (C)(3)	9,609.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
STILLWATERS CENTER, INC. 2607 N GRANDVIEW BLVD STE 108 WAUKESHA, WI 53188-1690	39-1818956	501 (C)(3)	6,510.	0.			STILLWATERS CANCER CENTER
TEACH FOR AMERICA MILWAUKEE 700 W VIRGINIA STREET SUITE 610 MILWAUKEE, WI 53204	13-3541913	501 (C)(3)	69,343.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TEEN CHALLENGE INTERNATIONAL WISCONSIN - 9236 WEST APPLETON AVENUE - MILWAUKEE, WI 53225	39-1447329	501 (C)(3)	23,410.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
THE CHARLESTON CATHOLIC SCHOOL 888 KING STREET CHARLESTON, SC 29403	57-0930700	501 (C)(3)	5,120.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA - 330 SOUTH 84 STREET - MILWAUKEE, WI 53214-1468	45-3321626	501 (C)(3)	100,191.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA - 330 SOUTH 84 STREET - MILWAUKEE, WI 53214-1468	45-3321626	501 (C)(3)	595,464.	0.			LEARNING FOR LIFE

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THURGOOD MARSHALL COLLEGE FUND 901 F ST NW STE 300 WASHINGTON, DC 20004-1481	41-1750692	501 (C)(3)	6,417.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TOMAHAWK STAR FOUNDATION PO BOX 402 TOMAHAWK, WI 54487-0000	20-0290123	501 (C)(3)	5,170.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TRIDENT UNITED WAY 6296 RIVERS AVE NORTH CHARLESTON, SC 29406	57-0314378	501 (C)(3)	6,180.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UEC MVP PROJECT INC ATTN: COREY ZETTS MILWAUKEE, WI 53203	27-2140266	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UMOS, INC. 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 53207-1450	39-1047172	501 (C)(3)	1,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UMOS, INC. 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 53207-1450	39-1047172	501 (C)(3)	30,000.	0.			HEALTHY GIRLS
UMOS, INC. 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 53207-1450	39-1047172	501 (C)(3)	50,000.	0.			HUMAN TRAFFICKING/SEXUAL VIOLENCE PREVENTION INITIATIVE
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	101,336.	0.			AFTER SCHOOL ACHIEVEMENT
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	115,194.	0.			ELDERLY PROGRAM

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UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	200,304.	0.			YOUTH EMPOWERED TO SUCCEED
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	309,764.	0.			BEFORE & AFTER SCHOOL
UNITED COMMUNITY CENTER, INC. 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	201,401.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED PERFORMING ARTS FUND INC. 301 W. WISCONSIN AVE. SUITE 600 MILWAUKEE, WI 53203	39-6100399	501 (C)(3)	141,137.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	94-1312348	501 (C)(3)	7,284.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY BLACKHAWK REGION 205 NORTH MAIN STREET, SUITE 101 JANESVILLE, WI 53545	39-6006734	501 (C)(3)	21,011.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOR GREATER AUSTIN 2000 EAST MLK JR BOULEVARD AUSTIN, TX 78702-1340	74-1193439	501 (C)(3)	6,095.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVENUE, SUITE 300 - DETROIT, MI 48226	20-3099071	501 (C)(3)	75,584.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOX CITIES, INC. 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501 (C)(3)	55,178.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 32922-6806	59-0836384	501 (C)(3)	12,682.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316-1838	59-0624402	501 (C)(3)	5,326.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL ALABAMA, INC. - 3600 EIGHTH AVENUE, SOUTH - BIRMINGHAM, AL 35222	63-0288846	501 (C)(3)	7,270.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL CAROLINAS, INC. - 301 SOUTH BREVARD STREET - CHARLOTTE, NC 28202-2317	56-0529948	501 (C)(3)	21,830.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL INDIANA 3901 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1007590	501 (C)(3)	12,783.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CHAMPAIGN COUNTY 404 WEST CHURCH STREET CHAMPAIGN, IL 61820-3411	37-0662519	501 (C)(3)	14,458.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DANE COUNTY, INC. 2059 ATWOOD AVENUE MADISON, WI 53704	39-0817532	501 (C)(3)	156,994.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LN DENTON, TX 76205	75-1251128	501 (C)(3)	6,633.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DODGE COUNTY 122 W. WATER STREET BEAVER DAM, WI 53916	39-6030786	501 (C)(3)	4,586.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF DODGE COUNTY POST OFFICE BOX 718 DODGE CENTER, MN 55927	41-1657224	501 (C)(3)	416.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DOOR COUNTY 57 NORTH THIRD AVENUE STURGEON BAY, WI 54235	39-1799879	501 (C)(3)	9,853.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF ERIE COUNTY 420 WEST SIXTH STREET, SUITE 200 ERIE, PA 16507	25-1053091	501 (C)(3)	7,372.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501-4133	57-0368721	501 (C)(3)	35,737.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501 (C)(3)	10,544.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF FORSYTH COUNTY 407 EAST MAPLE STREET, SUITE 112 CUMMING, GA 30040	58-1925396	501 (C)(3)	2,794.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVENUE, NE ATLANTA, GA 30303	58-0566194	501 (C)(3)	23,503.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CHIPPEWA VALLEY, INC. - 3603 NORTH HASTINGS WAY, SUITE 200 - EAU CLAIRE, WI 54703	39-1077901	501 (C)(3)	9,229.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501 (C)(3)	11,655.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115-1819	34-6516654	501 (C)(3)	131,657.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501 (C)(3)	33,291.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST STE 500 KANSAS CITY, MO 64112-1239	44-0545812	501 (C)(3)	37,246.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, INC. - 225 WEST VINE STREET - MILWAUKEE, WI 53212	39-0806190	501 (C)(3)	67,373.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ROCHESTER, INC. - 75 COLLEGE AVE - ROCHESTER, NY 14607	16-1015782	501 (C)(3)	5,972.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ST. JOSEPH 118 SOUTH FIFTH STREET, FIRST FLOOR SAINT JOSEPH, MO 64501	44-0547802	501 (C)(3)	65,974.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ST. LOUIS, INC. - 910 NORTH ELEVENTH STREET - SAINT LOUIS, MO 63101	43-0714167	501 (C)(3)	20,948.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	34-4427947	501 (C)(3)	6,238.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF JEFFERSON & N. WALWORTH COUNTIES - 734 MADISON AVENUE - FORT ATKINSON, WI 53538	39-6046361	501 (C)(3)	6,709.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF KENOSHA COUNTY 5500 6TH AVENUE, SUITE 210 KENOSHA, WI 53140-3710	39-0806285	501 (C)(3)	30,734.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501 (C)(3)	19,272.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LAKE COUNTY, INC 9285 PROGRESS PARKWAY MENTOR, OH 44060-1854	34-1105038	501 (C)(3)	32,739.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LAKE COUNTY, INC. 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501 (C)(3)	6,308.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LEE COUNTY, INC. 2133 EXECUTIVE PARK DRIVE OPELIKA, AL 36801	23-7107722	501 (C)(3)	6,503.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF MARATHON COUNTY, INC 705 S 24TH ST STE 400B WAUSAU, WI 54401	39-0935496	501 (C)(3)	20,972.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY - 51 SLEEPER STREET - BOSTON, MA 02210-1208	04-2382233	501 (C)(3)	10,898.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF METROPOLITAN CHICAGO 333 S WABASH AVE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501 (C)(3)	214,288.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 NORTH LAMAR STREET - DALLAS, TX 75202	75-6005352	501 (C)(3)	16,592.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF NORMAN INC. (OK) 2424 SPRINGER DR SUITE 304 NORMAN, OK 73069	73-0668684	501 (C)(3)	64,626.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF NORTHERN OZAUKEE COUNTY - POST OFFICE BOX 39 - PORT WASHINGTON, WI 53074	23-7084522	501 (C)(3)	16,675.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF NORTHERN UTAH 2955 HARRISON BOULEVARD SUITE 201 OGDEN, UT 84403	87-0224251	501 (C)(3)	6,143.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF OCONEE COUNTY 409 EAST NORTH FIRST STREET, SUITE SENECA, SC 29678	57-0479292	501 (C)(3)	6,792.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA	23-1556045	501 (C)(3)	5,824.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF PORTAGE COUNTY (OH) POST OFFICE BOX 845 RAVENNA, OH 44266-0845	34-1024769	501 (C)(3)	9,748.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF PORTAGE COUNTY (WI) 1100 CENTERPOINT DRIVE, # 302 STEVENS POINT, WI 54481	39-0831152	501 (C)(3)	38,041.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF RACINE COUNTY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501 (C)(3)	167,816.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF RICE LAKE POST OFFICE BOX 325 RICE LAKE, WI 54868	39-6105426	501 (C)(3)	5,448.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, SUITE 300 ROCKFORD, IL 61103	36-2167843	501 (C)(3)	9,562.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SAN LUIS OBISPO COUNTY - 1288 MORRO STREET, SUITE 10 - SAN LUIS OBISPO, CA 93401	95-3459538	501 (C)(3)	5,225.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SOUTH WOOD & ADAMS COUNTIES - 351 OAK STREET - WISCONSIN RAPIDS, WI 54494	39-1212595	501 (C)(3)	8,865.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SOUTHEAST MISSISSIPPI, INC - 210 WEST FRONT STREET - HATTIESBURG, MS 39401	64-0410475	501 (C)(3)	6,792.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SUMMIT COUNTY, INC. 37 N. HIGH ST, SUITE A AKRON, OH 44308	34-1169257	501 (C)(3)	29,613.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE COLUMBIA-WILLAMETTE - 619 SW 11 AVENUE SUITE 300 - PORTLAND, OR 97205-2646	93-0582124	501 (C)(3)	8,534.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE GREATER TRIANGLE, INC. - 800 PARK OFFICES DRIVE - DURHAM, NC 27709	56-1949103	501 (C)(3)	10,622.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST STE 200 OMAHA, NE 68102-1251	47-0376605	501 (C)(3)	4,438.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE MIDLANDS 1818 BLANDING ST COLUMBIA, SC 29201	57-0314396	501 (C)(3)	580.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF THE PLAINS 245 NORTH WATER STREET WICHITA, KS 67202-2090	48-0547688	501 (C)(3)	72,853.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WALWORTH COUNTY N6359 HIGHWAY 12/67 ELKHORN, WI 53121	39-6108550	501 (C)(3)	10,986.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WASHINGTON COUNTY 215 NORTH MAIN STREET STE 110 WEST BEND, WI 53095	23-7281696	501 (C)(3)	77,258.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WASHINGTON COUNTY 590 WASHINGTON ROAD WASHINGTON, PA 15301	25-6070133	501 (C)(3)	89.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WASHTENAW 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501 (C)(3)	30,852.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WILLIAMSON COUNTY POST OFFICE BOX 708 ROUND ROCK, TX 78680-0708	23-7396732	501 (C)(3)	3,069.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT SUITE 107 FRANKLIN, TN 37067-2810	62-6049469	501 (C)(3)	3,134.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501 (C)(3)	85,122.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF YUMA COUNTY 180 WEST 1ST STREET, SUITE B YUMA, AZ 85364	86-0211326	501 (C)(3)	19,514.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY SERVICES OF GEAUGA COUNTY - 209 CENTER STREET - CHARDON, OH 44024-1189	20-5575556	501 (C)(3)	13,664.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY SUNCOAST (TAMPA BAY AREA) - 5201 WEST KENNEDY BLVD - TAMPA, FL 33609	59-3725701	501 (C)(3)	5,128.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITY IN MOTION, INC. POST OFFICE BOX 511131 MILWAUKEE, WI 53203	26-3696451	501 (C)(3)	49,749.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY OF MICHIGAN-ELBEL CLUB (MI) - ATTN: K. BAUMGARTNER - REVELLI HALL - ANN ARBOR, MI 48104-3707	38-6006309	501 (C)(3)	10,518.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY OF WISCONSIN - FOUNDATION - 1848 UNIVERSITY AVENUE - MADISON, WI 53726-4090	39-0743975	501 (C)(3)	1,640,688.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501 (C)(3)	61,214.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
URBAN ECOLOGY CENTER 1500 EAST PARK PLACE MILWAUKEE, WI 53211-3587	39-1712663	501 (C)(3)	59,758.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
USHERS NEW LOOK 500 BISHOP ST NW STE B5 ATLANTA, GA 30318-4369	58-2480934	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
USO OF WISCONSIN, INC. SOUTHEASTERN REGION - 750 N. LINCOLN MEMORIAL DRIVE, SUITE 407 - MILWAUKEE, WI 53202	39-1703157	501 (C)(3)	11,593.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UWM FOUNDATION, THE 1440 E NORTH AVE MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	1,000,498.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501 (C)(3)	41,920.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
VISION FORWARD ASSOCIATION, INC. 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	36,186.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
VISION FORWARD ASSOCIATION, INC. 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	38,964.	0.			CHILDREN'S SERVICES
WALKER'S POINT YOUTH & FAMILY CENTER INC. - 2030 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	25,000.	0.			HEALTHY GIRLS
WALKER'S POINT YOUTH & FAMILY CENTER INC. - 2030 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	26,461.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WALKER'S POINT YOUTH & FAMILY CENTER, INC. - 2030 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	178,035.	0.			RUNAWAY SERVICES
WALTER SCHROEDER AQUATIC CENTER 9240 NORTH GREEN BAY ROAD BROWN DEER, WI 53209	33-1195220	501 (C)(3)	50,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC - 210 NW BARSTOW STREET, SUITE 305 - WAUKESHA, WI 53188	30-0436162	501 (C)(3)	6,355.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)

