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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 black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
UNITED WAY OF GREATER MILWAUKEE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
225 WEST VINE STREET

City or town, state or country, and ZIP + 4
MILWAUKEE, WI 53212

**D Employer identification number**
39-0806190

**E Telephone number**
(414) 263-8100

**G** Gross receipts $ 52,907,467

**F** Name and address of principal officer
FILIPPO CARINI
225 WEST VINE STREET
MILWAUKEE, WI 53212

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW LIVEUNITEDMILWAUKEE ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1909

**M** State of legal domicile WI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
UNITED WAY OF GREATER MILWAUKEE'S MISSION IS TO CHANGE LIVES AND IMPROVE OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT IN EDUCATION, INCOME AND HEALTH BECAUSE THESE ARE THE BUILDING BLOCKS TO A GOOD QUALITY OF LIFE BY CONVENING DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLECTIVE ACTION, WE ARE MOVING THE NEEDLE ON CRITICAL ISSUES FACING GREATER MILWAUKEE WHILE MAKING A SUSTAINED AND MEASUREABLE DIFFERENCE IN THE LIVES OF NEARLY 400,000 PEOPLE EACH YEAR UNITED WAY OF GREATER MILWAUKEE IS THE LARGEST HEALTH AND HUMAN SERVICES FUNDING ENTITY IN GREATER MILWAUKEE, OUTSIDE OF GOVERNMENT IT SUPPORTS 160-PLUS PROGRAMS AT OVER 80 LOCAL AGENCIES IN MILWAUKEE, OZAUKEE, WASHINGTON AND WAUKESHA COUNTIES INSTEAD OF FOCUSING ON ONE SINGLE CAUSE OR ISSUE, UNITED WAY FOCUSES ON HUNDREDS OF THEM THROUGH STRATEGIC INVESTMENTS IN THREE AREAS EDUCATION, INCOME AND HEALTH

**Activities & Governance**

| | | | |
|---|---|---|---|
| **2** | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 39 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 39 |
| **5** | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | **5** | 114 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 2,427 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| **8** | Contributions and grants (Part VIII, line 1h) | 47,221,085 | 49,692,845 |
| **9** | Program service revenue (Part VIII, line 2g) | 595,059 | 536,582 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 402,876 | 444,068 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 64,323 | 75,147 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 48,283,343 | 50,748,642 |
| **Expenses** | | | |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 40,561,520 | 42,362,423 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 4,167,701 | 4,694,253 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 84,706 | 13,800 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,576,625 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,593,571 | 1,751,481 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 46,407,498 | 48,821,957 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 1,875,845 | 1,926,685 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | | | |
| **20** | Total assets (Part X, line 16) | 30,989,288 | 34,823,165 |
| **21** | Total liabilities (Part X, line 26) | 6,802,104 | 8,425,095 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 24,187,184 | 26,398,070 |

## Part II Signature Block

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

**Sign Here**

****** | 2012-10-31
Signature of officer | Date

FILIPPO CARINI CHIEF OPERATING OFFICER
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ KIMBERLY ANDERSON CPA | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00188889 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP<br>8215 GREENWAY BOULEVARD SUITE 600<br>MIDDLETON, WI 53562 | | | EIN ▶ 41-0746749<br>Phone no ▶ (608) 662-8600 |

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

SEE SCHEDULE O

**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 and section 4947(a)(1) trusts 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 $ 20,042,957 including grants of $ 18,763,225 ) (Revenue $ 542,608 )

COMMUNITY INVESTMENT STRATEGIES - SEE SCHEDULE O

**4b** (Code ) (Expenses $ 1,235,383 including grants of $ 1,156,453 ) (Revenue $ )

SPECIAL INITIATIVES - SEE SCHEDULE O

**4c** (Code ) (Expenses $ 21,517,316 including grants of $ 21,517,316 ) (Revenue $ )

DONOR DIRECTED DESIGNATIONS TO SPECIFIC UNITED WAY OF GREATER MILWAUKEE MEMBER AND NON-MEMBER AGENCIES TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS

(Code ) (Expenses $ 925,429 including grants of $ 925,429 ) (Revenue $ )

DISTRIBUTIONS IN ACCORDANCE WITH AGREEMENTS ENTERED INTO WITH UNITED WAY OF GREATER MILWAUKEE PARTNERS

**4d** Other program services (Describe in Schedule O )

(Expenses $ 925,429 including grants of $ 925,429 ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 43,721,085

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | Yes | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | | No |
| **35a** | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | No |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . | 1a | 23 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 4 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 114 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . . | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the aggregate amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | 14b | | |

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 39 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 39 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | 9 | | No |

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

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

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

FILIPPO CARINI
225 W VINE STREET
MILWAUKEE, WI 53212
(414) 263-8100

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

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

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 organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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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 (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b **Sub-Total** | | | | | | | | | | |
| c **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| d **Total (add lines 1b and 1c)** | | | | | | | | 1,491,022 | 0 | 108,363 |

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 ▶ 6

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

## Section B. Independent Contractors

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

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

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

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . 1a | | | | |
| | b | Membership dues . . . . 1b | | | | |
| | c | Fundraising events . . . . 1c 27,635 | | | | |
| | d | Related organizations . . . 1d | | | | |
| | e | Government grants (contributions) 1e 13,000 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f 49,652,210 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ 1,973,098 | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | 49,692,845 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | SERVICE FEES 900099 | 536,582 | 536,582 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | 536,582 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | 386,991 | | | 386,991 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | |
| | 5 | Royalties . . . . . ▶ | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents 73,456 | | | | |
| | b | Less rental expenses 0 | | | | |
| | c | Rental income or (loss) 73,456 | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | 73,456 | | | 73,456 |
| | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory 2,201,052 / 400 | | | | |
| | b | Less cost or other basis and sales expenses 2,144,375 / 0 | | | | |
| | c | Gain or (loss) 56,677 / 400 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | 57,077 | | | 57,077 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 27,635 of contributions reported on line 1c) See Part IV, line 18 . . . a 10,115 | | | | |
| | b | Less direct expenses . . . b 14,450 | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | -4,335 | | | -4,335 |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | |
| | b | Less cost of goods sold . . b | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | |
| | | Miscellaneous Revenue / Business Code | | | | |
| | 11a | MISCELLANEOUS INCOME 900099 | 6,026 | 6,026 | | |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue . . . . | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | 6,026 | | | |
| | 12 | **Total revenue.** See Instructions . . . ▶ | 50,748,642 | 542,608 | 0 | 513,189 |

## 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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 42,362,423 | 42,362,423 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 503,693 | 104,515 | 255,567 | 143,611 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | | | | |
| 7 | Other salaries and wages | 3,160,789 | 725,768 | 665,232 | 1,769,789 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 299,214 | 69,686 | 68,322 | 161,206 |
| 9 | Other employee benefits . . . . . | 445,461 | 91,060 | 134,302 | 220,099 |
| 10 | Payroll taxes . . . . . | 285,096 | 64,227 | 58,378 | 162,491 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | | | | |
| b | Legal . . . . . | 9,600 | 1,783 | 4,903 | 2,914 |
| c | Accounting . . . . . | 19,780 | 3,674 | 10,101 | 6,005 |
| d | Lobbying . . . . . | | | | |
| e | Professional fundraising *See Part IV, line 17* . . | 13,800 | | | 13,800 |
| f | Investment management fees . . . . . | 9,003 | | 9,003 | |
| g | Other . . . . . | 114,229 | 10,509 | 30,543 | 73,177 |
| 12 | Advertising and promotion . . . . | 114,812 | 9,846 | 666 | 104,300 |
| 13 | Office expenses . . . . . | 125,779 | 18,381 | 50,834 | 56,564 |
| 14 | Information technology . . . . . | 99,508 | 24,887 | 19,020 | 55,601 |
| 15 | Royalties . . | | | | |
| 16 | Occupancy . . . . . | 120,481 | 31,634 | 30,726 | 58,121 |
| 17 | Travel . . . . . | 39,893 | 9,234 | 4,673 | 25,986 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 | Conferences, conventions, and meetings . . . . | 28,186 | 7,491 | 7,189 | 13,506 |
| 20 | Interest . . . . . | 8,292 | 1,578 | 1,759 | 4,955 |
| 21 | Payments to affiliates . . . . . | 448,639 | 85,376 | 95,153 | 268,110 |
| 22 | Depreciation, depletion, and amortization . . . . . | 142,578 | 27,133 | 30,239 | 85,206 |
| 23 | Insurance . . . . . | 32,566 | 5,274 | 11,666 | 15,626 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a | PRINTING, PUBLICATIONS, | 224,079 | 24,255 | 4,989 | 194,835 |
| b | UNITED EWAY EXPENSE | 66,828 | | | 66,828 |
| c | CAMPAIGN & AGENCY RELAT | 62,246 | 24,001 | 2,350 | 35,895 |
| d | UNITED WAY OF WI DUES | 50,006 | 9,516 | 10,606 | 29,884 |
| e | | | | | |
| f | All other expenses | 34,976 | 8,834 | 18,026 | 8,116 |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 48,821,957 | 43,721,085 | 1,524,247 | 3,576,625 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 1,383,930 | 2 | 2,538,550 |
| | 3 | Pledges and grants receivable, net | | 15,203,443 | 3 | 17,401,518 |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 225,747 | 9 | 177,969 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 3,292,681 | | | |
| | b | Less accumulated depreciation | 10b 2,367,612 | 785,344 | 10c | 925,069 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 13,390,824 | 12 | 13,780,059 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 30,989,288 | 16 | 34,823,165 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 333,754 | 17 | 194,700 |
| | 18 | Grants payable | | 6,468,350 | 18 | 8,230,395 |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 6,802,104 | 26 | 8,425,095 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 19,650,777 | 27 | 21,551,471 |
| | 28 | Temporarily restricted net assets | | 3,369,689 | 28 | 3,667,381 |
| | 29 | Permanently restricted net assets | | 1,166,718 | 29 | 1,179,218 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 24,187,184 | 33 | 26,398,070 |
| | 34 | Total liabilities and net assets/fund balances | | 30,989,288 | 34 | 34,823,165 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 50,748,642 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 48,821,957 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 1,926,685 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 24,187,184 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | 284,201 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 26,398,070 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | If "Yes," to 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 . . . . . | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis | | | |
| 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? . . . . . | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
UNITED WAY OF GREATER MILWAUKEE INC

**Employer identification number**
39-0806190

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 43,800,158 | 42,532,521 | 45,631,890 | 47,221,085 | 49,692,845 | 228,878,499 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 43,800,158 | 42,532,521 | 45,631,890 | 47,221,085 | 49,692,845 | 228,878,499 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 7,944,315 |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | 220,934,184 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 43,800,158 | 42,532,521 | 45,631,890 | 47,221,085 | 49,692,845 | 228,878,499 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,223,178 | 497,325 | 420,114 | 476,035 | 517,524 | 3,134,176 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 232,012,675 |

| | | | |
|---|---|---|---|
| 12 | Gross receipts from related activities, etc (See instructions ) | 12 | 2,657,375 |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 95 230 % |
| 15 | Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 95 850 % |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

**Part III** **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2011.** 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—2010.** 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

**Explanation**

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 39-0806190
**Name:** UNITED WAY OF GREATER MILWAUKEE INC

**Form 990, Special Condition Description:**

| Special Condition Description |
|---|

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**4d. Other program services**

(Code ) (Expenses $ 925,429 including grants of $ 925,429 ) (Revenue $ )

DISTRIBUTIONS IN ACCORDANCE WITH AGREEMENTS ENTERED INTO WITH UNITED WAY OF GREATER MILWAUKEE PARTNERS

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| BYRON BERGREN<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| SHEILA COCHRAN<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| LINDA GORENS-LEVEY<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| JON HAMMES<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| CHARLES HARVEY<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| JEFFREY JOERRES<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| DONALD LAYDEN JR<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| DAVID LUBAR<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| THOMAS LULJAK<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| CANDY PINDYCK<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| JAMES POPP<br>DIRECTOR | 2 30 | X | | | | | | 0 | 0 | 0 |
| JAMES QUINLAN<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| STEPHEN ROELL<br>CHAIRMAN | 80 | X | | | | | | 0 | 0 | 0 |
| MARGARET STRATTON NORMAN<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| NICK TURKAL MD<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| GREGORY WESLEY<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| EDWARD ZORE<br>DIRECTOR | 2 30 | X | | | | | | 0 | 0 | 0 |
| THOMAS ADAMS<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| THOMAS CARDELLA<br>DIRECTOR | 2 30 | X | | | | | | 0 | 0 | 0 |
| MARK FURLONG<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| JACQUELINE HERD-BARBER<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| LARRY RAMBO<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| LYNN SPRANGERS<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| PAUL SWEENEY<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| PEGGY TROY<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| SCOTT WROBBEL<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| STEPHANIE A CHEDID<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| ELLEN GILLIGAN<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| PAUL W JONES<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| HUGH MCGARRY<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| MICHAEL J PORCARO<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| NICOLE J RENOUARD<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| MARY ELLEN STANEK<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| DR GREGORY E THORNTON<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| ANNE ZIZZO<br>DIRECTOR | 30 | X | | | | | | 0 | 0 | 0 |
| GORDON J WEBER<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| BEVAN K BAKER<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| DAVID W GAY<br>DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| KRISTINE A RAPPE'<br>EX-OFFICIO DIRECTOR | 2 30 | X | | | | | | 0 | 0 | 0 |
| FILIPPO CARINI<br>CHIEF OPERATING OFFICER | 50 00 | | | X | | | | 157,959 | 0 | 34,387 |
| MARY LOU YOUNG<br>PRESIDENT & CEO | 50 00 | | | X | | | | 213,011 | 0 | 22,524 |
| ANN STADLER<br>VP MARKETING & COMMUNICATI | 50 00 | | | | | X | | 121,915 | 0 | 10,456 |
| LINDA MCFERRIN<br>VP - CAMPAIGN | 50 00 | | | | | X | | 111,197 | 0 | 31,752 |
| NICOLE ANGRESANO<br>VP COMMUNITY IMPACT | 50 00 | | | | | X | | 108,984 | 0 | 9,244 |
| SUE DRAGISIC<br>FORMER PRESIDENT & CEO | 0 00 | | | | | | X | 777,956 | 0 | 0 |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
UNITED WAY OF GREATER MILWAUKEE 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" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

| | | Amount |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

| | | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 4,281,179 | 3,897,350 | 3,292,870 | 4,022,067 | |
| b | Contributions | 52,446 | 56,692 | 612,350 | 162,610 | |
| c | Investment earnings or losses | 142,787 | 770,394 | 422,546 | -631,764 | |
| d | Grants or scholarships | 165,863 | 179,911 | 163,161 | 51,343 | |
| e | Other expenditures for facilities and programs | 268,772 | 263,346 | 267,255 | 208,700 | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 4,041,777 | 4,281,179 | 3,897,350 | 3,292,870 | |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 29 680 %
- b Permanent endowment ▶ 29 170 %
- c Term endowment ▶ 41 150 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

## Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 100,235 | | 100,235 |
| b Buildings | | 1,511,373 | 1,190,773 | 320,600 |
| c Leasehold improvements | | 785,763 | 542,508 | 243,255 |
| d Equipment | | 487,212 | 306,157 | 181,055 |
| e Other | | 408,098 | 328,174 | 79,924 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 925,069 |

**Part VII Investments—Other Securities.** 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 | 4,019,445 | F |
| (B) GENERAL - MUTUAL FUNDS | 9,760,614 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 13,780,059 | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 50,748,642 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 48,821,957 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,926,685 |
| 4 | Net unrealized gains (losses) on investments | 4 | 216,253 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | -689,610 |
| 8 | Other (Describe in Part XIV) | 8 | 757,558 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 284,201 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 2,210,886 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 30,889,905 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 216,253 | | |
| b | Donated services and use of facilities | 2b | 693,771 | | |
| c | Recoveries of prior year grants | 2c | 757,558 | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 1,667,582 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 29,222,323 |
| 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 | 9,003 | | |
| b | Other (Describe in Part XIV) | 4b | 21,517,316 | | |
| c | Add lines **4a** and **4b** | | | 4c | 21,526,319 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 50,748,642 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 27,989,409 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 693,771 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 693,771 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 27,295,638 |
| 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 | 9,003 | | |
| b | Other (Describe in Part XIV) | 4b | 21,517,316 | | |
| c | Add lines **4a** and **4b** | | | 4c | 21,526,319 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 48,821,957 |

## Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | 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 |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | UNITED WAY HAS BEEN DETERMINED TO BE A CHARITABLE ORGANIZATION AS DEFINED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, AS SUCH, IS EXEMPT FROM FEDERAL INCOME TAXES UNITED WAY IS ALSO EXEMPT FROM STATE INCOME TAXES MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2012 AND 2011 THE FEDERAL AND STATE INCOME TAX RETURNS OF THE ORGANIZATIONS FOR 2009, 2010 AND 2011 ARE SUBJECT TO EXAMINATION BY THE IRS AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | PROVISION FOR UNCOLLECTIBLE PLEDGES - PRIOR YEARS 757,558 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | DONOR DESIGNATED FUNDS 21,517,316 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | DONOR DESIGNATED FUNDS 21,517,316 |

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
UNITED WAY OF GREATER MILWAUKEE INC

**Employer identification number**
39-0806190

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | **(iii)** No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| TAYLAR DEVELOPMENT LLC<br>219 N MILWAUKEE STREET<br>5TH FLOOR<br><br>MILWAUKEE, WI 53202 | TELEFUNDING SERVICES | | No | 35,718 | 13,800 | 22,458 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** . . . . . ▶ | | | | 35,718 | 13,800 | 22,458 |

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

WI

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1 WOMEN'S INITIATIVE LUNCHEON (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 37,750 | | | 37,750 |
| | 2 Less Charitable contributions | 27,635 | | | 27,635 |
| | 3 Gross income (line 1 minus line 2) | 10,115 | | | 10,115 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 12,745 | | | 12,745 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 1,705 | | | 1,705 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | ( 14,450 ) |
| | 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | -4,335 |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities WI

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

b If "No," Explain

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

b If "Yes," Explain

**11** Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

**13** Indicate the percentage of gaming activity operated in

| | | | |
|---|---|---|---|
| **a** | The organization's facility . . . . . | **13a** | |
| **b** | An outside facility . . . . . | **13b** | |

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

Name ▶ ----------

Address ▶ ----------

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

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

**c** If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

**16** Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

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

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

## Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

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**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," to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
UNITED WAY OF GREATER MILWAUKEE 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 422

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 4

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, 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 FOR ALL THE OTHER DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF GREATER MILWAUKEE'S (UWGM) COMMUNITY IMPACT DIVISION THE AGENCIES COMPLY WITH OUR "AGENCY OUTCOMES POLICY," THE IMPACT OF WHICH IS TO ENABLE UWGM TO MEASURE, IN A STANDARD FASHION, THE RESULTS OF THE PROGRAMS THAT IT FUNDS |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 39-0806190
**Name:** UNITED WAY OF GREATER MILWAUKEE INC

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| 128TH ARW AIRMEN AND FAMILY AID1919 EAST GRANGE AVENUE MILWAUKEE,WI 53207 | 90-0668730 | 501 (C)(3) | 14,540 | | | | DONOR DESIGNATED PLEDGES |
| ABCD AFTER BREAST CANCER DIAGNOSIS5775 NORTH GLEN PARK ROAD 201 GLENDALE,WI 53209 | 39-1967028 | 501 (C)(3) | 134,007 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ADOPTION RESOURCES OF WISCONSIN6682 WEST GREENFIELD SUITE 310 MILWAUKEE,WI 53214 | 39-1496074 | 501 (C)(3) | 8,142 | | | | DONOR DESIGNATED PLEDGES |
| ADULT LEARNING CENTER1916 N 4 STREET MILWAUKEE,WI 53212 | 06-1768396 | 501 (C)(3) | 7,215 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ADVOCATES OF OZAUKEE INC POST OFFICE BOX 80166 SAUKVILLE,WI 53080 | 39-1378449 | 501 (C)(3) | 33,050 | | | | DONOR DESIGNATED PLEDGES |
| ADVOCATES OF OZAUKEE INC POST OFFICE BOX 80166 SAUKVILLE,WI 53080 | 39-1378449 | 501 (C)(3) | 60,949 | | | | DOMESTIC VIOLENCE PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ADVOCATES OF OZAUKEE INC POST OFFICE BOX 80166 SAUKVILLE,WI 53080 | 39-1378449 | 501 (C)(3) | 1,500 | | | | PARENTS MATTER PROGRAM |
| AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVENUE MILWAUKEE,WI 532031802 | 35-1534049 | 501 (C)(3) | 118,826 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVENUE MILWAUKEE,WI 532031802 | 35-1534049 | 501 (C)(3) | 94,466 | | | | DENTAL CLINIC |
| AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVENUE MILWAUKEE,WI 532031802 | 35-1534049 | 501 (C)(3) | 89,613 | | | | FOOD PANTRY |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVENUE MILWAUKEE,WI 532031802 | 35-1534049 | 501 (C)(3) | 60,716 | | | | LIFEPOINT PROGRAM |
| AIDS RESOURCE CENTER OF WISCONSIN533 WEST WISCONSIN AVENUE APPLETON,WI 54911 | 35-1534049 | 501 (C)(3) | 33 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ALS ASSOCIATION WISCONSIN CHAPTER2505 NORTH 124 STREET SUITE 105 BROOKFIELD, WI 53005 | 39-1600965 | 501 (C)(3) | 23,630 | | | | DONOR DESIGNATED PLEDGES |
| ALVERNO COLLEGE 3401 SOUTH 39 STREET MILWAUKEE, WI 532154093 | 39-0806263 | 501 (C)(3) | 25,500 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN517 NORTH SEGOE ROAD SUITE 301 MADISON,WI 53705 | 39-1679333 | 501 (C)(3) | 21,304 | | | | DONOR DESIGNATED PLEDGES |
| ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION OF SOUTHEASTERN WI 620 SOUTH 76 STREET 160 MILWAUKEE,WI 532141549 | 39-1350965 | 501 (C)(3) | 57,905 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMC CANCER FUND 3401 QUEBEC STREET SUITE 3200 DENVER,CO 80207 | 84-0402535 | 501 (C)(3) | 17,198 | | | | DONOR DESIGNATED PLEDGES |
| AMERICAN CANCER SOCIETY1875 CONNECTICUT AVENUE NW SUITE 730 WASHINGTON,DC 20009 | 13-1788491 | 501 (C)(3) | 5,188 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA,GA 30303 | 13-1788491 | 501 (C)(3) | 342 | | | | DONOR DESIGNATED PLEDGES |
| AMERICAN CANCER SOCIETY-MIDWEST DIVISIONN19 W24350 RIVERWOOD DRIVE WAUKESHA,WI 53188 | 13-1788491 | 501 (C)(3) | 69,603 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN CIVIL LIBERTIES UNION OF WISCONSIN FOUNDATION INC 207 EAST BUFFALO STREET SUITE 325 MILWAUKEE, WI 53202 | 23-7052345 | 501 (C)(3) | 7,781 | | | | DONOR DESIGNATED PLEDGES |
| AMERICAN DIABETES ASSOCIATION INC MICHIGAN AFFILIATE INC (MI) 30200 TELEGRAPH RD STE 105 BINGHAM FARMS, MI 48025 | 13-1623888 | 501 (C)(3) | 5,288 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN DIABETES ASSOCIATION WISCONSIN375 BISHOPS WAY SUITE 220 BROOKFIELD, WI 530056200 | 13-1623888 | 501 (C)(3) | 48,651 | | | | DONOR DESIGNATED PLEDGES |
| AMERICAN HEART ASSOCIATION GREATER MIDWEST AFFILIATE660 EAST MASON STREET SUITE 200 MILWAUKEE, WI 53202 | 13-5613797 | 501 (C)(3) | 41,785 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN LUNG ASSOCIATION IN WISCONSIN13100 WEST LISBON ROAD SUITE 700 BROOKFIELD, WI 530052508 | 20-4392201 | 501 (C)(3) | 13,163 | | | | DONOR DESIGNATED PLEDGES |
| AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923 | 53-0196605 | 501 (C)(3) | 150,672 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN2600 WEST WISCONSIN AVENUE MILWAUKEE,WI 532332923 | 53-0196605 | 501 (C)(3) | 50,500 | | | | EDUCATION SERVICES |
| AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN2600 WEST WISCONSIN AVENUE MILWAUKEE,WI 532332923 | 53-0196605 | 501 (C)(3) | 787,800 | | | | LOCAL DISASTER RESPONSE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN-UWWC 2600 WEST WISCONSIN AVENUE MILWAUKEE, WI 532332923 | 53-0196605 | 501 (C)(3) | 18,661 | | | | DONOR DESIGNATED PLEDGES |
| AMERICAN RED CROSS-CFC2025 E STREET NW SEVENTH FLOOR WASHINGTON, DC 20006 | 53-0196605 | 501 (C)(3) | 14,157 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ANGELA HOSPICE HOME CARE INC (MI)14100 NEWBURGH RD LIVONIA, MI 481545010 | 38-2755767 | 501 (C)(3) | 9,220 | | | | DONOR DESIGNATED PLEDGES |
| ARTHRITIS FOUNDATION UPPER MIDWEST REGION1650 SOUTH 108 STREET WEST ALLIS, WI 532144021 | 39-0860526 | 501 (C)(3) | 23,746 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ASPCA AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALSPOST OFFICE BOX 96929 WASHINGTON,DC 200777127 | 13-1623829 | 501 (C)(3) | 8,244 | | | | DONOR DESIGNATED PLEDGES |
| ASSOCIATION FOR THE RIGHTS OF CITIZENS WITH HANDICAPS (ARCH) 419 FREDERICK STREET WAUKESHA,WI 531865606 | 39-6030921 | 501 (C)(3) | 23,150 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ATLANTA COMMUNITY FOOD BANK732 JOSEPH E LOWERY BLVD ATLANTA,GA 30318 | 58-1376648 | 501 (C)(3) | 12,500 | | | | DONOR DESIGNATED PLEDGES |
| AURORA FAMILY SERVICE3200 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 53208 | 39-0806174 | 501 (C)(3) | 16,570 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AURORA FAMILY SERVICE3200 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 53208 | 39-0806174 | 501 (C)(3) | 175,838 | | | | ELDER SERVICE |
| AURORA FAMILY SERVICE3200 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 53208 | 39-0806174 | 501 (C)(3) | 264,373 | | | | FAMILY ENTRICHMENT PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| AURORA FAMILY SERVICE3200 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 53208 | 39-0806174 | 501 (C)(3) | 93,556 | | | | MILWAUKEE MENTAL HEALTH CONSULTANTS |
| AURORA FAMILY SERVICE3200 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 53208 | 39-0806174 | 501 (C)(3) | 108,810 | | | | PROJECT HOPE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| AURORA FAMILY SERVICE3200 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 53208 | 39-0806174 | 501 (C)(3) | 364,408 | | | | SYSTEMIC FAMILY COUNSELING |
| AURORA FOUNDATION945 NORTH 12 STREET MILWAUKEE,WI 53233 | 39-6044569 | 501 (C)(3) | 35,000 | | | | INTER-CONCEPTION CARE PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| AURORA FOUNDATION-HOWE FUND FOR INNOVATION FOREST HOME BUSINESS CENTER MILWAUKEE, WI 53215 | 39-6044569 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |
| AURORA VISITING NURSE ASSOCIATION OF WI11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 | 39-0806180 | 501 (C)(3) | 26,802 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| AURORA VISITING NURSE ASSOCIATION OF WI11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 | 39-0806180 | 501 (C)(3) | 58,578 | | | | AURORA ADULT DAY CENTER |
| AURORA VISITING NURSE ASSOCIATION OF WI11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 | 39-0806180 | 501 (C)(3) | 59,302 | | | | AURORA VISITING NURSE ASSOCIATION ZILBER FAMILY HOSPICE |