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

Schedule I (Form 990)

39-0806190

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC - 210 NW BARSTOW STREET, SUITE 305 - WAUKESHA, WI 53188	30-0436162	501 (C)(3)	26,214.	0.			ADULT DENTAL CARE PROGRAM
WAUKESHA COUNTY COMMUNITY FOUNDATION - 2727 NORTH GRANDVIEW BOULEVARD, SUITE122 - WAUKESHA, WI 53188	39-1969122	501 (C)(3)	7,523.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WEST ALLIS-WEST MKE EDUCATION FOUNDATION EDUCATION FOUNDATION - 1205 SOUTH 70 STREET - WEST ALLIS, WI 53214	20-8209763	501 (C)(3)	7,906.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WHEATON FRANCISCAN ST. JOSEPH 5000 W CHAMBERS STREET MILWAUKEE, WI 53210	39-1636804	501 (C)(3)	50,000.	0.			HEALTHY BIRTH OUTCOMES
WIREGRASS UNITED WAY, INC. POST OFFICE BOX 405 DOTHAN, AL 36302-0405	63-6000270	501 (C)(3)	13,247.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	3,161.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	31,587.	0.			DRIVER'S LICENSE RECOVERY
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	38,686.	0.			MEDIATION AND RESTORATIVE JUSTICE CENTER
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	89,427.	0.			YOUTH ENHANCED SUPPORT (YES)

Schedule I (Form 990)

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

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	141,465.	0.			COMMUNITY REINTEGRATION SERVICES
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	256,648.	0.			CRIMINAL JUSTICE RECOVERY SERVICES
WISCONSIN EQUAL JUSTICE FUND POST OFFICE BOX 475 WAUSAU, WI 54402-0475	39-1904737	501 (C)(3)	5,040.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208-3156	39-0810533	501 (C)(3)	22,672.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN CHILD & FAMILY SERVICE - W175 N11120 STONEWOOD DRIVE - GERMANTOWN, WI 53022	39-1047224	501 (C)(3)	31,550.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN HIGH SCHOOL 330 NORTH GLENVIEW AVENUE MILWAUKEE, WI 53213	39-0888758	501 (C)(3)	15,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN POLICY FORUM 633 WEST WISCONSIN AVENUE, SUITE 40 MILWAUKEE, WI 53203	39-0210040	501 (C)(3)	40,000.	0.			MHCP GRANT
WISCONSIN PRIMARY HEALTH ASSOCIATION - 5202 EASTPARK BLVD., SUITE 109 - MADISON, WI 53718-2151	39-1407034	501 (C)(3)	150,000.	0.			MHCP GRANT
WISCONSIN REAL ESTATE ALUMNI ASSOCIATION - POST OFFICE BOX 307 - PEWAUKEE, WI 53072	39-1673863	501 (C)(3)	6,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)

UNITED WAY OF GREATER MILWAUKEE &  
WAUKESHA COUNTY INC.

Schedule I (Form 990)

39-0806190

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN RIGHT TO LIFE EDUCATION FUND - 5317 N 118TH CT - MILWAUKEE, WI 53217	39-1548867	501 (C)(3)	7,149.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WOMEN'S CENTER, INC., THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	25,727.	0.			CHILD ABUSE PREVENTION
WOMEN'S CENTER, INC., THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	30,704.	0.			SEXUAL ABUSE & ASSAULT COUNSELING
WOMEN'S CENTER, INC., THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	34,587.	0.			EMPLOYMENT
WOMEN'S CENTER, INC., THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	146,924.	0.			TRANSITIONAL LIVING & DOMESTIC VIOLENCE PROGRAM
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	40,095.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WOMEN'S FUND OF GREATER MILWAUKEE INC. - 316 NORTH MILWAUKEE STREET, SUITE 215 - MILWAUKEE, WI 53202	20-3514894	501 (C)(3)	20,109.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WRTP/BIG STEP 3841 WEST WISCONSIN AVE MILWAUKEE, WI 53208	39-1838210	501 (C)(3)	14,177.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YESHIVA ELEMENTARY SCHOOL 5115 W. KEEFE AVE MILWAUKEE, WI 53216	39-1631932	501 (C)(3)	20,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)



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

Schedule I (Form 990)

39-0806190

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA AT PABST FARM 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	7,447.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	14,772.	0.			YOUTH & COMMUNITY
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	30,657.	0.			SPECIAL PROGRAMS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	34,955.	0.			DAY CARE
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 53186-5060	45-5119441	501 (C)(3)	10,164.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 53186-5060	45-5119441	501 (C)(3)	13,842.	0.			EARLY CHILDHOOD EDUCATION
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 53186-5060	45-5119441	501 (C)(3)	17,712.	0.			OLDER ADULTS
YMCA OF GREATER WAUKESHA COUNTY 320 EAST BROADWAY STREET WAUKESHA, WI 53186-5060	45-5119441	501 (C)(3)	74,071.	0.			DAY CAMP
YMCA OF METROPOLITAN MILWAUKEE, INC. - 161 WEST WISCONSIN AVENUE, SUITE 4000 - MILWAUKEE, WI 53203-2601	39-0806314	501 (C)(3)	158,776.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)

UNITED WAY OF GREATER MILWAUKEE &  
WAUKESHA COUNTY INC.