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|---|---|---|---|---|---|---|---|
| AURORA VISITING NURSE ASSOCIATION OF WI11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 | 39-0806180 | 501 (C)(3) | 540,369 | | | | HOME HEALTH SERVICES |
| AUTISM SOCIETY OF SOUTHEAST WISCONSIN INC 9733 WEST SAINT MARTINS ROAD FRANKLIN, WI 531329624 | 39-1708201 | 501 (C)(3) | 14,549 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BARBARA ANN KARMANOS CANCER INSTITUTE (MI) 4100 JOHN R ROAD DETROIT,MI 48201 | 38-1613280 | 501 (C)(3) | 11,928 | | | | DONOR DESIGNATED PLEDGES |
| BAY VIEW COMMUNITY CENTER INC1320 EAST OKLAHOMA AVENUE MILWAUKEE,WI 532072457 | 39-1343561 | 501 (C)(3) | 32,076 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BAY VIEW COMMUNITY CENTER INC1320 EAST OKLAHOMA AVENUE MILWAUKEE,WI 532072457 | 39-1343561 | 501 (C)(3) | 19,766 | | | | 50+PROGRAM |
| BAY VIEW COMMUNITY CENTER INC1320 EAST OKLAHOMA AVENUE MILWAUKEE,WI 532072457 | 39-1343561 | 501 (C)(3) | 108,633 | | | | FAMILY AND CHILDREN PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BAY VIEW COMMUNITY CENTER INC1320 EAST OKLAHOMA AVENUE MILWAUKEE,WI 532072457 | 39-1343561 | 501 (C)(3) | 33,230 | | | | FOOD PANTRY |
| BAY VIEW COMMUNITY CENTER INC1320 EAST OKLAHOMA AVENUE MILWAUKEE,WI 532072457 | 39-1343561 | 501 (C)(3) | 1,000 | | | | PARENTS MATTER PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BEST BUDDIES WISCONSIN10855 W POTTER RD WAUWATOSA, WI 532253439 | 52-1614576 | 501 (C)(3) | 42,800 | | | | DONOR DESIGNATED PLEDGES |
| BIG BROTHERS BIG SISTERS OF METRO MILWAUKEE788 NORTH JEFFERSON STREET SUITE 600 MILWAUKEE, WI 532023739 | 39-1239687 | 501 (C)(3) | 418,562 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BIG BROTHERS BIG SISTERS OF METRO MILWAUKEE788 NORTH JEFFERSON STREET SUITE 600 MILWAUKEE,WI 532023739 | 39-1239687 | 501 (C)(3) | 121,113 | | | | COMMUNITY MENTORING PROGRAM |
| BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC885 BADGER CIRCLE GRAFTON,WI 530249436 | 39-1229374 | 501 (C)(3) | 28,880 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC885 BADGER CIRCLE GRAFTON, WI 530249436 | 39-1229374 | 501 (C)(3) | 29,682 | | | | MATCH ME PROGRAM |
| BLOODCENTER OF WISCONSIN INC638 NORTH 18 STREET MILWAUKEE, WI 532332121 | 39-0807235 | 501 (C)(3) | 20,173 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL 1776 W WARREN AVE DETROIT, MI 482082215 | 38-1359086 | 501 (C)(3) | 11,781 | | | | DONOR DESIGNATED PLEDGES |
| BOY SCOUTS OF AMERICA POTAWATOMI AREA COUNCIL804 BLUEMOUND RD WAUKESHA, WI 53188 | 39-0806342 | 501 (C)(3) | 48,981 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| BOY SCOUTS OF AMERICA-BAY LAKES COUNCIL #6352555 NORTHERN ROAD APPLETON,WI 54912 | 39-1184320 | 501 (C)(3) | 5,478 | | | | DONOR DESIGNATED PLEDGES |
| BOYS & GIRLS CLUB OF CHICAGO INC550 WEST VAN BUREN STREET SUITE 350 350 CHICAGO,IL 60607 | 36-2166997 | 501 (C)(3) | 7,500 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| BOYS & GIRLS CLUBS OF AMERICA NATIONAL HEADQUARTERS 1275 PEACHTREE STREET NE ATLANTA,GA 303093447 | 13-5562976 | 501 (C)(3) | 15,026 | | | | DONOR DESIGNATED PLEDGES |
| BOYS & GIRLS CLUBS OF GREATER MILWAUKEE1558 NORTH SIXTH STREET MILWAUKEE,WI 532120486 | 39-0806292 | 501 (C)(3) | 1,209,073 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| BOYS & GIRLS CLUBS OF GREATER MILWAUKEE1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486 | 39-0806292 | 501 (C)(3) | 1,272,159 | | | | SCHOOL ACHIEVEMENT PROGRAM |
| BOYS & GIRLS CLUBS OF GREATER MILWAUKEE1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486 | 39-0806292 | 501 (C)(3) | 100,000 | | | | EARLY LITERACY PROGRAM |

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|---|---|---|---|---|---|---|---|
| BOYS & GIRLS CLUBS OF GREATER MILWAUKEE1558 NORTH SIXTH STREET MILWAUKEE, WI 532120486 | 39-0806292 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |
| BOYS & GIRLS CLUBS OF GREATER MILWAUKEE1558 NORTH SIXTH STREET IDA MILWAUKEE, WI 532120486 | 39-0806292 | 501 (C)(3) | 63,545 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| BREAD OF HEALING CLINIC 1821 NORTH 16 STREET MILWAUKEE,WI 53211 | 81-0669867 | 501 (C)(3) | 7,298 | | | | DONOR DESIGNATED PLEDGES |
| BREAD OF HEALING CLINIC 1821 NORTH 16 STREET MILWAUKEE,WI 53211 | 81-0669867 | 501 (C)(3) | 20,000 | | | | COMMUNITY MEDSHARE PROGRAM |

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|---|---|---|---|---|---|---|---|
| BREAST CANCER RECOVERY2800 ROYAL AVENUE SUITE 306 MADISON,WI 53713 | 39-1894850 | 501 (C)(3) | 6,417 | | | | DONOR DESIGNATED PLEDGES |
| BRIDGING THE GAP LEARNING CENTER1017 NORTH 17 STREET MILWAUKEE,WI 53233 | 39-1738763 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| BUTLER COUNTY UNITED WAY (OH) 323 NORTH THIRD STREET HAMILTON,OH 450111624 | 31-0734490 | 501 (C)(3) | 5,094 | | | | DONOR DESIGNATED PLEDGES |
| CARDINAL STRITCH UNIVERSITY6801 NORTH YATES ROAD MILWAUKEE,WI 53217 | 39-0806325 | 501 (C)(3) | 30,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| CARE NET PREGNANCY CENTER OF MILWAUKEE2917 NORTH OAKLAND AVENUE MILWAUKEE, WI 53211 | 39-1496868 | 501 (C)(3) | 7,922 | | | | DONOR DESIGNATED PLEDGES |
| CARROLL UNIVERSITY100 NORTH EAST AVENUE WAUKESHA, WI 531863103 | 39-0806325 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207 | 39-0806321 | 501 (C)(3) | 281,301 | | | | DONOR DESIGNATED PLEDGES |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207 | 39-0806321 | 501 (C)(3) | 189,693 | | | | BEHAVIORAL HEALTH SERVICES |

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|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207 | 39-0806321 | 501 (C)(3) | 80,293 | | | | IN-HOME SUPPORT SERVICES |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207 | 39-0806321 | 501 (C)(3) | 51,125 | | | | OUTREACH SERVICES |

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|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207 | 39-0806321 | 501 (C)(3) | 60,008 | | | | PREGNANCY AND PARENTING SUPPORTIVE SERVICES |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE-UWWC 741 NORTH GRAND AVENUE 210 WAUKESHA, WI 531864820 | 39-0806292 | 501 (C)(3) | 49,024 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CATHOLIC MEMORIAL HIGH SCHOOL601 EAST COLLEGE AVENUE WAUKESHA,WI 531865598 | 39-0964819 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| CATHOLIC NEAR EAST WELFARE ASSOCIATION1011 FIRST AVENUE NEW YORK,NY 100224195 | 13-1623929 | 501 (C)(3) | 7,700 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CATHOLIC RELIEF SERVICES-USCCB 209 WEST FAYETTE STREET BALTIMORE,MD 212013443 | 13-5563422 | 501 (C)(3) | 6,588 | | | | DONOR DESIGNATED PLEDGES |
| CATHOLIC SOCIAL SERVICES OF WASHTENAW CTY (MI) WASHTENAW CHILD ADVOCACY CEN4925 PACKARD ROAD ANN ARBOR,MI 48108 | 38-1654500 | 501 (C)(3) | 7,320 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| CENTER FOR COMMUNICATION HEARING & DEAFNESS10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028 | 39-0826101 | 501 (C)(3) | 49,893 | | | | DONOR DESIGNATED PLEDGES |
| CENTER FOR COMMUNICATION HEARING & DEAFNESS10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028 | 39-0826101 | 501 (C)(3) | 15,518 | | | | ADULT AURAL AND COMMUNICATION REHABILITATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CENTER FOR COMMUNICATION HEARING & DEAFNESS10243 WEST NATIONAL AVENUE WEST ALLIS, WI 532272028 | 39-0826101 | 501 (C)(3) | 178,448 | | | | KELLOGG CHILD AND FAMILY PROGRAM |
| CENTER FOR SELF-SUFFICIENCY4465 NORTH OAKLAND AVE SUITE 200 SHOREWOOD, WI 53211 | 33-1118674 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CENTRO LEGAL 614 WEST NATIONAL AVENUE MILWAUKEE,WI 53204 | 39-1710549 | 501 (C)(3) | 41,308 | | | | DONOR DESIGNATED PLEDGES |
| CENTRO LEGAL 614 WEST NATIONAL AVENUE MILWAUKEE,WI 53204 | 39-1710549 | 501 (C)(3) | 50,500 | | | | DOMESTIC ABUSE AND FAMILY LAW PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CENTRO LEGAL614 WEST NATIONAL AVENUE MILWAUKEE,WI 53204 | 39-1710549 | 501 (C)(3) | 10,000 | | | | FAMILY LAW SERVICES SUPPORT |
| CEO LEADERSHIP ACADEMY3222 WEST BROWN STREET MILWAUKEE,WI 53208 | 30-0322248 | 501 (C)(3) | 5,500 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CHARLES E KUBLY FOUNDATIONPOST OFFICE BOX 170284 MILWAUKEE,WI 53217 | 20-0375310 | 501 (C)(3) | 12,500 | | | | DONOR DESIGNATED PLEDGES |
| CHICAGO AFTER SCHOOL MATTERS 66 EAST RANDOLPH STREET CHICAGO,IL 60601 | 36-4409182 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CHILDREN'S HOSPITAL & HEALTH SYSTEM FDNPOST OFFICE BOX 1997 MILWAUKEE,WI 53209 | 39-1500075 | 501 (C)(3) | 104,000 | | | | DONOR DESIGNATED PLEDGES |
| CHILDREN'S HOSPITAL OF WISCONSIN999 NORTH 92 STREET WAUWATOSA,WI 53226 | 39-1500074 | 501 (C)(3) | 622,781 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CHILDREN'S SERVICE SOCIETY OF WISCONSIN 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE,WI 532141549 | 39-0806380 | 501 (C)(3) | 45,737 | | | | DONOR DESIGNATED PLEDGES |
| CHILDREN'S SERVICE SOCIETY OF WISCONSIN 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE,WI 532141549 | 39-0806380 | 501 (C)(3) | 140,126 | | | | COUNSELING FOR CHILDREN AND FAMILIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CHILDREN'S SERVICE SOCIETY OF WISCONSIN 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE,WI 532141549 | 39-0806380 | 501 (C)(3) | 115,258 | | | | PREGNANCY COUNSELING AND RESOURCES |
| CHILDREN'S SERVICE SOCIETY OF WISCONSIN 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE,WI 532141549 | 39-0806380 | 501 (C)(3) | 62,339 | | | | VOLUNTEER RESPITE CARE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CHILDREN'S WORKSHOP INC 1717 NORTH 73 STREET WAUWATOSA, WI 53213 | 39-1166532 | 501 (C)(3) | 9,521 | | | | DONOR DESIGNATED PLEDGES |
| CITY OF MILWAUKEE HEALTH DEPARTMENT841 NORTH BROADWAY STREET 3RD FLOOR FLOOR MILWAUU, WI 53202 | 39-6995532 | | 95,000 | | | | INFANT MORTALITY INITIATIVE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CITY OF MILWAUKEE HEALTH DEPARTMENT841 NORTH BROADWAY STREET 3RD FLOOR FLOOR MILWAUU,WI 53202 | 39-6995532 | | 10,000 | | | | CRIBS FOR KIDS |
| CITY ON A HILL 2224 WEST KILBOURN AVENUE MILWAUKEE,WI 53233 | 39-2017873 | 501 (C)(3) | 18,546 | | | | REDUCING HEALTH DISPARITIES PROJECT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CITY ON A HILL 2224 WEST KILBOURN AVENUE MILWAUKEE,WI 53233 | 39-2017873 | 501 (C)(3) | 2,331 | | | | DONOR DESIGNATED PLEDGES |
| CITY YEAR MILWAUKEE648 NORTH PLANKINTON AVENUE SUITE 190 MILWAUKEE,WI 53203 | 22-2882549 | 501 (C)(3) | 33,395 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CITY YEAR MILWAUKEE648 NORTH PLANKINTON AVENUE SUITE 190 MILWAUKEE,WI 53203 | 22-2882549 | 501 (C)(3) | 25,000 | | | | WHOLE SCHOOL, WHOLE CHILD |
| CLARK ATLANTA UNIVERSITY223 JAMES P BRAWLEY DRIVE SW ATLANTA,GA 30314 | 58-1825259 | 501 (C)(3) | 12,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CLEAR CHANNEL BROADCASTING POST OFFICE BOX 847304 DALLAS,TX 752847304 | 74-2722883 | | 9,000 | | | | TEEN PREGNANCY PREVENTION INIATIVE |
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 252,832 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 78,869 | | | | EARLY CHILDHOOD EDUCATION PROGRAM |
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 115,436 | | | | GROUP WORK - CAMPING PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 200,000 | | | | HIPPY (HOME INSTRUCTION FOR PARENTS OF PRE-SCHOOL YOUTH) |
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 224,380 | | | | YOUTH AND FAMILY PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |
| COA YOUTH AND FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE,WI 532123447 | 39-0806339 | 501 (C)(3) | 9,000 | | | | HEALTHY GIRLS YOUTH LEADERSHIP INSTITUTE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COLUMBIA ST MARY'S2323 NORTH LAKE DRIVE MILWAUKEE,WI 53211 | 39-0806315 | 501 (C)(3) | 9,500 | | | | DONOR DESIGNATED PLEDGES |
| COLUMBIA ST MARY'S - OZAUKEE 13111 NORTH PORT WASHINGTON ROAD MEQUON,WI 53097 | 39-0806315 | 501 (C)(3) | 9,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COLUMBIA ST MARY'S FOUNDATION INC 2320 NORTH LAKE DRIVE MILWAUKEE,WI 53211 | 39-1494981 | 501 (C)(3) | 73,750 | | | | DONOR DESIGNATED PLEDGES |
| COLUMBIA ST MARY'S FOUNDATION INC 2320 NORTH LAKE DRIVE MILWAUKEE,WI 53211 | 39-1494981 | 501 (C)(3) | 10,000 | | | | MILWAUKEE HEALTH CARE PARTNERSHIP - ENROLLMENT INITIATIVE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COLUMBIA ST MARY'S FISCAL AGENT FOR MILWAUKEE HEALTH CARE PARTNERSHIP2320 NORTH LAKE DRIVE MILWAUKEE,WI 53211 | 39-0806315 | 501 (C)(3) | 10,000 | | | | MILWAUKEE HEALTH CARE PARTNERSHIP - ENROLLMENT INITIATIVE |
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE,WI 532332408 | 39-1249426 | 501 (C)(3) | 13,789 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 24,619 | | | | CASE MANAGEMENT |
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 73,786 | | | | EMERGENCY SUPPORT/ADVOCACY CONTINUUM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 122,331 | | | | FAMILY SUPPORT CENTER |
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 50,500 | | | | HOMELESS OUTREACH NURSING CENTER |

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|---|---|---|---|---|---|---|---|
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 44,534 | | | | EMERGENCY SHELTER |
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 41,668 | | | | HORIZON FAMILY PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 58,111 | | | | NEVERMORE BATTERERS TREATMENT |
| COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 532332408 | 39-1249426 | 501 (C)(3) | 20,000 | | | | TEEN PREGNANCY PREVENTION INIATIVE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COMMUNITY HEALTH CHARITIES OF WISCONSIN6737 WEST WASHINGTON STREET SUITE 2253 WEST ALLIS, WI 53214 | 39-1261126 | 501 (C)(3) | 31,060 | | | | DONOR DESIGNATED PLEDGES |
| COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051 | 39-1743056 | 501 (C)(3) | 23,933 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| COMMUNITY SHARES OF GREATER MILWAUKEE1845 NORTH FARWELL AVENUE SUITE 102 102 MILWAUKEE,WI 53202 | 39-1362120 | 501 (C)(3) | 39,717 | | | | DONOR DESIGNATED PLEDGES |
| COMMUNITY WAREHOUSE521 SO 9 ST MILWAUKEE,WI 532041360 | 81-0549816 | 501 (C)(3) | 10,200 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| COPE SERVICES INC885 BADGER CIRCLE GRAFTON,WI 530249436 | 39-1335672 | 501 (C)(3) | 31,131 | | | | DONOR DESIGNATED PLEDGES |
| COPE SERVICES INC885 BADGER CIRCLE GRAFTON,WI 530249436 | 39-1335672 | 501 (C)(3) | 21,776 | | | | COPE HOTLINE |

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|---|---|---|---|---|---|---|---|
| COREEL CENTRO 611 WEST NATIONAL AVENUE SUITE 409 MILWAUKEE,WI 53204 | 39-2042797 | 501 (C)(3) | 12,997 | | | | DONOR DESIGNATED PLEDGES |
| COUNCIL FOR THE SPANISH SPEAKING INC614 WEST NATIONAL AVENUE MILWAUKEE,WI 532041713 | 39-1048542 | 501 (C)(3) | 36,541 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| COUNCIL FOR THE SPANISH SPEAKING INC 614 WEST NATIONAL AVENUE MILWAUKEE, WI 532041713 | 39-1048542 | 501 (C)(3) | 95,950 | | | | COMPREHENSIVE BILINGUAL SOCIAL SERVICES |
| COUNCIL FOR THE SPANISH SPEAKING INC 614 WEST NATIONAL AVENUE MILWAUKEE, WI 532041713 | 39-1048542 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - JCUIDATE |