Schedule I (Form 990)

39-0806190

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITAN MILWAUKEE, INC. - 161 WEST WISCONSIN AVENUE, SUITE 4000 - MILWAUKEE, WI 53203-2601	39-0806314	501 (C)(3)	177,115.	0.			EARLY CHILDHOOD EDUCATION
YMCA OF METROPOLITAN MILWAUKEE, INC. - 161 WEST WISCONSIN AVENUE, SUITE 4000 - MILWAUKEE, WI 53203-2601	39-0806314	501 (C)(3)	230,764.	0.			DAY CAMP
YOU CAN MISSIONS N8492 BANCROFT ROAD THERESA, WI 53091	81-4323200	501 (C)(3)	6,200.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YOUNG LIFE MILWAUKEE NORTH SHORE 6134 N. LYDELL AVE WHITEFISH BAY, WI 53217	84-0385934	501 (C)(3)	5,241.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	9,369.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	213,318.	0.			AUTO LOAN ACCESS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	217,140.	0.			COMMUNITY ADULT LEARNING LAB
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY - 10005 WEST BLUEMOUND ROAD - MILWAUKEE, WI 53226	39-6077242	501 (C)(3)	7,928.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**Part IV** Supplemental Information

RESULTS OF THE PROGRAMS THAT IT FUNDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2017

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

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY LOU YOUNG CEO	(i)	287,502.	10,000.	10,000.	31,050.	7,588.	346,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FILIPPO CARINI CHIEF OPERATING OFFICER	(i)	191,192.	0.	10,000.	25,826.	18,244.	245,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDA MCFERRIN VP - RESOURCE DEVELOPMENT	(i)	161,080.	0.	0.	20,941.	7,445.	189,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN MCKAIG VP - MARKETING & COMMUNICATIONS	(i)	155,948.	0.	0.	13,689.	18,194.	187,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NICOLE ANGRESANO VP - COMMUNITY IMPACT	(i)	146,859.	0.	0.	17,571.	1,180.	165,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	133	3,425,927.	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( FOOD AND DRIN )	X	1	5,804.	BOOK VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017



**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number	39-0806190
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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  
EDUCATION, INCOME, AND HEALTH.

\*CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE  
ACTION ON PRIORITY ISSUES.

\*RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND  
INTEGRATED, COMMUNITY-FOCUSED WORK.

\*SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS.

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

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

FORM 990, PART I, LINE 1

DIVERSITY & INCLUSION VALUE STATEMENT:

WE BELIEVE DIVERSITY GOES BEYOND VISIBLE DIFFERENCES AND AFFIRMS THE  
ESSENCE OF ALL INDIVIDUALS INCLUDING THE REALITIES, BACKGROUND,  
EXPERIENCES, SKILLS AND PERSPECTIVES THAT MAKE EACH PERSON WHO THEY  
ARE. DIVERSITY AND INCLUSION ARE AT THE HEART OF WHAT IT MEANS TO LIVE  
UNITED.

OUR VALUES:

\* WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY.

\* WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS. WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY.

\* WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY.

\* WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION.

\* WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTERNALLY AND EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING:

- \* RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE
- \* INTEGRITY IN EVERY ACTION WE TAKE
- \* ETHICAL BEHAVIOR IN ALL WE DO
- \* HONEST, OPEN COMMUNICATIONS
- \* PRUDENT RISK-TAKING
- \* COOPERATION AND TEAMWORK
- \* CREATIVITY AND INNOVATION
- \* OWNERSHIP OF OUR ACTIONS

\* WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT.

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

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

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## TO ACCOMPLISH THE FOLLOWING:

\*PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF EDUCATION, INCOME AND HEALTH.

\*CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE ACTION ON PRIORITY ISSUES.

\*RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND INTEGRATED, COMMUNITY-FOCUSED WORK

\*SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS

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

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

## DIVERSITY &amp; INCLUSION VALUE STATEMENT:

WE BELIEVE DIVERSITY GOES BEYOND VISIBLE DIFFERENCES AND AFFIRMS THE ESSENCE OF ALL INDIVIDUALS INCLUDING THE REALITIES, BACKGROUND, EXPERIENCES, SKILLS AND PERSPECTIVES THAT MAKE EACH PERSON WHO THEY ARE. DIVERSITY AND INCLUSION ARE AT THE HEART OF WHAT IT MEANS TO LIVE UNITED

## OUR VALUES:

\*WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY.

\*WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS. WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY.

\*WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY.

\*WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION.

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**\*WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO ( INTERNALLY AND EXTERNALLY ) , ACHIEVED BY ENCOURAGING AND NOURISHING :**

**\*RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE**

**\*INTEGRITY IN EVERY ACTION WE TAKE**

**\*ETHICAL BEHAVIOR IN ALL WE DO**

**\*HONEST, OPEN COMMUNICATIONS**

**\*PRUDENT RISK-TAKING**

**\*COOPERATION AND TEAMWORK**

**\*CREATIVITY AND INNOVATION**

**\*OWNERSHIP OF OUR ACTIONS**

**\*WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS , BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES , AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT .**

**FORM 990 , PART III , LINE 4A**

**COMMUNITY INVESTMENT :**

**PHILOSOPHY : EVERYONE DESERVES OPPORTUNITIES TO BUILD A GOOD LIFE - A QUALITY EDUCATION THAT LEADS TO A STABLE JOB , ENOUGH INCOME TO SUPPORT A FAMILY THROUGH ALL OF LIFE'S STAGES , GOOD HEALTH AND A SAFE HOME .**

**GOAL : TO CREATE LONG-LASTING CHANGE BY ADDRESSING OUR COMMUNITY'S MOST SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OUR COMMUNITY .**

**STRATEGY : FOCUS ON THREE CRITICAL ISSUE AREAS ,HEALTH , EDUCATION AND FINANCIAL STABILITY- THE BUILDING BLOCKS TO A GOOD LIFE .**

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**HEALTH**

HEALTH OF INDIVIDUALS IS A STRONG INDICATOR OF THE HEALTH OF A COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORTANT DURING ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INTO ADULTHOOD AND THROUGH OLDER AGE. TO IMPROVE THE HEALTH OF OUR COMMUNITY WE MUST ALL BECOME MORE AWARE OF HEALTH RISKS, STARTING FROM BEFORE BIRTH. 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, SURVIVORS OF ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR ADDICTION. IN 2018-19, UNITED WAY WILL INVEST \$12,563,513 IN HEALTH PROGRAMS.

GOALS IN HEALTH: PROVIDE FUNDING TO INCREASE THE NUMBER OF YOUTH AND ADULTS WHO:

- \* ARE ABLE TO LIVE INDEPENDENTLY AND WITH DIGNITY.
- \* HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAVIORAL, DENTAL, AND GENERAL HEALTH CARE SERVICES.
- \* HAVE ACCESS TO PREVENTION EDUCATION AND CAN AVOID RISKY BEHAVIORS.
- \* HAVE A NETWORK OF SUPPORT FOR CHILDREN WITH DISABILITIES, THEIR FAMILIES, AND CAREGIVERS.
- \* HAVE ACCESS TO HIGH QUALITY, AFFORDABLE PRENATAL CARE AND PREGNANCY SUPPORT SERVICES.

UNITED WAY'S INVESTMENT AREAS IN HEALTH:

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ACCESS TO HEALTHCARE:

- \* ADVANCING HEALTH EQUITY: REMOVING BARRIERS TO ENSURE ALL YOUTH AND ADULTS HAVE ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE.
- \* HEALTHCARE ENROLLMENT & UTILIZATION
- \* COLLABORATIVE ENGAGEMENT TO COMBAT ETHNIC/CULTURAL DISPARITIES
- \* IMPLEMENTING INNOVATIVE STRATEGIES TO ADDRESS MENTAL HEALTH

SAFE & HEALTHY COMMUNITIES

- \* BUILDING CAPACITY TO FOSTER HEALTHY AND SAFE COMMUNITIES: TRANSFORMING COMMUNITIES THROUGH EDUCATION AND ACCESS TO SUPPORT, MAKING HEALTHY CHOICES EASY, SAFE AND AFFORDABLE.
- \* PROMOTING HEALTHY LIFESTYLES
- \* SUBSTANCE ABUSE/OPIOID PREVENTION, INTERVENTION, & TREATMENT
- \* SAFETY FROM VIOLENCE & ABUSE

HEALTH & WELLNESS

- \* PROMOTING SELF-SUFFICIENCY & INDEPENDENCE: SUPPORTING YOUTH AND ADULTS OF ALL AGES AND ABILITIES TO ENSURE EVERYONE HAS THE OPPORTUNITY TO LIVE WITH INDEPENDENCE AND DIGNITY.
- \* REMOVING BARRIERS; COMMUNITY INCLUSION & DIGNITY

ASSESSMENT, REFERRAL, AND SUPPORT

- \* SUPPORT FOR 2-1-1'S 24 HOUR A DAY CENTRAL ACCESS POINT OF RESOURCES AND REFERRALS.