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|---|---|---|---|---|---|---|---|
| COUNCIL FOR THE SPANISH SPEAKING INC614 WEST NATIONAL AVENUE MILWAUKEE,WI 532041713 | 39-1048542 | 501 (C)(3) | 25,000 | | | | BOILER REPLACEMENT |
| COUNCIL FOR THE SPANISH SPEAKING INC614 WEST NATIONAL AVENUE MILWAUKEE,WI 532041713 | 39-1048542 | 501 (C)(3) | | 13,000 | FMV | COMPUTER SOFTWARE | INTERNET SAFETY |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CRANBERRY AREA FOOD PANTRY (PA) 224 S MAIN ST SENECA,PA 16346 | 25-1405798 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| CROHN'S & COLITIS FOUNDATION OF AMERICA1126 SOUTH 70 STREET S210A WEST ALLIS,WI 532143151 | 13-6193105 | 501 (C)(3) | 31,241 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| CROHN'S & COLITIS FOUNDATION OF AMERICA2250 NORTH DRUID HILLS ROAD SUITE 250 ATLANTA,GA 30329 | 13-6193105 | 501 (C)(3) | 13 | | | | DONOR DESIGNATED PLEDGES |
| CURATIVE CARE NETWORK1000 NORTH 92ND STREET WAUWATOSA,WI 532263533 | 39-0806286 | 501 (C)(3) | 31,301 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| CURATIVE CARE NETWORK1000 NORTH 92ND STREET WAUWATOSA, WI 532263533 | 39-0806286 | 501 (C)(3) | 557,194 | | | | ADULT DAY SERVICES |
| CURATIVE CARE NETWORK1000 NORTH 92ND STREET WAUWATOSA, WI 532263533 | 39-0806286 | 501 (C)(3) | 360,280 | | | | OUTPATIENT THERAPY SERVICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| CYSTIC FIBROSIS FOUNDATION WISCONSIN CHAPTER20875 CROSSROADS CIRCLE SUITE 350 WAUKESHA,WI 531864026 | 39-0987132 | 501 (C)(3) | 23,729 | | | | DONOR DESIGNATED PLEDGES |
| DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PKE COLD SPRING,KY 41076 | 52-1521276 | 501 (C)(3) | 9,353 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| DISCOVERY WORLD500 HARBOR DRIVE MILWAUKEE,WI 532025601 | 39-1691578 | 501 (C)(3) | 85,020 | | | | DONOR DESIGNATED PLEDGES |
| DIVERSE AND RESILIENT2439 NORTH HOLTON STREET MILWAUKEE,WI 53212 | 30-0084616 | 501 (C)(3) | 35,000 | | | | END HIV PROJECT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| DOCTORS WITHOUT BORDERS USA333 SEVENTH AVENUE FLOOR 2 NEW YORK, NY 10001 | 13-3433452 | 501 (C)(3) | 5,705 | | | | DONOR DESIGNATED PLEDGES |
| DRYHOOTCH OF AMERICA1030 EAST BRADY STREET MILWAUKEE, WI 53202 | 26-2778659 | 501 (C)(3) | 544 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| DRYHOOTCH OF AMERICA1030 EAST BRADY STREET MILWAUKEE,WI 53202 | 26-2778659 | 501 (C)(3) | 25,900 | | | | FACILITY ACCESSIBILITY PROJECT |
| EARTH SHARE7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA,MD 20814 | 52-1601960 | 501 (C)(3) | 5,068 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| EASTER SEALS SOUTHEAST WISCONSIN1016 MILWAUKEE AVENUE SOUTH MILWAUKEE,WI 53172 | 39-0816849 | 501 (C)(3) | 13,955 | | | | DONOR DESIGNATED PLEDGES |
| EASTER SEALS WISCONSIN101 NOB HILL ROAD SUITE 301 MADISON,WI 53713 | 39-0824877 | 501 (C)(3) | 9,985 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ENDOMETRIOSIS ASSOCIATION8585 NORTH 76 PLACE MILWAUKEE,WI 53223 | 39-1414754 | 501 (C)(3) | 3,199 | | | | DONOR DESIGNATED PLEDGES |
| ENDOMETRIOSIS ASSOCIATION8585 NORTH 76 PLACE MILWAUKEE,WI 53223 | 39-1414754 | 501 (C)(3) | 1,924 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| EPILEPSY FOUNDATION SOUTHEAST WISCONSIN735 NORTH WATER STREET SUITE 541 MILWAUKEE, WI 53202 | 39-1666676 | 501 (C)(3) | 8,933 | | | | DONOR DESIGNATED PLEDGES |
| EVANGELICAL CHILD & FAMILY AGENCY1617 SOUTH 124 STREET NEW BERLIN, WI 53151 | 36-2229573 | 501 (C)(3) | 25,326 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| EVANS SCHOLARS FOUNDATION1 BRIAR RD GOLF,IL 60029 | 36-2518129 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| FAMILIES INTERNATIONAL INC 11700 WEST LAKE PARK DRIVE MILWAUKEE,WI 53224 | 39-1709925 | 501 (C)(3) | 8,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FAMILY HOUSE INC3269 NORTH ELEVENTH STREET MILWAUKEE,WI 53206 | 39-1574130 | 501 (C)(3) | 11,140 | | | | DONOR DESIGNATED PLEDGES |
| FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO,IL 606012200 | 36-3673599 | 501 (C)(3) | 5,694 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FEEDING AMERICA EASTERN WISCONSIN1700 WEST FOND DU LAC AVENUE MILWAUKEE,WI 532051299 | 39-1384593 | 501 (C)(3) | 30,220 | | | | DONOR DESIGNATED PLEDGES |
| FEEDING AMERICA EASTERN WISCONSIN1700 WEST FOND DU LAC AVENUE MILWAUKEE,WI 53205 | 39-1384593 | 501 (C)(3) | 4,013 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FELLOWSHIP OF CHRISTIAN ATHLETES135 WEST BROADWAY WAUKESHA,WI 53186 | 44-0610626 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| FELLOWSHIP OF CHRISTIAN ATHLETES8701 LEEDS ROAD KANSAS CITY,MO 64129 | 43-1469296 | 501 (C)(3) | 321 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FIRST STEP-WESTERN WAYNE COUNTY PROJECT ON DOMESTIC ASSAULT44567 PINETREE DRIVE PLYMOUTH,MI 48170 | 38-2208980 | 501 (C)(3) | 5,478 | | | | DONOR DESIGNATED PLEDGES |
| FISHER HOUSE FOUNDATION1111 OAK STREET SAN FRANCISCO, CA 94117 | 11-3158401 | 501 (C)(3) | 12,536 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FIVER CHILDREN'S FOUNDATION519 EIGHTH AVENUE 24 NEW YORK, NY 10018 | 13-3993633 | 501 (C)(3) | 50,000 | | | | DONOR DESIGNATED PLEDGES |
| FOCUS HOPE1355 OAKMAN BOULEVARD DETROIT, MI 48238 | 38-1948285 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FOND DU LAC AREA UNITED WAY INC (WI)74 SOUTH MAIN STREET 201 FOND DU LAC, WI 54935 | 39-0806194 | 501 (C)(3) | 5,803 | | | | DONOR DESIGNATED PLEDGES |
| FONDY FOOD CENTER2200 W FOND DU LAC AVENUE MILWAUKEE, WI 53206 | 31-1751969 | 501 (C)(3) | 9,031 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FONDY FOOD CENTER2200 W FOND DU LAC AVENUE MILWAUKEE,WI 53206 | 31-1751969 | 501 (C)(3) | 33,341 | | | | FONDY FARMER'S MARKET |
| FRESH COAST BASKETBALL CLASSIC1300 A WEST FOND DU LAC AVENUE MILWAUKEE,WI 53205 | 26-3023610 | 501 (C)(3) | 15,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FRIEDENS COMMUNITY MINISTRIES INC 1220 WEST VLIET STREET MILWAUKEE,WI 532050411 | 39-1587037 | 501 (C)(3) | 2,054 | | | | DONOR DESIGNATED PLEDGES |
| FRIEDENS COMMUNITY MINISTRIES INC 1220 WEST VLIET STREET MILWAUKEE,WI 532050411 | 39-1587037 | 501 (C)(3) | 55,139 | | | | EMERGENCY FOOD PANTRY |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FRIENDS OF ABUSED FAMILIES INCPOST OFFICE BOX 117 WEST BEND, WI 530950117 | 39-1308555 | 501 (C)(3) | 23,892 | | | | DONOR DESIGNATED PLEDGES |
| FRIENDS OF ABUSED FAMILIES INCPOST OFFICE BOX 117 WEST BEND, WI 530950117 | 39-1308555 | 501 (C)(3) | 10,753 | | | | DOMESTIC VIOLENCE PROJECT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FRIENDS OF ABUSED FAMILIES INC POST OFFICE BOX 117 WEST BEND, WI 530950117 | 39-1308555 | 501 (C)(3) | 35,000 | | | | PROGRAMMING AND OPERATIONAL SUPPORT |
| FRIENDS OF ABUSED FAMILIES INC POST OFFICE BOX 117 WEST BEND, WI 530950117 | 39-1308555 | 501 (C)(3) | 2,000 | | | | PARENTS MATTER PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| FRIENDS OF THE CHICAGO RIVER 28 EAST JACKSON BLVD 1800 CHICAGO,IL 60604 | 36-3559764 | 501 (C)(3) | 7,500 | | | | DONOR DESIGNATED PLEDGES |
| FRIENDS OF WISCONSIN STATE PARKS2300 NORTH MARTIN LUTHER KING DRIVE MILWAUKEE,WI 53212 | 39-1882260 | 501 (C)(3) | 5,974 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| FROEDTERT HEALTH9200 WEST WISCONSIN AVENUE MILWAUKEE,WI 532263596 | 39-6105970 | 501 (C)(3) | 11,200 | | | | DONOR DESIGNATED PLEDGES |
| FROEDTERT HOSPITAL FOUNDATION INC 9200 WEST WISCONSIN AVENUE MILWAUKEE,WI 53226 | 39-1431192 | 501 (C)(3) | 56,995 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GEORGE BRAY NEIGHBORHOOD CENTERLOCAL924 CENTER STREET RACINE,WI 53402 | 39-1136874 | 501 (C)(3) | 5,250 | | | | DONOR DESIGNATED PLEDGES |
| GEORGETOWN READINESS PROGRAM108 EAST COLLEGE STREET GEORGETOWN,KY 40324 | 61-0942669 | 501 (C)(3) | 5,040 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GILDA'S CLUB SOUTHEASTERN WISCONSIN4050 NORTH OAKLAND AVENUE SHOREWOOD,WI 53211 | 39-1955863 | 501 (C)(3) | 10,203 | | | | DONOR DESIGNATED PLEDGES |
| GIRL SCOUTS OF WISCONSIN SOUTHEAST131 SOUTH 69TH STREET MILWAUKEE,WI 53214 | 39-0892833 | 501 (C)(3) | 98,500 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GIRL SCOUTS OF WISCONSIN SOUTHEAST131 SOUTH 69TH STREET MILWAUKEE, WI 53214 | 39-0892833 | 501 (C)(3) | 546,903 | | | | LEADERSHIP AND CRITICAL LIFE SKILLS DEVELOPMENT FOR GIRLS |
| GIRL SCOUTS OF WISCONSIN SOUTHEAST (GSWISE)-UWWC 21516 WEST GREENFIELD AVENUE NEW BERLIN, WI 53146 | 39-0892833 | 501 (C)(3) | 8,817 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GOODWILL INDUSTRIES OF SE WI5300 NORTH 118 COURT MILWAUKEE,WI 53225 | 39-0808491 | 501 (C)(3) | 60,876 | | | | DONOR DESIGNATED PLEDGES |
| GRACE LUTHERAN CHURCH715 SIXTH AVENUE GRAFTON,WI 53024 | 39-1628898 | 501 (C)(3) | 10,000 | | | | ADULT LITERACY CENTER |

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|---|---|---|---|---|---|---|---|
| GRAND AVENUE CLUB INC210 EAST MICHIGAN STREET MILWAUKEE,WI 532024901 | 39-1708177 | 501 (C)(3) | 69,026 | | | | DONOR DESIGNATED PLEDGES |
| GRAND AVENUE CLUB INC210 EAST MICHIGAN STREET MILWAUKEE,WI 532024901 | 39-1708177 | 501 (C)(3) | 43,584 | | | | GRAND AVENUE CLUB PROGRAM |

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|---|---|---|---|---|---|---|---|
| GRAND AVENUE CLUB INC210 EAST MICHIGAN STREET MILWAUKEE,WI 532024901 | 39-1708177 | 501 (C)(3) | 35,000 | | | | GRANT - STAFF RETENTION DUE TO SHORTFALL FROM OTHER FUNDERS |
| GREAT LAKES HEMOPHILIA FOUNDATION638 NORTH 18 STREET SUITE 108 MILWAUKEE,WI 53233 | 23-7367636 | 501 (C)(3) | 17,561 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GREAT RIVERS UNITED WAY INC (WI)1855 EAST MAIN STREET ONALASKA, WI 546506727 | 39-0848188 | 501 (C)(3) | 14,816 | | | | DONOR DESIGNATED PLEDGES |
| GREATER MILWAUKEE FOUNDATION101 WEST PLEASANT STREET SUITE 210 MILWAUKEE, WI 53212 | 39-6036407 | 501 (C)(3) | 240 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GREATER MILWAUKEE FOUNDATION101 WEST PLEASANT STREET SUITE 210 MILWAUKEE,WI 53212 | 39-6036407 | 501 (C)(3) | 20,000 | | | | MATCH DAY |
| GREATER OTTAWA COUNTY UNITED WAY (MI)POST OFFICE BOX 1349 HOLLAND,MI 49422 | 38-3522782 | 501 (C)(3) | 12,725 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GREATER TWIN CITIES UNITED WAY (MN)404 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55404 | 41-1973442 | 501 (C)(3) | 37,133 | | | | DONOR DESIGNATED PLEDGES |
| GROWING POWER 5500 WEST SILVER SPRING ROAD MILWAUKEE,WI 53218 | 39-1876495 | 501 (C)(3) | 12,108 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE,WI 53205 | 39-1539301 | 501 (C)(3) | 56,682 | | | | DONOR DESIGNATED PLEDGES |
| GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE,WI 53205 | 39-1539301 | 501 (C)(3) | 50,750 | | | | EMERGENCY SHELTER |

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|---|---|---|---|---|---|---|---|
| GUEST HOUSE OF MILWAUKEE INC 1216 NORTH 13TH STREET MILWAUKEE, WI 53205 | 39-1539301 | 501 (C)(3) | 25,000 | | | | SHELTER SERVICES/CAPACITY SUPPORT |
| HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217 | 39-0806234 | 501 (C)(3) | 25,816 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217 | 39-0806234 | 501 (C)(3) | 196,326 | | | | OLDER ADULT SENIORS PROGRAM |
| HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217 | 39-0806234 | 501 (C)(3) | 31,236 | | | | SCHOOL AGED SPECIAL NEEDS - SHILUV |

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|---|---|---|---|---|---|---|---|
| HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217 | 39-0806234 | 501 (C)(3) | 40,298 | | | | SPECIAL NEEDS - CHAVERIM |
| HEART OF FLORIDA UNITED WAY (FL)1940 TRAYLOR BOULEVARD ORLANDO,FL 328044714 | 59-0808854 | 501 (C)(3) | 25,907 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| HEARTLOVE PLACE INC3229 N DR MARTIN LUTHER KING DR MILWAUKEE,WI 532121926 | 39-1896815 | 501 (C)(3) | 30,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |
| HEARTLOVE PLACE INC3229 N DR MARTIN LUTHER KING DR MILWAUKEE,WI 532121926 | 39-1896815 | 501 (C)(3) | 17,500 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| HEARTLOVE PLACE INC3229 N DR MARTIN LUTHER KING DR MILWAUKEE, WI 532121926 | 39-1896815 | 501 (C)(3) | | 2,000 | FMV | COMPUTER SOFTWARE | INTERNET SAFETY |
| HEARTS IN ACTIONW289 N34582 LOST CREEK COURT PEWAUKEE, WI 53072 | 47-0879826 | 501 (C)(3) | 7,500 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| HEBRON HOUSE OF HOSPITALITY INC 1601 EAST RACINE AVENUE SUITE 103 WAUKESHA,WI 53186 | 39-1414365 | 501 (C)(3) | 23,182 | | | | DONOR DESIGNATED PLEDGES |
| HOMELESS VETERANS INITIATIVEPOST OFFICE BOX 80699 MILWAUKEE,WI 53208 | 90-0103323 | 501 (C)(3) | 5,491 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HOPE HOUSE OF MILWAUKEE INC 209 W ORCHARD ST MILWAUKEE,WI 532042957 | 39-1592900 | 501 (C)(3) | 22,898 | | | | DONOR DESIGNATED PLEDGES |
| HOUSE OF PEACE 1702 WEST WALNUT STREET MILWAUKEE,WI 53205 | 39-1636105 | 501 (C)(3) | 14,974 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE,WI 53222 | 39-1706658 | 501 (C)(3) | 5,799 | | | | DONOR DESIGNATED PLEDGES |
| HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE,WI 53222 | 39-1706658 | 501 (C)(3) | 33,736 | | | | POST-PURCHASE COUNSELING |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HOUSING RESOURCES INC 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222 | 39-1706658 | 501 (C)(3) | 25,000 | | | | HOMEBUYER COUNSELING PROGRAM |
| HUMAN RIGHTS CAMPAIGN FOUNDATION1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363278 | 52-1481896 | 501 (C)(3) | 5,521 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY INC701 NORTHVIEW ROAD WAUKESHA, WI 53187 | 39-6108644 | 501 (C)(3) | 10,777 | | | | DONOR DESIGNATED PLEDGES |
| HUNGER RELIEF FUND OF WISCONSIN201 SOUTH HAWLEY COURT MILWAUKEE, WI 53214 | 39-1345847 | 501 (C)(3) | 96,715 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HUNGER TASK FORCE INC201 SOUTH HAWLEY COURT MILWAUKEE,WI 53214 | 39-1345857 | 501 (C)(3) | 200,778 | | | | DONOR DESIGNATED PLEDGES |
| HUNTINGTON'S DISEASE SOCIETY OF AMERICA WISCONSIN CHAPTER2041 NORTH 107 STREET WAUWATOSA,WI 532262329 | 22-2942589 | 501 (C)(3) | 6,879 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| IMPACT ALCOHOL & OTHER DRUG ABSUE SERVICES 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE,WI 532142619 | 39-0988784 | 501 (C)(3) | 29,476 | | | | DONOR DESIGNATED PLEDGES |
| IMPACT ALCOHOL & OTHER DRUG ABSUE SERVICES 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE,WI 532142619 | 39-0988784 | 501 (C)(3) | 466,787 | | | | 2-1-1 @ IMPACT PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| IMPACT ALCOHOL & OTHER DRUG ABSUE SERVICES 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE,WI 532142619 | 39-0988784 | 501 (C)(3) | 54,907 | | | | ASSESSMENT AND REFERRAL PROGRAM |
| IMPACT ALCOHOL & OTHER DRUG ABSUE SERVICES 6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE,WI 532142619 | 39-0988784 | 501 (C)(3) | 148,911 | | | | PEERS WITH IMPACT PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| IMPACT ALCOHOL & OTHER DRUG ABSUE SERVICES6737 WEST WASHINGTON STREET SUITE 2225 MILWAUKEE,WI 532142619 | 39-0988784 | 501 (C)(3) | 10,000 | | | | SUPPORT FOR 2-1-1 CAPACITY INCREASE |
| INDEPENDENCEFIRST 540 SOUTH FIRST STREET MILWAUKEE,WI 53204 | 39-1343425 | 501 (C)(3) | 27,356 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| INDEPENDENCEFIRST<br>540 SOUTH FIRST STREET<br>MILWAUKEE,WI 53204 | 39-1343425 | 501 (C)(3) | 19,870 | | | | ATTENDANT REFERRAL PROGRAM |
| INDEPENDENCEFIRST<br>540 SOUTH FIRST STREET<br>MILWAUKEE,WI 53204 | 39-1343425 | 501 (C)(3) | 2,000 | | | | PARENTS MATTER PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| INSTITUTE FOR THE TRANSFORMATION OF LEARNING (MARQUETTE UNIVERSITY'S)750 N 18TH STREET MILWAUKEE,WI 53233 | 39-0806251 | | 25,000 | | | | MILWAUKEE SUMMER READING PROJECT |
| INTERFAITH OLDER ADULT PROGRAMS INC600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE,WI 532041551 | 39-1217963 | 501 (C)(3) | 37,987 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE,WI 532041551 | 39-1217963 | 501 (C)(3) | 130,751 | | | | EMPLOYMENT PROGRAM |
| INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE,WI 532041551 | 39-1217963 | 501 (C)(3) | 39,950 | | | | FAMILY CAREGIVER SUPPORT NETWORK |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| INTERFAITH OLDER ADULT PROGRAMS INC 600 WEST VIRGINIA STREET SUITE 300 MILWAUKEE, WI 532041551 | 39-1217963 | 501 (C)(3) | 179,860 | | | | NEIGHBORHOOD OUTREACH PROGRAM |
| INTERFAITH SENIOR PROGRAMS INC 210 NORTHWEST BARSTOW STREET SUITE 111 WAUKESHA, WI 531883771 | 39-1393171 | 501 (C)(3) | 13,157 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| INTERNATIONAL INSTITUTE OF WISCONSIN1110 NORTH OLD WORLD THIRD ST SUITE 420 MILWAUKEE,WI 532031102 | 39-0806350 | 501 (C)(3) | 3,833 | | | | DONOR DESIGNATED PLEDGES |
| INTERNATIONAL INSTITUTE OF WISCONSIN1110 NORTH OLD WORLD THIRD ST SUITE 420 MILWAUKEE,WI 532031102 | 39-0806350 | 501 (C)(3) | 213,811 | | | | IMMIGRATION AND CITIZENSHIP SERVICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| ISLAMIC SOCIETY OF MILWAUKEE 4707 SOUTH 13 STREET MILWAUKEE,WI 53221 | 39-2018492 | 501 (C)(3) | 7,000 | | | | DONOR DESIGNATED PLEDGES |
| JEWISH FAMILY SERVICES INC ROBERT & MIMI HABUSH FAMILY CENTER1300 NORTH JACKSON STREET MILWAUKEE,WI 53202 | 39-0806291 | 501 (C)(3) | 109,680 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| JEWISH FAMILY SERVICES INC ROBERT & MIMI HABUSH FAMILY CENTER1300 NORTH JACKSON STREET MILWAUKEE,WI 53202 | 39-0806291 | 501 (C)(3) | 18,354 | | | | CASE MANAGEMENT DISABILITIES |
| JEWISH FAMILY SERVICES INC ROBERT & MIMI HABUSH FAMILY CENTER1300 NORTH JACKSON STREET MILWAUKEE,WI 53202 | 39-0806291 | 501 (C)(3) | 78,780 | | | | CASE MANAGEMENT OLDER ADULT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| JEWISH FAMILY SERVICES INC ROBERT & MIMI HABUSH FAMILY CENTER1300 NORTH JACKSON STREET MILWAUKEE, WI 53202 | 39-0806291 | 501 (C)(3) | 217,122 | | | | INDIVIDUAL AND FAMILY COUNSELING |
| JEWISH FAMILY SERVICES INC ROBERT & MIMI HABUSH FAMILY CENTER1300 NORTH JACKSON STREET MILWAUKEE, WI 53202 | 39-0806291 | 501 (C)(3) | 20,000 | | | | EMERGENCY ASSISTANCE FUND |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| JOURNEY HOUSE INC1900 WEST WASHINGTON STREET MILWAUKEE,WI 532042000 | 39-1203539 | 501 (C)(3) | 8,927 | | | | DONOR DESIGNATED PLEDGES |
| JUNIOR ACHIEVEMENT FOUNDATION INC ONE EDUCATION WAY COLORADO SPRINGS,CO 809064477 | 26-3161793 | 501 (C)(3) | 12,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| JUNIOR ACHIEVEMENT OF WISCONSIN INC 11111 WEST LIBERTY DRIVE MILWAUKEE, WI 53224 | 39-0826295 | 501 (C)(3) | 192,748 | | | | DONOR DESIGNATED PLEDGES |
| JUVENILE DIABETES RESEARCH FOUNDATION SOUTHEASTERN WISCONSIN CHAPTER3333 NORTH MAYFAIR ROAD SUITE 107 WAUWATOSA, WI 53222 | 13-3272289 | 501 (C)(3) | 47,656 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| KELBEN FOUNDATION INC SCHWAB1958 SUMMIT PARK DRIVE SUITE 500 ORLANDO, FL 32810 | 39-1494625 | 501 (C)(3) | 20,000 | | | | DONOR DESIGNATED PLEDGES |
| KIDS MATTER INC 1850 NORTH MARTIN LUTHER KING DRIVE SUITE 202 MILWAUKEE, WI 53212 | 39-1988488 | 501 (C)(3) | 9,987 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| KINGS ACADEMY CHRISTIAN SCHOOL7798 NORTH 60 STREET MILWAUKEE,WI 53223 | 39-1960876 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |
| LA CASA DE ESPERANZA INC 410 ARCADIAN AVENUE WAUKESHA,WI 531865086 | 39-1144446 | 501 (C)(3) | 10,277 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LA CAUSA INC136 WEST GREENFIELD AVENUE MILWAUKEE,WI 53204 | 39-1247667 | 501 (C)(3) | 133,035 | | | | DONOR DESIGNATED PLEDGES |
| LA CAUSA INC136 WEST GREENFIELD AVENUE MILWAUKEE,WI 53204 | 39-1247667 | 501 (C)(3) | 43,584 | | | | CRISES NURSERY PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LA CAUSA INC136 WEST GREENFIELD AVENUE MILWAUKEE,WI 53204 | 39-1247667 | 501 (C)(3) | 64,551 | | | | HISPANIC EARLY LEARNING PROGRAM (HELP) |
| LATIN AMERICANS FOR SOCIAL & ECONOMIC DEVELOPMENT (LA SED) (MI)4138 W VERNOR DETROIT,MI 48209 | 38-1892670 | 501 (C)(3) | 25,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LEGAL AID SOCIETY OF MILWAUKEE INC 521 NORTH EIGHTH STREET MILWAUKEE,WI 53233 | 39-0806284 | 501 (C)(3) | 45,451 | | | | DONOR DESIGNATED PLEDGES |
| LEGAL AID SOCIETY OF MILWAUKEE INC 521 NORTH EIGHTH STREET MILWAUKEE,WI 53233 | 39-0806284 | 501 (C)(3) | 6,036 | | | | GUARDIAN AD LITEM PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LEGAL AID SOCIETY OF MILWAUKEE INC 521 NORTH EIGHTH STREET MILWAUKEE, WI 53233 | 39-0806284 | 501 (C)(3) | 185,893 | | | | CIVIL DIVISION PROGRAM |
| LEUKEMIA & LYMPHOMA SOCIETY WISCONSIN CHAPTER200 SOUTH EXECUTIVE DRIVE STE 203 BROOKFIELD, WI 53005 | 13-5644916 | 501 (C)(3) | 38,897 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LIFE NAVIGATORS 7203 WEST CENTER STREET WAUWATOSA, WI 532101126 | 39-0978146 | 501 (C)(3) | 17,405 | | | | DONOR DESIGNATED PLEDGES |
| LITERACY SERVICES OF WISCONSIN555 NORTH PLANKINTON AVENUE MILWAUKEE, WI 532032910 | 39-1091203 | 501 (C)(3) | 74,331 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LIVINGSTON COUNTY UNITED WAY (MI)2980 DORR ROAD BRIGHTON,MI 481169436 | 38-2174453 | 501 (C)(3) | 26,491 | | | | DONOR DESIGNATED PLEDGES |
| LOCAL INITIATIVES SUPPORT CORPORATION660 EAST MASON STREET FIFTH FLOOR MILWAUKEE,WI 53202 | 13-3030229 | 501 (C)(3) | 9,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LUPUS FOUNDATION OF AMERICA WISCONSIN CHAPTER2600 NORTH MAYFAIR ROAD SUITE 320 MILWAUKEE,WI 532261313 | 39-1620195 | 501 (C)(3) | 10,428 | | | | DONOR DESIGNATED PLEDGES |
| LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN-UWWC2000 WEST BLUEMOUND ROAD WAUKESHA,WI 53186 | 39-0816846 | 501 (C)(3) | 22,444 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN INC647 WEST VIRGINIA STREET SUITE 300 MILWAUKEE,WI 532041535 | 39-0816846 | 501 (C)(3) | 80,443 | | | | DONOR DESIGNATED PLEDGES |
| LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN INC647 WEST VIRGINIA STREET SUITE 300 MILWAUKEE,WI 532041535 | 39-0816846 | 501 (C)(3) | 92,294 | | | | INDIVIDUAL AND FAMILY CLINICS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN INC 647 WEST VIRGINIA STREET SUITE 300 MILWAUKEE,WI 532041535 | 39-0816846 | 501 (C)(3) | 23,939 | | | | PREGNANCY COUNSELING/FOSTER CARE |
| MAKE-A-WISH FOUNDATION OF WISCONSIN13195 WEST HAMPTON AVENUE BUTLER,WI 53007 | 39-1543541 | 501 (C)(3) | 87,471 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MALAIKA EARLY LEARNING CENTER 125 WEST AUER MILWAUKEE,WI 53212 | 39-2021628 | 501 (C)(3) | 8,900 | | | | DONOR DESIGNATED PLEDGES |
| MARQUETTE UNIVERSITY MARQUETTE UNIVERSITY GIFT SERVICES ZILBER 421 MILWAUKEE,WI 532011881 | 39-0806251 | 501 (C)(3) | 11,273 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MARQUETTE UNIVERSITY MARQUETTE UNIVERSITY GIFT SERVICES ZILBER 421 MILWAUKEE,WI 532011881 | 39-0806251 | 501 (C)(3) | 10,000 | | | | SUMMER READING PROGRAM |
| MEDICAL COLLEGE OF WISCONSIN8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 532263548 | 39-0806261 | 501 (C)(3) | 170,324 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MENOMONEE VALLEY PARTNERS INC301 WEST WISCONSIN AVENUE SUITE 400B MILWAUKEE,WI 53203 | 31-1683712 | 501 (C)(3) | 9,465 | | | | DONOR DESIGNATED PLEDGES |
| MENTAL HEALTH AMERICA OF WISCONSIN600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE,WI 53204 | 39-0827843 | 501 (C)(3) | 16,460 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MENTAL HEALTH AMERICA OF WISCONSIN600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE,WI 53204 | 39-0827843 | 501 (C)(3) | 69,302 | | | | MENTAL HEALTH ACCESS |
| MENTAL HEALTH AMERICA OF WISCONSIN600 WEST VIRGINIA STREET SUITE 502 MILWAUKEE,WI 53204 | 39-0827843 | 501 (C)(3) | 69,302 | | | | MENTAL HEALTH SERVICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MENTAL HEALTH ASSOCIATION IN WAUKESHA COUNTY INCS22 W22660 BROADWAY 5S WAUKESHA,WI 531868199 | 39-1143559 | 501 (C)(3) | 5,237 | | | | DONOR DESIGNATED PLEDGES |
| MEQUON-THIENSVILLE EDUCATION FOUNDATION5000 WEST MEQUON ROAD MEQUON,WI 53092 | 31-1625167 | 501 (C)(3) | 18,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| META HOUSE2625 NORTH WEIL STREET MILWAUKEE,WI 53212 | 39-1017822 | 501 (C)(3) | 130,987 | | | | DONOR DESIGNATED PLEDGES |
| META HOUSE2625 NORTH WEIL STREET MILWAUKEE,WI 53212 | 39-1017822 | 501 (C)(3) | 197,763 | | | | TRANSITIONAL LIVNG PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| METRO UNITED WAY (KY)P O BOX 950148 LOUISVILLE, KY 402950148 | 61-0444680 | 501 (C)(3) | 17,860 | | | | DONOR DESIGNATED PLEDGES |
| MIDWEST ATHLETES AGAINST CHILDHOOD CANCER (THE MACC FUND)10000 WEST INNOVATION DRIVE 135 MILWAUKEE, WI 53226 | 39-1270290 | 501 (C)(3) | 145,172 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MILE HIGH UNITED WAY (CO)2505 SOUTH 18 STREET DENVER,CO 802113907 | 84-0404235 | 501 (C)(3) | 12,355 | | | | DONOR DESIGNATED PLEDGES |
| MILESTONES PROGRAMS FOR CHILDREN2214 EAST CAPITOL DRIVE SHOREWOOD,WI 532112105 | 39-1326721 | 501 (C)(3) | 12,435 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MILW AREA TECH COLL FOUNDATION AREA OF GREATEST NEED700 WEST STATE STREET MILWAUKEE,WI 53233 | 39-1341603 | 501 (C)(3) | 45,659 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE,WI 532332720 | 39-0806257 | 501 (C)(3) | 6,389 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE CHRISTIAN CENTER2137 WEST GREENFIELD AVENUE MILWAUKEE,WI 532042619 | 39-0807066 | 501 (C)(3) | 13,923 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE CHRISTIAN CENTER2137 WEST GREENFIELD AVENUE MILWAUKEE,WI 532042619 | 39-0807066 | 501 (C)(3) | 74,174 | | | | ELDERLY ADULT SUPPORT SERVICES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE CHRISTIAN CENTER2137 WEST GREENFIELD AVENUE MILWAUKEE,WI 532042619 | 39-0807066 | 501 (C)(3) | 72,146 | | | | EMERGENCY FOOD PANTRY |
| MILWAUKEE CHRISTIAN CENTER2137 WEST GREENFIELD AVENUE MILWAUKEE,WI 532042619 | 39-0807066 | 501 (C)(3) | 95,266 | | | | YOUTH RISK PREVENTION PROGRAM |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE COLLEGE PREPATORY SCHOOL OF WI 2449 NORTH 36 STREET MILWAUKEE,WI 53210 | 39-1881295 | 501 (C)(3) | 350,167 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE COMMUNITY SERVICE CORPS 1441 NORTH SEVENTH STREET MILWAUKEE,WI 53205 | 39-1680843 | 501 (C)(3) | 6,868 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE COUNTY LABOR COUNCIL633 SOUTH HAWLEY ROAD MILWAUKEE,WI 53214 | 39-0965630 | 501 (C)(3) | 229,748 | | | | OPERATIONAL SUPPORT |
| MILWAUKEE FIRE BELL CLUB INC 3428 NORTH 92 STREET MILWAUKEE,WI 532223549 | 39-0289860 | 501 (C)(3) | 6,738 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE HABITAT FOR HUMANITY3726 NORTH BOOTH STREET MILWAUKEE,WI 53212 | 39-1496741 | 501 (C)(3) | 78,772 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE JEWISH FEDERATION1360 NORTH PROSPECT AVENUE STE 1 MILWAUKEE,WI 532023094 | 39-0806312 | 501 (C)(3) | 221,585 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MILWAUKEE LGBT COMMUNITY CENTER252 E HIGHLAND AVENUE MILWAUKEE,WI 532029600 | 39-1893808 | 501 (C)(3) | 26,027 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE LGBT COMMUNITY CENTER252 E HIGHLAND AVENUE MILWAUKEE,WI 532029600 | 39-1893808 | 501 (C)(3) | 20,000 | | | | MENTAL HEALTH CLINIC |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MILWAUKEE LGBT COMMUNITY CENTER252 E HIGHLAND AVENUE MILWAUKEE,WI 532029600 | 39-1893808 | 501 (C)(3) | 48,426 | | | | PROJECT Q HEALTH AND WELLNESS PROGRAM |
| MILWAUKEE PUBLIC LIBRARY FOUNDATION814 WEST WISCONSIN AVENUE MILWAUKEE,WI 53233 | 39-1610233 | 501 (C)(3) | 11,950 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE PUBLIC SCHOOLS FOUNDATIONPOST OFFICE BOX 2181 MILWAUKEE,WI 53201 | 39-1929112 | 501 (C)(3) | 31,789 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE PUBLIC TELEVISION FRIENDS700 WEST STATE STREET MILWAUKEE,WI 532331419 | 39-6081120 | 501 (C)(3) | 20,574 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE RESCUE MISSION 830 NORTH 19 STREET MILWAUKEE,WI 53233 | 39-0816851 | 501 (C)(3) | 164,972 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE SCHOOL OF ENGINEERING1025 NORTH BROADWAY STREET MILWAUKEE,WI 532023109 | 39-0477970 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE TENNIS & EDUCATION FOUNDATION3000 NORTH SHERMAN BOULEVARD MILWAUKEE,WI 53210 | 39-1317061 | 501 (C)(3) | 6,250 | | | | DONOR DESIGNATED PLEDGES |
| MILWAUKEE URBAN LEAGUE435 WEST NORTH AVENUE MILWAUKEE,WI 532123146 | 39-0826861 | 501 (C)(3) | 83,007 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE,WI 532123146 | 39-0826861 | 501 (C)(3) | 151,135 | | | | CAMPAIGN FOR AFRICAN AMERICAN ACHIEVEMENT |
| MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE,WI 532123146 | 39-0826861 | 501 (C)(3) | 188,675 | | | | EMPLOYMENT ASSISTANCE PROGRAM |