UNITED WAY'S IMPACT IN HEALTH

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OF ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS, 93% WERE BETTER ABLE TO IDENTIFY STRESSORS IN THEIR LIVES, 90% WERE ABLE TO CREATE A PLAN TO MANAGE THEIR STRESS, 92% WERE BETTER ABLE TO COMMUNICATE WITH OTHERS, 90% FELT THEIR RELATIONSHIPS WERE BETTER, 94% HAD A BETTER UNDERSTANDING OF THE PROBLEMS THEY WERE STRUGGLING WITH AND 94% KNEW SPECIFIC STEPS TO IMPROVE THEIR SITUATION.

OF CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS, 95% LEFT THEIR SOCIAL/EMOTIONAL WELL-BEING WAS SUPPORTED WITHIN THE CONTEXT OF THE FAMILY, 87% MAINTAINED OR IMPROVED BEHAVIOR WITH THEIR PEERS, 93% MAINTAINED OR IMPROVED THEIR BEHAVIOR AT HOME, 89% DISPLAYED SIGNS OF IMPROVEMENT IN SOCIAL SKILLS AND 87% DISPLAYED SIGNS OF DEVELOPMENT IMPROVEMENT IN SELF-REGULATION OF EMOTIONS.

OF THE ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED CHEMICAL ABUSE AND DEPENDENCY PROGRAMS, 100% FELT THEIR MENTAL HEALTH HAS IMPROVED, 100% FELT THEY HAD MADE PROGRESS TOWARDS THEIR GOALS AND 100% FELT MORE CONNECTED TO THE RECOVERY COMMUNITY.

OF THE ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES PROGRAMS, 93% FELT THEIR FINANCIAL CONCERNS WERE ADDRESSED, 93% FELT THEIR HOUSING CONCERNS WERE ADDRESSED, 88% ATTENDED SOCIAL ACTIVITIES, 89% WERE COMMENTED TO SUPPORT NETWORKS, 99% FELT THEY WERE TREATED WITH RESPECT AND DIGNITY, 93% MADE THEIR OWN CHOICES AND 96% LET THEIR NEEDS BE KNOWN (ADVOCATED).

OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES



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PROGRAMS, 93% COOPERATED WITH OTHER CHILDREN, 94% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED BEHAVIOR, 93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-HELP/ADAPTING, 93% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COGNITIVE SKILLS, 93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SOCIAL SKILLS AND 93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-REGULATION OF EMOTIONS.

OF THE CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES PROGRAMS, 99% FELT THAT THE PROGRAM HELPED THEM TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE AND 98% FELT THAT THE PROGRAM USED THEM TO UNDERSTAND RIGHTS AND ADVOCATE FOR THE INDIVIDUAL.

OF THE YOUTH WHO STAYED AT A UNITED WAY-FUNDED EMERGENCY SHELTER, 84% RETURNED TO THEIR HOME OR A SAFE, ACCEPTABLE ALTERNATIVE, 89% FELT THEIR RELATIONSHIP WITH THEIR PARENT/GUARDIAN REMAINED THE SAME OR IMPROVED AND 81% WERE BETTER ABLE TO COPE WITH THE PROBLEMS THAT CAUSED THEM TO SEEK SERVICES.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH CARE ACCESS PROGRAMS, 98% FELT THEY RECEIVED THE SUPPORT THEY NEEDED IN MAKING DECISIONS, 98% FELT THEY RECEIVED THE EDUCATION THEY NEED TO CARE FOR THEMSELVES, 96% FELT THEY WERE INCLUDED IN SETTING A PLAN FOR THEIR OWN HEALTH, 88% FELT THEIR PAIN WAS RELIEVED OR MANAGED, AND 96% FELT THEIR NEEDS WERE MET.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION PREVENTION (HEALTH) PROGRAMS, 100% WERE GIVEN THE NECESSARY RESOURCES AROUND TREATMENT OPTIONS, 99% WERE GIVEN OTHER RESOURCES THEY NEEDED,

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98% DEMONSTRATED AN INCREASED KNOWLEDGE OF HIV AND/OR STIS AND 95% WERE AWARE OF THEIR HIV AND/OR STI STATUS.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION PREVENTION (RESISTANCE) PROGRAMS, 90% FELT THEY HAD AN ADULT THEY COULD TRUST TO TALK TO ABOUT THINGS THAT ARE BOTHERING THEM AND 93% LEARNED TO HAVE FUN WITHOUT FOLLOWING OTHERS WHEN THEY ARE NOT MAKING GOOD DECISIONS.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PARTNER VIOLENCE (BATTERERS INTERVENTION) PROGRAMS, 95% DISPLAYED INTENT TO REMAIN VIOLENCE FREE IN THE FUTURE, 97% HAD A BETTER UNDERSTANDING THAT THE ABUSE WAS THEIR FAULT AND 97% FELT THEY HAD A BETTER UNDERSTANDING OF THE EFFECTS OF DOMESTIC VIOLENCE.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PARTNER VIOLENCE (VICTIM SAFETY) PROGRAMS, 95% HAD MORE KNOWLEDGE ABOUT SAFETY PLANNING, 95% WERE MORE AWARE OF RESOURCES THEY COULD USE IN THE FUTURE AND 95% KNEW MORE ABOUT THEIR RIGHTS AND OPTIONS IN THE LEGAL SYSTEM.

OF THE ADULTS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 83% UNDERSTOOD THEIR RIGHTS, 86% PHYSICAL HEALTH CONCERNS WERE ADDRESSED, 86% FELT SAFER AND MORE SECURE, 85% WERE MORE PHYSICALLY ACTIVE, 83% WERE BETTER ABLE TO COPE WITH STRESS, 76% ATTENDED SOCIAL ACTIVITIES, 82% SOCIALIZED AND MADE FRIENDS, 83% FELT THEY HAD A VOICE IN MAKING THEIR OWN CHOICE, 88% EXPRESSED THEIR NEEDS AND 85% COULD SOLVE THEIR OWN PROBLEMS.

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OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 99% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS, 85% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT, 96% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL AND 95% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED PREGNANCY PARENTING AND SUPPORT SERVICES PROGRAMS, 98% CONNECTED TO A MEDICAL HOME, 87% BROUGHT BABY IN FOR A SIX-WEEK CHECKUP, 90% ATTENDED A PARENTING PROGRAM OR WERE REFERRED TO A PARENTING PROGRAM, 98% WERE EDUCATED ON THE BENEFITS OF BREASTFEEDING, 97% WERE EDUCATED ON SAFE SLEEP ENVIRONMENTS, 100% HAD A HEALTHY PREGNANCY OUTCOME, 91% CARRIED THE BABY TO TERM AND 92% DELIVERED A BABY WITH A HEALTHY BIRTH WEIGHT.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED ASSESSMENT REFERRAL AND SUPPORT PROGRAMS, 99% FELT THEY WERE LISTENED TO AND SUPPORTED, 96% FELT THEY HAD AN INCREASED SENSE OF HOPE AFTER THE CALL, 98% FELT THEY KNEW WHAT THEIR NEXT STEPS WERE AND 98% FELT THEY GOT WHAT THEY NEEDED FROM THE CALL.

FORM 990, PART III, LINE 4A

EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL:

EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS.

STRONG, PRODUCTIVE COMMUNITIES ARE DEPENDENT UPON A SKILLED WORKFORCE THAT CAN COMPETE IN A GLOBAL ECONOMY. IT'S NOT ENOUGH TO INTERVENE IN HIGH SCHOOL. IT IS CRITICAL TO REACH CHILDREN EARLY-EVEN BEFORE THEY START SCHOOL. ONCE A YOUNG PERSON FALLS BEHIND, IT CAN BE VERY

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DIFFICULT TO CATCH UP. IF A CHILD ISN'T READING AT GRADE LEVEL BY 3RD GRADE-THEY MAY NEVER CATCH UP. UNITED WAY IS WORKING WITH SCHOOLS AND ORGANIZATIONS TO CHANGE THAT, AND HELPING TO ENSURE THAT EVERY CHILD HAS A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN PROGRAMS THAT PRODUCE RESULTS. IN 2018 - 19, UNITED WAY WILL INVEST \$8,906,701 IN EDUCATION PROGRAMS.

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

- \* ENTER SCHOOL READY TO SUCCEED.
- \* READ PROFICIENTLY BY THIRD GRADE.
- \* ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL.
- \* HAVE GOALS FOR THEIR FUTURES.
- \* DISPLAY IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS.
- \* GRADUATE FROM HIGH SCHOOL ON TIME.
- \* ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.

UNITED WAY'S INVESTMENT AREAS IN EDUCATION:

- \* EARLY CHILDHOOD EDUCATION: AIMS TO INCREASE THE NUMBER OF CHILDREN WHO ENTER SCHOOL READY TO SUCCEED.
- \* STRENGTHENING FAMILIES: SUPPORTS SUCCESS WITHIN THE FAMILY UNIT AND IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS AMONG CHILDREN.

YOUTH DEVELOPMENT: FOCUSES ON INCREASING THE NUMBER OF CHILDREN WHO READ PROFICIENTLY BY THIRD GRADE, ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL, DEVELOP RESISTANCE SKILLS, INCREASE SCHOOL ENGAGEMENT, HAVE GOALS AND ASPIRATION, GRADUATE HIGH SCHOOL ON TIME, AND ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.

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UNITED WAY'S IMPACT IN EDUCATION:

OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS, 86% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS, 81% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS, AND 82% COOPERATED WITH OTHER CHILDREN.

OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS, 90% LEARNED POSITIVE WAYS TO DEAL WITH STRESS, 92% HAD IMPROVED OVERALL HEALTH, 91% HAD DECREASED STRESS LEVELS, 96% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS, 97% IMPROVED THEIR EMOTIONAL/BONDING RELATIONSHIP WITH THEIR CHILD(REN) AND 98% WERE BETTER ABLE TO CONTROL THEIR ANGER.

OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS, 85% COOPERATED WITH OTHER CHILDREN, 85% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED THEIR BEHAVIOR, 87% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN SOCIAL/EMOTIONAL SKILLS, 92% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS AND 84% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS.

OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS, 90% LEARNED POSITIVE WAYS TO DEAL WITH STRESS, 85% DECREASED THEIR STRESS, 96% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS, 98% USED THE SKILLS THEY LEARNED FROM THE PROGRAM AND 96% WERE ABLE TO CONTROL THEIR ANGER.

OF THE CHILDREN AGES 6-11 WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH

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DEVELOPMENT PROGRAMS, 91% HAVE GOALS AND PLANS FOR THE FUTURE, 95% HAVE PLANS FOR THE NEXT YEAR, 96% TRIED THEIR BEST IN SCHOOL, 87% FINISHED THEIR HOMEWORK ON TIME AND 89% WENT TO SCHOOL EACH DAY (UNLESS THEY WERE SICK).

OF THE CHILDREN AGES 12 AND OLDER WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS, 88% BELIEVED THEY COULD MAKE A DIFFERENCE IN THEIR COMMUNITY, 81% VOLUNTEERED IN THEIR COMMUNITY, 86% WERE ABLE TO RESIST PRESSURE FROM OTHER WHO TRY TO GET THEM TO DO THINGS THEY DON'T WANT TO DO, 82% KNEW HOW TO REFUSE SOMEONE THEY LIKED IF ASKED TO HAVE SEX AND 88% SPEND TIME WITH FRIENDS WHO DID NOT USE ALCOHOL OR OTHER DRUGS.

FINANCIAL STABILITY - HELPING FAMILIES ACHIEVE FINANCIAL STABILITY THROUGH INCREASED ADULT EDUCATION:

OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL FAMILIES ARE FINANCIALLY STABLE. FEWER FINANCIAL STRESSES LEAD TO HEALTHIER LIVES, IMPROVED WORK PERFORMANCE, AND BETTER EDUCATION OUTCOMES. UNITED WAY INVESTS IN PROGRAMS THAT HELP ADULTS IMPROVE THEIR EDUCATION LEVEL AND CREATE A MORE FINANCIALLY SECURE FUTURE FOR THEMSELVES AND THEIR FAMILIES.

UNITED WAY'S WORK IN INCOME IS FOCUSED ON ENSURING ALL FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY. IN 2018-19, UNITED WAY WILL INVEST \$4,194,027 IN FINANCIAL STABILITY PROGRAMS.

GOALS IN INCOME: INCREASE THE NUMBER OF ADULTS & FAMILIES WHO:

\* ARE ABLE TO MEET THEIR BASIC NEEDS.

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- \* GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY-SUSTAINING WAGE.
- \* HAVE ACCESS TO CULTURALLY APPROPRIATE RELOCATION AND REUNIFICATION SERVICES AS IMMIGRANTS OR REFUGEES.
- \* HAVE ACCESS TO HIGH QUALITY, FREE, OR LOW COST LEGAL SERVICES.
- \* SAVE FOR A HOME OR POSTSECONDARY EDUCATION.

UNITED WAY'S INVESTMENT AREAS IN INCOME:  
 BASIC NEEDS: SUPPORTING THE BASIC NEEDS OF THOSE WHO ARE MOST VULNERABLE.

- \* FOOD ASSISTANCE: ENSURES YOUTH AND ADULTS HAVE ACCESS TO HEALTHY MEALS AND FRESH PRODUCE IN AREAS WHERE FOOD IS SCARCE.
- \* EMERGENCY SHELTER & HOUSING ASSISTANCE: PROVIDES EMERGENCY ASSISTANCE FOR UTILITIES AND SHELTER TO INDIVIDUALS AND FAMILIES.
- \* TRANSPORTATION: ASSISTS INDIVIDUALS WHO CANNOT DRIVE, DO NOT OWN A CAR, CANNOT AFFORD TO REPAIR THEIR CAR, OR OTHERWISE HAVE NO TRANSPORTATION AND FACE SIGNIFICANT BARRIERS WHEN ACCESSING SERVICES FOR HEALTH, EMPLOYMENT, AND SELF-SUFFICIENCY.
- \* LEGAL AID: PROVIDES FREE TO MODERATELY-PRICED LEGAL SERVICES TO VULNERABLE RESIDENTS.
- \* EMPLOYMENT: BUILDING EDUCATION CREDENTIALS AND SKILL CERTIFICATION TO OVERCOME BARRIERS TO EMPLOYEMENT
- \* ADULT EDUCATION CREDENTIALS: INCREASES ENROLLMENT IN AND COMPLETION OF LITERACY CERTIFICATION, TRAINING, AND DEGREE PROGRAMS.
- \* FINANCIAL CAPABILITY: PROMOTING FINANCIAL STABILITY AND INDEPENDENCE

UNITED WAY'S IMPACT IN INCOME:

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OF THOSE WHO UTILIZED UNITED WAY-FUNDED ADULT LEARNING PROGRAMS, 97% LEARNED THE BASICS OF A CHECKING/SAVINGS ACCOUNT, 78% PUT MONEY IN A CHECKING/SAVINGS ACCOUNT, 97% MADE PROGRESS TOWARDS THEIR ACADEMIC GOALS, 88% IMPROVED THEIR COMPUTER SKILLS, 100% HAD A GREATER BELIEF IN THEMSELVES AND 96% LEARNED PROBLEM SOLVING SKILLS.

OF THOSE THAT UTILIZED UNITED WAY-FUNDED EMERGENCY SHELTERS, 82% FELT THEIR HOUSING WOULD IMPROVE AFTER LEAVING THE SHELTER, 88% SET PERSONAL GOALS TOWARDS SELF-IMPROVEMENT, 76% MADE PROGRESS TOWARDS THEIR GOALS AND 96% FELT THEIR BASIC NEEDS WERE MET.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED FINANCIAL LITERACY PROGRAMS, 99% KNEW THAT THERE ARE BENEFITS TO USING A BANK ACCOUNT, 95% OPENED A CHECKING/SAVINGS ACCOUNT, 90% PUT MONEY IN A CHECKING/SAVINGS ACCOUNT, 99% HAD A GREATER BELIEF IN THEMSELVES, 97% LEARNED TO ORGANIZE THEIR TIME AND 97% LEARNED PROBLEM SOLVING SKILLS.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED EMERGENCY FOOD PANTRIES, 83% HAD A BETTER UNDERSTANDING OF HEALTHY EATING HABITS, 83% WERE OFFERED RESOURCES ABOUT HEALTHY EATING HABITS, 75% WERE ABLE TO USE THEIR MONEY TOWARDS OTHER AREAS OF THEIR BUDGET AND 78% FELT THEIR 3-5 DAY EMERGENCY FOOD NEEDS WERE MET.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED ACCESS TO AFFORDABLE AND HEALTHY FOOD PROGRAMS, 85% SAVED MONEY ON THEIR GROCERY BILLS, 96% SAID THAT THE LOCATION WAS CONVENIENT AND 73% INCREASED THEIR CONSUMPTION OF HEALTHY FOODS.



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OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HOUSING AND HOMEOWNERSHIP PROGRAMS, 100% WILL BE BETTER ABLE TO HANDLE SIMILAR SITUATIONS IT HE FUTURE BECAUSE OF WHAT THEY LEARNED, 90% AVOIDED FORECLOSURE, EVICTION OR HOMELESSNESS, AND 94% WERE ABLE TO MAINTAIN OR SECURE SAFE AND AFFORDABLE HOUSING.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED IMMIGRATION AND REFUGEE SERVICES PROGRAMS, 89% RECEIVED ASSISTANCE OR RESOURCES FOR LEGAL HELP, 89% UNDERSTOOD THEIR LEGAL STATUS, 89% UNDERSTOOD THEIR EMPLOYMENT ELIGIBILITY, 81% KNEW WHEN THEY WOULD QUALIFY FOR PERMANENT RESIDENCY OR CITIZENSHIP, 97% FELT STAFF WERE RESPECTFUL OF THEIR CULTURE AND 98% UNDERSTOOD WHAT TO EXPECT NEXT.

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 83% UNDERSTOOD THEIR RIGHTS, 86% PHYSICAL HEALTH CONCERNS WERE ADDRESSED, 86% FELT SAFER AND MORE SECURE, 85% WERE MORE PHYSICALLY ACTIVE, 83% WERE BETTER ABLE TO COPE WITH STRESS, 76% ATTENDED SOCIAL ACTIVITIES, 82% SOCIALIZED AND MADE FRIENDS, 83% FELT THEY HAD A VOICE IN MAKING THEIR OWN CHOICE, 88% EXPRESSED THEIR NEEDS AND 85% COULD SOLVE THEIR OWN PROBLEMS.

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OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS, 99% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS, 85% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT, 96% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL, AND 95% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE.