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|---|---|---|---|---|---|---|---|
| MILWAUKEE WOMEN'S CENTER INC728 N JAMES LOVELL ST MILWAUKEE,WI 53233 | 32-0211087 | 501 (C)(3) | 15,481 | | | | DONOR DESIGNATED PLEDGES |
| MINORITY CHRISTIAN COACHES ASSOCIATION158 BRANCH STREET HARTFORD,WI 53027 | 25-1923276 | 501 (C)(3) | 30,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MONTGOMERY COUNTY UNITED WAY (TX)1600 LAKE FRONT CIRCLE THE WOODLANDS, TX 773803633 | 23-7282537 | 501 (C)(3) | 5,945 | | | | DONOR DESIGNATED PLEDGES |
| MOTHER KATHRYN DANIELS CONFERENCE CENTER3500 WEST MOTHER DANIELS WAY MILWAUKEE,WI 53209 | 20-2502626 | 501 (C)(3) | 5,500 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MUKWONAGO FOOD PANTRY325 EAGLE LAKE AVENUE MUKWONAGO, WI 53149 | 39-1664601 | 501 (C)(3) | 5,474 | | | | DONOR DESIGNATED PLEDGES |
| MUSCULAR DYSTROPHY ASSOCIATION WISCONSIN330 SOUTH EXECUTIVE DRIVE 100A BROOKFIELD, WI 530054274 | 13-1665552 | 501 (C)(3) | 22,786 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| MY HOME YOUR HOME INC6200 WEST CENTER STREET MILWAUKEE,WI 532102159 | 39-1774893 | 501 (C)(3) | 1,850 | | | | DONOR DESIGNATED PLEDGES |
| MY HOME YOUR HOME INC6200 WEST CENTER STREET MILWAUKEE,WI 532102159 | 39-1774893 | 501 (C)(3) | 10,000 | | | | LISSY'S PLACE |

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|---|---|---|---|---|---|---|---|
| NAMI WAUKESHA INC (NATIONAL ALLIANCE ON MENTAL ILLNESS) 217 WISCONSIN AVENUE SUITE 311 WAUKESHA,WI 531864946 | 39-1485627 | 501 (C)(3) | 9,345 | | | | DONOR DESIGNATED PLEDGES |
| NATIONAL ALLIANCE ON MENTAL ILLNESS 4233 WEST BELTLINE HIGHWAY MADISON,WI 537113814 | 39-1397227 | 501 (C)(3) | 9,025 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| NATIONAL CENTER FOR LESBIAN RIGHTS870 MARKET STREET SUITE 370 SAN FRANCISCO, CA 94102 | 94-3086885 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |
| NATIONAL KIDNEY FOUNDATION OF WISCONSIN16655 WEST BLUE MOUND ROAD SUITE 240 BROOKFIELD, WI 530055935 | 39-1133761 | 501 (C)(3) | 16,968 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY WISCONSIN CHAPTER1120 JAMES DRIVE SUITE A HARTLAND,WI 53029 | 39-1139220 | 501 (C)(3) | 44,445 | | | | DONOR DESIGNATED PLEDGES |
| NATIVITY JESUIT MIDDLE SCHOOL 1515 SOUTH 29 STREET MILWAUKEE,WI 53215 | 39-1741141 | 501 (C)(3) | 22,051 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| NEHEMIAH PROJECT INC2506 WEST VLIET STREET MILWAUKEE,WI 53205 | 39-1841047 | 501 (C)(3) | 23,961 | | | | DONOR DESIGNATED PLEDGES |
| NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 WEST RICHARDSON PLACE MILWAUKEE,WI 532083547 | 39-0806269 | 501 (C)(3) | 91,506 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 WEST RICHARDSON PLACE MILWAUKEE,WI 532083547 | 39-0806269 | 501 (C)(3) | 139,167 | | | | EARLY CHILDHOOD SERVICES PROGRAM |
| NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 WEST RICHARDSON PLACE MILWAUKEE,WI 532083547 | 39-0806269 | 501 (C)(3) | 126,026 | | | | KIDS CLUB |

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|---|---|---|---|---|---|---|---|
| NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 WEST RICHARDSON PLACE MILWAUKEE,WI 532083547 | 39-0806269 | 501 (C)(3) | 126,026 | | | | YOUTH/TEEN PROGRAM |
| NEIGHBORHOOD HOUSE OF MILWAUKEE INC 2819 WEST RICHARDSON PLACE MILWAUKEE,WI 532083547 | 39-0806269 | 501 (C)(3) | 25,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |