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OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED REDUCING BARRIERS TO EMPLOYMENT PROGRAMS, 87% ACHIEVED/GAINED JOB-SPECIFIC CREDENTIALS (CERTIFICATE, LICENSE, ETC.), 83% IMPROVED THEIR COMPUTER SKILLS, 83% IMPROVED THEIR JOB INTERVIEWING SKILLS AND 90% IMPROVED THEIR RESUME WRITING SKILLS.

**SPECIAL INITIATIVES**

AS A COMMUNITY, WE MUST INVEST OUR RESOURCES EFFICIENTLY AND IN A WAY THAT WILL LEAD TO LONG-TERM CHANGE. UNITED WAY ENGAGES THE COMMUNITY IN A NUMBER OF SPECIAL INITIATIVES THAT BRING PEOPLE AND RESOURCES FROM ACROSS THE COMMUNITY TOGETHER. WE WORK TOGETHER TO SET PRIORITIES AND BUILD STRATEGIES THAT DRIVE LONG-TERM CHANGE. WE DO THIS THROUGH A NUMBER OF SPECIAL INITIATIVES IN OUR STRATEGIC ISSUE AREAS OF EDUCATION, INCOME, AND HEALTH.

**EDUCATION INITIATIVES**

**MILWAUKEE SUCCEEDS**

UNITED WAY IS LEADING THE WORK TO HELP CHILDREN REACH THEIR HIGHEST LEVEL OF SCHOOL READINESS BEFORE THEY ENROLL IN KINDERGARTEN. AS A FOUNDING PARTNER IN MILWAUKEE SUCCEEDS, A COMMUNITY-WIDE INITIATIVE ENSURING SUCCESS FOR EVERY CHILD, IN EVERY SCHOOL, CRADLE TO CAREER, UNITED WAY HAS BUILT COLLABORATIONS WITH OVER 100 ORGANIZATIONS TO ACHIEVE THE FOLLOWING:

QUALITY EARLY CHILDHOOD EDUCATION: WE SURPASSED OUR 2020 TARGET FOR THE NUMBER OF CHILDREN IN HIGH QUALITY (FOUR STAR AND FIVE STAR-RATED)

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CHILD CARE PROGRAMS. AS A RESULT, THE NUMBER OF CHILDREN ENROLLED IN HIGH-QUALITY PROGRAMS INCREASED FROM 13% TO 18%.

QUALITY IMPROVEMENT OF CHILD CARE: IN PARTNERSHIP WITH WISCONSIN EARLY CHILDHOOD ASSOCIATION, MILWAUKEE AREA TECHNICAL COLLEGE, AND MILWAUKEE PUBLIC LIBRARY, WE HAVE PROVIDED PROFESSIONAL DEVELOPMENT, COLLEGE CREDITS, AND COACHING AND MENTORING FOR OVER 50 EARLY CHILDHOOD EDUCATION TEACHERS OVER THE PAST YEAR.

DEVELOPMENTAL SCREENING: OVER 300 EARLY CHILDHOOD HEALTH AND EDUCATION PROFESSIONALS HAVE BEEN TRAINED TO IMPLEMENT EVIDENCE-BASED DEVELOPMENTAL SCREENING. DEVELOPMENTAL SCREENING IS CRITICAL TO EDUCATE PARENTS ABOUT THEIR CHILD'S DEVELOPMENT AND HELP CHILDREN ACHIEVE THEIR FULLEST POTENTIAL.

EARLY CHILDHOOD IMMUNIZATION: ALL OF MILWAUKEE'S HOSPITAL HEALTH SYSTEMS AND FEDERALLY QUALIFIED HEALTH CLINICS ARE WORKING TOGETHER TO INCREASE IMMUNIZATIONS BY SHARING IMMUNIZATION DATA, BEST PRACTICES, AND MESSAGING STRATEGIES. UP-TO-DATE IMMUNIZATIONS PLAY A CRITICAL ROLE IN THE HEALTH AND WELLBEING OF YOUNG CHILDREN. LEARN MORE ABOUT OUR WORK WITH MILWAUKEE SUCCEEDS AT:

[HTTPS://WWW.UNITEDWAYGMW.ORG/MILWAUKEE-SUCCEEDS](https://www.unitedwaygmw.org/milwaukee-succeeds)

HELPING KIDS SUCCEED - WAUKESHA

IN 2018, UNITED WAY WILL CONTINUE TO SUPPORT PROGRAMS AT GPS EDUCATION PARTNERS, WISCONSIN COMMUNITY SERVICES, AND THE SCHOOL DISTRICT OF WAUKESHA TO IMPACT THE HIGHEST-NEED SCHOOLS IN THE WAUKESHA SCHOOL

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DISTRICT. THE GOALS FOR HELPING KIDS SUCCEED INCLUDE SUPPORTING EDUCATORS, INCREASING STUDENT ACHIEVEMENT, ENHANCING FAMILY STABILITY AND EMPOWERMENT, AND IMPROVING COMMUNITY ENGAGEMENT AND AWARENESS.

LEARN MORE ABOUT HELPING KIDS SUCCEED AT:  
[WWW.UNITEDWAYGMWC.ORG/HELPING-KIDS-SUCCEED-INITIATIVE](http://WWW.UNITEDWAYGMWC.ORG/HELPING-KIDS-SUCCEED-INITIATIVE)

**READERS UNITED**

A YEAR-ROUND INITIATIVE TO PROMOTE LITERACY INCLUDES:  
BUILD MY BOOKSHELF BUILD MY BOOKSHELF IS A LITERACY PROGRAM THAT PUTS BOOKS INTO THE HANDS OF SCHOOL DISTRICT OF WAUKESHA STUDENTS WHO MAY HAVE NEVER OWNED THEIR OWN BOOK. TAKING PLACE THROUGHOUT THE SCHOOL YEAR, FIVE PARTICIPATING SCHOOLS HOST TWO BOOK FAIRS WHERE VOLUNTEERS HELP STUDENTS CHOOSE THREE BRAND NEW, FREE BOOKS, TO BUILD THEIR OWN HOME LIBRARIES.

EMERGING READERS LAUNCHED BY THE UNITED WAY EMERGING LEADERS, EMERGING READERS PROVIDES THE OPPORTUNITY TO MAKE A POSITIVE IMPACT IN THE LIFE OF A LOCAL CHILDREN BY SHARING THE JOY OF READING. PARTICIPANTS ARE MATCHED WITH A FAMILY OR A CHILD AT A UNITED WAY PARTNER AGENCY AND DONATE AGE-APPROPRIATE READING MATERIALS FOR THE CHILD OR FAMILY FOUR TIMES A YEAR. CHILDREN RECEIVING BOOKS PARTICIPATED IN YOUTH PROGRAMMING AT THE FOLLOWING PROGRAM PARTNER AGENCIES: BIG BROTHERS BIG SISTERS OF GREATER MILWAUKEE, BOYS & GIRLS CLUBS OF GREATER MILWAUKEE, COA YOUTH & FAMILY CENTERS, PENFIELD CHILDREN'S CENTER, AND UNITED COMMUNITY CENTER.

GROWING LITTLE READERS UNITED WAY HAS PARTNERED WITH NEXT DOOR TO PROVIDE FREE BOOKS AND FUN LITERACY ACTIVITIES IN WORKSHOPS TO FAMILIES

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AT EACH OF NEXT DOOR'S 14 EARLY HEAD START LOCATIONS ALL SUMMER LONG. PARENTS WHO HAVE BOOKS TO READ WITH THEIR KIDS, AND KNOW STRATEGIES TO HELP THEIR CHILDREN LEARN AND LOVE TO READ EARLY ON, SET THEIR FAMILY UP FOR SUCCESS IN THE FUTURE.

MY VERY OWN LIBRARY IN 2017-18, UNITED WAY, WITH OUR PARTNERS AT MILWAUKEE PUBLIC SCHOOLS, SCHOLASTIC AND A FAMILY FOUNDATION CONTINUE TO SUPPORT MY VERY OWN LIBRARY, A LITERACY INITIATIVE DEDICATED TO PUTTING BOOKS INTO THE HANDS OF CHILDREN IN NEED. TO DATE, WE'VE DISTRIBUTED OVER 60,000 BOOKS TO STUDENTS IN 14 MILWAUKEE PUBLIC SCHOOLS. PARTICIPATING STUDENTS IN THE CHOSEN SCHOOLS HAVE THE OPPORTUNITY TO SELECT 10 NEW CHILDREN'S BOOKS OVER THE COURSE OF THREE BOOK FAIRS TO CREATE THEIR OWN HOME LIBRARY.

NEW! READS FOR SUMMER LEARNING UNITED WAY IS LAUNCHING THE READS FOR SUMMER LEARNING PROJECT IN 2018. OVER THE SUMMER, CHILDREN CAN LOSE TWO TO THREE MONTHS OF READING SKILLS LEARNED DURING THE SCHOOL YEAR - OFTEN CALLED THE SUMMER SLIDE. READS USES AN EVIDENCE-BASED MODEL FROM HARVARD UNIVERSITY RESEARCHERS TO PRESERVE OR GROW STUDENTS' READING SKILLS OVER THE SUMMER. IN 2018, STUDENTS IN SUMMER PROGRAMMING AT LINCOLN AVENUE SCHOOL AND BROWNING ELEMENTARY WILL BE MATCHED WITH 10 NEW BOOKS INDIVIDUALIZED TO THEIR INTERESTS AND ABILITIES. THE BOOKS ARE PAIRED WITH COMPREHENSION ACTIVITY SHEETS FOR STUDENTS AND THEIR PARENTS TO COMPLETE, AND THE CHILDREN GET TO KEEP THE BOOKS.

NEW! VELLO VIRTUAL READING TUTORS UNITED WAY SUPPORTS VELLO, AN ONLINE TUTORING PROGRAM THAT CONNECTS VOLUNTEERS TO LOCAL 1ST-3RD GRADE STUDENTS TO GUIDE THEM THROUGH ADAPTIVE READING SOFTWARE. WITHOUT

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LEAVING WORK, VOLUNTEERS CAN READ WITH CHILDREN RIGHT IN THEIR CLASSROOMS IN JUST 30-MINUTES PER WEEK. IN THE 2017-18 SCHOOL YEAR, 37 VOLUNTEERS PROVIDED 270 HOURS OF TUTORING TO HELP 23 CHILDREN CATCH UP IN THEIR READING SKILLS. THANKS TO SPONSORSHIPS FROM MARQUETTE UNIVERSITY, NORTHWESTERN MUTUAL, AND OTHER PARTNERS, WE WILL CONTINUE TO ASSIST MORE STUDENTS TO BE PROFICIENT READERS IN 2018.

#### FINANCIAL STABILITY INITIATIVES

##### ASSET BUILDING - WAUKESHA

UNITED WAY HAS ADDRESSED THE INABILITY FOR SOME OF WAUKESHA COUNTY'S CITIZENS TO MEET THEIR BASIC NEEDS, WHICH AFFECTS THE ENTIRE COMMUNITY. WE FOCUS FUNDING FOR ASSET BUILDING ON TEACHING FAMILIES AND INDIVIDUALS WHO ARE STRUGGLING TO MEET THEIR BASIC NEEDS THE SKILLS NEEDED TO INCREASE INCOME, BUILD SAVINGS, AND GAIN ASSETS.

##### UNITED WAY FUNDS STRATEGIES THAT:

PROVIDE INTENSIVE ONE-ON-ONE CASE MANAGEMENT TO TEACH BUDGETING SKILLS AND CREATE SHORT-AND LONG-TERM GOALS.

RAISE AWARENESS OF THE IMPORTANCE OF BUILDING AND INCREASING SAVINGS AND CREDIT THROUGH FINANCIAL LITERACY SEMINARS, EDUCATIONAL MATERIALS, AND WORKSHOPS.

INCREASE EMPLOYABILITY AND DEVELOP A DEPENDABLE WORKFORCE UTILIZING CAREER COUNSELORS AND CLASSROOM TRAINING.

USE SKILLS THAT THEY LEARN TO INCREASE TOTAL INCOME SO THEY CAN INVEST

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THEIR MONEY IN LARGER PURCHASES SUCH AS CARS, HOMES, AND INSURANCE.

CONTINUUM OF CARE - COORDINATED ENTRY

UNITED WAY IS THE LEAD AGENCY FOR THE CONTINUUM OF CARE COORDINATED ENTRY WORKGROUP AND SURROUNDING EFFORTS. THE WORKGROUP DESIGNED AND NOW MAINTAINS A COORDINATED ENTRY SYSTEM TO IMPROVE EFFECTIVE ACCESS TO HOMELESSNESS PREVENTION, SHELTER DIVERSION, COMMUNITY CASE MANAGEMENT, EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND OTHER SERVICES TO SUPPORT HOUSING STABILITY. COORDINATED ENTRY IS BASED ON THE HOUSING FIRST MODEL THAT PROVES IT IS LESS EXPENSIVE TO PROVIDE PERMANENT HOUSING WITH WRAP-AROUND SUPPORTIVE SERVICES TO SOMEONE THAN IT IS TO PAY FOR EMERGENCY SERVICES THAT THOSE SAME INDIVIDUALS WOULD ACCESS LIVING ON THE STREETS. ONCE A PERSON HAS SAFE, STABLE HOUSING, THEY CAN THEN FOCUS ON REBUILDING THE OTHER ASPECTS OF THEIR LIFE.

BETWEEN APRIL 2017 AND APRIL 2018, COORDINATED ENTRY LED TO THE FOLLOWING:

132 FAMILIES EXPERIENCING HOMELESSNESS WERE GIVEN PERMANENT HOUSING.

289 SINGLE ADULTS EXPERIENCING CHRONIC HOMELESSNESS MOVED INTO PERMANENT, SUPPORTIVE HOUSING.

ABOUT 100 HOUSEHOLDS WERE PROVIDED EMERGENCY SHELTER EACH MONTH.

FORM 990, PART III, LINE 4A

COMMUNITY MEDIA EFFORTS

SERVE, A NONPROFIT AD AGENCY HAS DEVELOPED THE LOOK AND MESSAGING FOR THE MEDIA-DRIVEN TEEN PREGNANCY PREVENTION CAMPAIGN.

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**A TIMELINE COMMEMORATING TEN YEARS OF THE TEEN PREGNANCY PREVENTION**

**COLLABORATIVE CAN BE FOUND HERE:**

**[HTTPS://WWW.UNITEDWAYGMW.ORG/TEEN-PREGNANCY-PREVENTION-CAMPAIGNS](https://www.unitedwaygmw.org/teen-pregnancy-prevention-campaigns)**

**CURRENT IMPACT**

**THE MOST RECENT DATA (2014) SHOWS THAT THE TEEN BIRTHRATE HAS DROPPED BELOW 300 FOR THE FIRST TIME IN HISTORY. HOWEVER, BECAUSE THERE ARE FEWER TEENS OVERALL, THE OVERALL TEEN BIRTHRATE TICKED UPWARD SLIGHTLY FROM 22.9 BIRTHS PER 1,000 FEMALES AGED 15 TO 17 TO 23.7 BIRTHS PER 1,000 FEMALES AGES 15 TO 17.**

**SINCE 2006, THE EFFORT TO REDUCE TEEN PREGNANCY HAS BEEN LED BY UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, WHICH HAS BROUGHT TOGETHER A DIVERSE COLLABORATIVE OF COMMUNITY STAKEHOLDERS THAT INCLUDED LOCAL BUSINESSES, MEDIA OUTLETS, HEALTH CARE PROVIDERS, SCHOOLS, AND COMMUNITY AND FAITH-BASED ORGANIZATIONS.**

**FORM 990, PART III, LINE 4B**

**VOLUNTEER ENGAGEMENT**

**UNITED WAY PROVIDES MULTIPLE WAYS FOR COMMUNITY MEMBERS TO ENGAGE BY INVITING INDIVIDUALS, BUSINESSES AND COMMUNITY ORGANIZATIONS TO LIVE UNITED BY GIVING, ADVOCATING AND VOLUNTEERING.**

**VOLUNTEERING THROUGH UNITED WAY GREATER MILWAUKEE & WAUKESHA COUNTY IS A GREAT WAY TO GIVE BACK, WHILE GETTING INVOLVED IN HELPING SOME OF THE**



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MOST IMPORTANT ISSUES FACING OUR COMMUNITY TODAY. WE BELIEVE STRATEGIC VOLUNTEERISM MULTIPLES THE POSITIVE IMPACT OF UNITED WAY'S FINANCIAL INVESTMENTS AND HAS THE POTENTIAL TO IMPROVE RESULTS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH.

UNITED WAY IS ALSO MEETING THE NEEDS OF OUR CORPORATE CUSTOMERS AND DONORS THROUGH YEAR-ROUND ENGAGEMENT. UNITED WAY ENGAGED MORE THAN 175 BUSINESSES AND COMMUNITY GROUPS THIS PAST FISCAL YEAR. EXAMPLES OF UNITED WAY VOLUNTEER SIGNATURE EVENTS INCLUDE: SEASON OF CARING, INTERN DAY OF ACTION, PROJECT HOMELESS CONNECT, MY VERY OWN LIBRARY, THE MEN'S AND WOMEN'S JOB SEMINARS, AND FILL THE FREEZER.

FORM 990, PART III, LINE 4C

GRANTS

MILWAUKEE LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES COLLABORATIVE:

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY WAS SELECTED BY THE WISCONSIN PARTNERSHIP PROGRAM (WPP) AT THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH TO LEAD ITS LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES (LIHF) IN MILWAUKEE, ALLOWING UNITED WAY TO EXPAND ITS EFFORTS TO REDUCE MILWAUKEE'S INFANT MORTALITY RATE.

THE MILWAUKEE LIHF COLLABORATIVE IS DEDICATED TO IMPROVING COMMUNITY CONDITIONS THAT SUPPORT HEALTHY BIRTH OUTCOMES. IT CONVENES DIVERSE COMMUNITY STAKEHOLDERS FROM AFFECTED COMMUNITIES, AS WELL AS BUSINESSES, NONPROFIT ORGANIZATIONS, AND THE PUBLIC SECTOR TO IDENTIFY

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**A SHARED AGENDA TO PREVENT PREMATURETY AND REDUCE INFANT MORTALITY  
RATES IN MILWAUKEE.**

**MILWAUKEE LIHF COLLABORATIVE HAS THREE INTERCONNECTED STRATEGIES TO  
REDUCE THE INFANT MORTALITY RATE:**

- \* REDUCE POVERTY AND ENVIRONMENTAL STRESS.**
- \* EXPAND HEALTH CARE ACCESS OVER THE LIFE COURSE OF PARENTS AND  
CHILDREN.**
- \* STRENGTHEN FATHER INVOLVEMENT.**

**COMMUNITY SCHOOLS INITIATIVE**

**THE MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP (MCSP) IS A STRATEGY  
IMPLEMENTED BY MILWAUKEE PUBLIC SCHOOLS AND UNITED WAY TO TRANSFORM THE  
WAY A SCHOOL INTERACTS WITH ITS STUDENTS, THEIR FAMILIES AND THE  
SURROUNDING COMMUNITY TO BETTER SUPPORT ALL THE NEEDS OF A CHILD.**

**THE COMMUNITY SCHOOLS MODEL WORKS TO INCREASE A SCHOOL'S CAPACITY TO  
GROW STRONG PARTNERSHIPS WITH ITS SURROUNDING COMMUNITY AND BETTER  
ENGAGE AND ALIGN RESOURCES CENTERED ON THE SELF-IDENTIFIED, REAL-TIME  
NEEDS OF COMMUNITIES. OUR STRATEGY PLACES THE FOCUS ON THE WHOLE CHILD,  
WITH THE UNDERSTANDING THAT A CHILD BELONGS TO A FAMILY, AND THAT  
FAMILY LIVES AND INTERACTS WITHIN A LARGER COMMUNITY.**

**CURRENT MCSP SCHOOLS (AUER AVENUE SCHOOL, BRADLEY TECH, HOPKINS-LLOYD  
COMMUNITY SCHOOL AND JAMES MADISON ACADEMIC CAMPUS) MAY HAVE DIFFERENT  
FOCUSES AND ACTIVITIES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES, BUT  
ALL SHARE CORE CHARACTERISTICS:**

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\* A SHARED VISION THAT INTEGRATES INTO THE WORK OF THE SCHOOL AND ALL PARTNERS.

\* DEMONSTRATED LONG-TERM COMMITMENT AND SHARED OWNERSHIP AS EVIDENCED BY A PARTNERSHIP AGREEMENT SIGNED BY THE SCHOOL, DISTRICT, AND LEAD PARTNER AGENCY.

\* A FULL-TIME COMMUNITY SCHOOL COORDINATOR HIRED BY A NON-PROFIT PARTNER AND PLACED IN THE SCHOOL TO ASSESS, ALIGN, AND SUPPORT PROGRAMS AND RESOURCES TO ACHIEVE THE SHARED VISION.

\* LOCAL DECISION-MAKING REGARDING THE SHARED VISION AND PRIORITIES OF THE COMMUNITY SCHOOL.

THIS DECISION-MAKING HAPPENS THROUGH A SCHOOL-LEVEL ADVISORY COMMITTEE, FACILITATED BY THE COMMUNITY SCHOOL COORDINATOR AND SCHOOL PRINCIPAL.

\* USE OF DIVERSE KNOWLEDGE TO INFORM THE SHARED VISION AND LOCAL DECISIONS. THIS KNOWLEDGE IS OBTAINED THROUGH IMPLEMENTATION OF THE MCSP SCAN, A MULTI-COMPONENT TOOL THAT COMBINES ACADEMIC, HEALTH, AND SAFETY DATA WITH AN ASSET MAP AND LIVED-EXPERIENCE NARRATIVE FROM STUDENTS, SCHOOL STAFF, PARENTS AND COMMUNITY MEMBERS.

\* CULTURAL RELEVANCE WITHIN AND OUTSIDE OF THE SCHOOL DAY THAT RESPONDS TO THE SELF-IDENTITIES OF STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS.

\* A FOCUS ON EQUITY THAT PERMEATES ALL ACTIVITIES OF THE COMMUNITY SCHOOL TO ENSURE THAT STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS ALL HAVE THE SAME OPPORTUNITIES AND ACCESS TO RESOURCES TO HELP THEM SUCCEED.

SUCCESSFUL IMPLEMENTATION OF A COMMUNITY SCHOOLS MODEL HAS BEEN PROVEN ACROSS THE COUNTRY TO IMPROVE CLIMATE AND CULTURE, ACADEMIC ACHIEVEMENT, AND INVESTMENT IN LOCAL NEIGHBORHOODS. HERE IN MILWAUKEE,

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**WE ARE DIRECTLY WORKING TO IMPROVE:**

- \* **STUDENT ATTENDANCE AND ACADEMIC ENGAGEMENT.**
- \* **LEVELS OF TRUST BETWEEN SCHOOL, FAMILY AND BROADER COMMUNITY.**
- \* **ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STUDENT SUCCESS.**

\* **THE 2015-2016 SCHOOL YEAR WAS THE FIRST FULL YEAR OF IMPLEMENTATION FOR THE MCSP. BROWNING ELEMENTARY, LINCOLN AVENUE SCHOOL AND SOUTH DIVISION HIGH SCHOOL HAVE BEEN ADDED FOR THE 2016-17 SCHOOL YEAR AND LONGFELLOW SCHOOL WAS ADDED IN 2017-2018 BRINGING THE TOTAL NUMBER OF SCHOOLS IN THE PARTNERSHIP TO EIGHT.**

**PROJECT LIFELINE, TEEN PREGNANCY PREVENTION GRANT**

**THE BOYS AND GIRLS CLUBS OFFICE ON ADOLESCENT HEALTH TEEN PREGNANCY PREVENTION (BGC GM TPP) GRANT SPECIFICALLY REACHES YOUTH IN TARGET ZIP CODES (53204, 53206, 53208, 53210, 53212, AND 53215) THROUGH IN-SCHOOL, AFTERSCHOOL, COMMUNITY-BASED AND HOUSE OF CORRECTIONS OUTREACH USING EVIDENCE-BASED COMPREHENSIVE AND ABSTINENCE-BASED SEXUAL HEALTH CURRICULA, SERVING OVER 3,000 YOUTH PER YEAR.**

**THE BGC GM TPP GRANT ALSO BRINGS TOGETHER A COMMUNITY ADVISORY COMMITTEE FOR INFORMATION SHARING AND TRAINING, A YOUTH LEADERSHIP COUNCIL - MADE UP OF YOUTH FROM THE TARGET ZIP CODES TO ADVISE US ON STRATEGIES FOR THE GRANT, YOUTH FRIENDLY HEALTH & RESOURCE FAIRS ON THE NORTH AND SOUTH SIDES OF MILWAUKEE, A COMMUNITY-WIDE YOUTH SYMPOSIUM, AND WILL UTILIZE THE EXISTING BABYCANWAIT.COM WEBSITE AND SOCIAL MEDIA OUTLETS TO REACH YOUTH WITH MEDICALLY ACCURATE INFORMATION.**

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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 \$ 18,801,361. INCL GRANTS OF \$ 18,801,361. REVENUE \$ 494,753.

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

THE BYLAWS ALLOW FOR DELEGATION OF AUTHORITY TO THE EXECUTIVE COMMITTEE WHICH ONLY INCLUDES BOARD MEMBERS.

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

MEMBERS OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA'S EXECUTIVE AND AUDIT COMMITTEE REVIEWED FORM 990 PRIOR TO FILING.

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

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE CODE OF PROFESSIONAL ETHICS DOCUMENT. NEW EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFIDENTIALITY DOCUMENT.

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

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE CODE OF PROFESSIONAL ETHICS DOCUMENT. NEW EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFIDENTIALITY DOCUMENT.

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

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AN EXECUTIVE REVIEW COMMITTEE COMPRISED OF MEMBERS OF THE BOARD EVALUATES THE CEO'S ANNUAL PERFORMANCE AND MAKES A RECOMMENDATION FOR COMPENSATION ADJUSTMENTS TO THE BOARD.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PLEDGES -54,206.

FORM 990, PART XII, LINE 2C EXPLANATION

THE AUDIT COMMITTEE IS RESPONSIBLE FOR APPROVAL OF THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTING FIRM TO PERFORM THE ANNUAL AUDIT.

OTHER PROGRAM INFORMATION

ACCOUNTABILITY

AT UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, WE INVEST IN PROGRAMS THAT PRODUCE RESULTS, AT AGENCIES THAT MANAGE THEIR MONEY WISELY. WE HAVE BEEN RECOGNIZED NATIONALLY AND LOCALLY FOR OUR HIGH RATE OF EFFICIENCY. UNITED WAY RECEIVED THE HIGHEST POSSIBLE RATING, 4 STARS, FROM THE LEADING CHARITY WATCHDOG AGENCY, CHARITY NAVIGATOR, AND HAS BEEN A BETTER BUSINESS BUREAU ACCREDITED CHARITY SINCE 2007.

WE INVEST NEARLY 90% OF THE MONEY RAISED IN THE ANNUAL COMMUNITY

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CAMPAIGN IN THE PROGRAMS WE SUPPORT, FAR EXCEEDING THE 65% MINIMUM CONSIDERED ACCEPTABLE FOR A NONPROFIT TO BE LIVING UP TO ITS MISSION BY CHARITY NAVIGATOR, THE LEADING INDEPENDENT CHARITY EVALUATOR.

IN ADDITION, THOUSANDS OF VOLUNTEERS GIVE GENEROUSLY OF THEIR TIME AND TALENTS TO UNITED WAY EACH YEAR, ALLOWING US TO MINIMIZE COSTS AND KEEP ADMINISTRATIVE AND FUNDRAISING EXPENSES LOW.