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|---|---|---|---|---|---|---|---|
| NEU-LIFE COMMUNITY RESOURCE CENTER2014 WEST NORTH AVENUE MILWAUKEE,WI 391805861 | 39-1805861 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |
| NEW BEGINNINGS ARE POSSIBLE INC 3717 WEST FOND DU LAC AVENUE MILWAUKEE,WI 53215 | 39-1913547 | 501 (C)(3) | 9,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| NEW BEGINNINGS ARE POSSIBLE INC 3717 WEST FOND DU LAC AVENUE MILWAUKEE, WI 53215 | 39-1913547 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |
| NEW CONCEPT SELF DEVELOPMENT CENTER INC1531 WEST VLIET STREET MILWAUKEE, WI 53205 | 39-1220236 | 501 (C)(3) | 4,291 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| NEW CONCEPT SELF DEVELOPMENT CENTER INC1531 WEST VLIET STREET MILWAUKEE, WI 53205 | 39-1220236 | 501 (C)(3) | 86,802 | | | | EACH ONE REACH ONE PROGRAM |
| NEW CONCEPT SELF DEVELOPMENT CENTER INC1531 WEST VLIET STREET MILWAUKEE, WI 53205 | 39-1220236 | 501 (C)(3) | 47,504 | | | | MLK SOCIAL SERVICE PROGRAM |

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|---|---|---|---|---|---|---|---|
| NEW CREATURES IN CHRIST INC 4610 WEST RIDGE COURT MILWAUKEE,WI 53216 | 39-1964812 | 501 (C)(3) | 15,000 | | | | DONOR DESIGNATED PLEDGES |
| NEXT DOOR FOUNDATION2545 NORTH 29TH STREET MILWAUKEE,WI 53210 | 39-1162969 | 501 (C)(3) | 307,355 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NEXT DOOR FOUNDATION2545 NORTH 29TH STREET MILWAUKEE,WI 53210 | 39-1162969 | 501 (C)(3) | 66,581 | | | | SKILLS BUILDING AND GED FAST TRACK PROGRAM |
| NEXT DOOR FOUNDATION2545 NORTH 29TH STREET MILWAUKEE,WI 53210 | 39-1162969 | 501 (C)(3) | 10,000 | | | | ADULT EDUCATION PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| NIA IMANI FAMILY INC1353 NORTH 25 STREET 27 MILWAUKEE,WI 532052447 | 39-1808134 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| NONPROFIT CENTER OF MILWAUKEE INC 2819 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 532083217 | 39-1258203 | 501 (C)(3) | 7,324 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| NONPROFIT CENTER OF MILWAUKEE INC 2819 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 532083217 | 39-1258203 | 501 (C)(3) | 72,962 | | | | ORGANIZATION TRAINING AND TECHNICAL ASSISTANCE |
| NONPROFIT CENTER OF MILWAUKEE INC 2819 WEST HIGHLAND BOULEVARD MILWAUKEE,WI 532083217 | 39-1258203 | 501 (C)(3) | 89,327 | | | | VOLUNTEER CLEARINHOUSE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| NONPROFIT MANAGEMENT FUND101 WEST PLEASANT STREET SUITE 210 MILWAUKEE,WI 53212 | 39-6036407 | 501 (C)(3) | 25,000 | | | | SCHOLARSHIP FUND |
| NORTH CAROLINA CENTRAL UNIVERSITY FOUNDATION INC POST OFFICE BOX 52466 DURHAM,NC 27717 | 23-7410301 | 501 (C)(3) | 13,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| NORTH SHORE UNITED WAY UNITED WAY OF METRO CHICAGO5010 OAKTON STREET SKOKIE,IL 60077 | 36-6146232 | 501 (C)(3) | 5,578 | | | | DONOR DESIGNATED PLEDGES |
| NORTHCOTT NEIGHBORHOOD HOUSE2460 NORTH SIXTH STREET MILWAUKEE,WI 532122756 | 39-0984402 | 501 (C)(3) | 20,281 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| NORTHCOTT NEIGHBORHOOD HOUSE2460 NORTH SIXTH STREET MILWAUKEE,WI 532122756 | 39-0984402 | 501 (C)(3) | 7,722 | | | | EMERGENCY FOOD PROGRAM |
| NORTHCOTT NEIGHBORHOOD HOUSE2460 NORTH SIXTH STREET MILWAUKEE,WI 532122756 | 39-0984402 | 501 (C)(3) | 104,813 | | | | YOUTH DEVELOPMENT PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| NORTHWOODS UNITED WAY INC (WI)SEVEN A NORTH BROWN STREET RHINELANDER, WI 545010177 | 39-1247457 | 501 (C)(3) | 8,418 | | | | DONOR DESIGNATED PLEDGES |
| NOTRE DAME MIDDLE SCHOOL 1420 WEST SCOTT STREET MILWAUKEE, WI 53204 | 39-1850760 | 501 (C)(3) | 9,280 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| ONE HEARTLAND 4425 NORTH PORT WASHINGTON ROAD 107 107 MILWAUKEE,WI 532121082 | 39-1763115 | 501 (C)(3) | 11,990 | | | | DONOR DESIGNATED PLEDGES |
| ORANGE COUNTY UNITED WAY (CA) 18012 MITCHELL AVENUE IRVINE,CA 926146008 | 33-0047994 | 501 (C)(3) | 7,460 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| OSHKOSH AREA UNITED WAY (WI) 36 BROAD STREET 100 OSHKOSH, WI 54901 | 39-1017908 | 501 (C)(3) | 8,066 | | | | DONOR DESIGNATED PLEDGES |
| OUR NEXT GENERATION INC 804 EAST JUNEAU AVENUE MILWAUKEE, WI 53202 | 39-1761838 | 501 (C)(3) | 16,023 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| OUT & EQUAL155 SANSOME STREET SUITE 450 SAN FRANCISCO, CA 94104 | 02-0681855 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| OUTREACH COMMUNITY HEALTH CENTERS INC711 WEST CAPITOL DRIVE MILWAUKEE,WI 53206 | 39-1353282 | 501 (C)(3) | 21,337 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| OZAUKEE FAMILY SERVICES885 BADGER CIRCLE GRAFTON,WI 530249436 | 39-1208203 | 501 (C)(3) | 60,398 | | | | DONOR DESIGNATED PLEDGES |
| OZAUKEE FAMILY SERVICES885 BADGER CIRCLE GRAFTON,WI 530249436 | 39-1208203 | 501 (C)(3) | 27,270 | | | | COUNSELING SERVICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| OZAUKEE FAMILY SERVICES885 BADGER CIRCLE GRAFTON, WI 530249436 | 39-1208203 | 501 (C)(3) | 8,686 | | | | PREVENTION |
| PARENTS FAMILIES AND FRIENDS OF LESBIANS AND GAYS1828 L STREET NW WASHINGTON, DC 20036 | 95-3750694 | 501 (C)(3) | 5,026 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PARTNERS WITH YOUTHPOST OFFICE BOX 26183 WAUWATOSA, WI 53226 | 39-1702206 | 501 (C)(3) | 25,000 | | | | DONOR DESIGNATED PLEDGES |
| PATHFINDERS4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE, WI 53212 | 39-1185304 | 501 (C)(3) | 46,018 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PATHFINDERS4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE,WI 53212 | 39-1185304 | 501 (C)(3) | 1,500 | | | | HOMELESSNESS GRANT |
| PATHFINDERS4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE,WI 53212 | 39-1185304 | 501 (C)(3) | 193,208 | | | | CLINICAL SERVICES |

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|---|---|---|---|---|---|---|---|
| PATHFINDERS4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE,WI 53212 | 39-1185304 | 501 (C)(3) | 300,137 | | | | YOUTH SHELTER |
| PATHFINDERS4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE,WI 53212 | 39-1185304 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PATHFINDERS4200 NORTH HOLTON STREET SUITE 400 MILWAUKEE,WI 53212 | 39-1185304 | 501 (C)(3) | 25,000 | | | | EMERGENCY SHELTER |
| PAVE PARTNERS ADVANCING VALUES IN EDUCATION135 W WELLS ST SUITE 850 MILWAUKEE,WI 53203 | 39-1590212 | 501 (C)(3) | 19,500 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PAWS WITH A CAUSE4646 SOUTH DIVISION WAYLAND,MI 49348 | 38-2370342 | 501 (C)(3) | 10,326 | | | | DONOR DESIGNATED PLEDGES |
| PEARLS FOR TEEN GIRLS INC2100 NORTH PALMER STREET MILWAUKEE,WI 532123220 | 39-1997970 | 501 (C)(3) | 75,313 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| PEARLS FOR TEEN GIRLS INC2100 NORTH PALMER STREET MILWAUKEE,WI 532123220 | 39-1997970 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |
| PENFIELD CHILDREN'S CENTER833 NORTH 26TH STREET MILWAUKEE,WI 532331507 | 39-1093701 | 501 (C)(3) | 275,604 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PENFIELD CHILDREN'S CENTER833 NORTH 26TH STREET MILWAUKEE,WI 532331507 | 39-1093701 | 501 (C)(3) | 50,500 | | | | BEHAVIORAL HEALTH CLINIC |
| PENFIELD CHILDREN'S CENTER833 NORTH 26TH STREET MILWAUKEE,WI 532331507 | 39-1093701 | 501 (C)(3) | 483,233 | | | | EARLY INTERVENTION/PARENT PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PETTIT NATIONAL ICE CENTER500 S 84 STREET MILWAUKEE,WI 53214 | 39-1712146 | 501 (C)(3) | 16,200 | | | | DONOR DESIGNATED PLEDGES |
| PLANNED PARENTHOOD OF WISCONSIN302 NORTH JACKSON STREET MILWAUKEE,WI 532025917 | 39-0863391 | 501 (C)(3) | 166,775 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PLYMOUTH COMMUNITY UNITED WAY (MI) POST OFFICE BOX 6356 PLYMOUTH, MI 481700425 | 23-7327248 | 501 (C)(3) | 178,629 | | | | DONOR DESIGNATED PLEDGES |
| PORTAL INC1015 CEDAR CREEK ROAD GRAFTON, WI 53024 | 39-1024001 | 501 (C)(3) | 34,025 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| PORTAL INC1015 CEDAR CREEK ROAD GRAFTON, WI 53024 | 39-1024001 | 501 (C)(3) | 10,583 | | | | EMPLOYMENT READINESS AND ADVANCEMENT PROGRAM |
| PRADER-WILLI SYNDROME ASSOCIATION OF WI INC2701 NORTH ALEXANDER APPLETON, WI 549112312 | 39-1732251 | 501 (C)(3) | 6,825 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PREVENT BLINDNESS WISCONSIN759 NORTH MILWAUKEE STREET SUITE 305 MILWAUKEE,WI 53202 | 39-6096227 | 501 (C)(3) | 13,091 | | | | DONOR DESIGNATED PLEDGES |
| PREVENTION AND PROTECTION OF ABUSED CHILDREN INC (PPAC)1570 EAST MORELAND BOULEVARD WAUKESHA,WI 53188 | 39-1513200 | 501 (C)(3) | 21,100 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| PUBLIC POLICY FORUM633 WEST WISCONSIN AVENUE 406 MILWAUKEE,WI 53203 | 39-0210040 | 501 (C)(3) | 15,000 | | | | NURSING'S VOICE PROGRAM |
| READING IS FUNDAMENTAL-MPS 2449 NORTH 36 STREET MILWAUKEE,WI 53210 | 39-1929112 | 501 (C)(3) | 15,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| REPAIRERS OF THE BREACH INC 2819 WEST HIGHLAND BOUELVARD MILWAUKEE, WI 53208 | 39-1707495 | 501 (C)(3) | 26,160 | | | | DONOR DESIGNATED PLEDGES |
| REPAIRERS OF THE BREACH INC 2819 WEST HIGHLAND BOUELVARD MILWAUKEE, WI 53208 | 39-1707495 | 501 (C)(3) | 500 | | | | BOTTLED WATER FOR USE DURING SUMMER HEAT WAVE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| ROGERS MEMORIAL HOSPITAL34700 VALLEY ROAD OCONOMOWOC,WI 53066 | 39-1363507 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| RONALD MCDONALD HOUSE OF EASTERN WISCONSIN8948 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226 | 39-1433107 | 501 (C)(3) | 44,041 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| ROSALIE MANOR COMMUNITY & FAMILY SERVICES 4803 WEST BURLEIGH STREET MILWAUKEE,WI 532101643 | 39-1154354 | 501 (C)(3) | 8,594 | | | | DONOR DESIGNATED PLEDGES |
| ROSALIE MANOR COMMUNITY & FAMILY SERVICES 4803 WEST BURLEIGH STREET MILWAUKEE,WI 532101643 | 39-1154354 | 501 (C)(3) | 20,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |

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|---|---|---|---|---|---|---|---|
| ROSALIE MANOR COMMUNITY & FAMILY SERVICES 4803 WEST BURLEIGH STREET MILWAUKEE,WI 532101643 | 39-1154354 | 501 (C)(3) | | 3,000 | FMV | COMPUTER SOFTWARE | INTERNET SAFETY |
| RUNNING REBELS COMMUNITY ORGANIZATION 1300A WEST FOND DU LAC AVENUE MILWAUKEE,WI 53205 | 39-3910464 | 501 (C)(3) | 11,255 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| SAFE AND SOUND 801 WEST MICHIGAN STREET MILWAUKEE,WI 53233 | 39-1940292 | 501 (C)(3) | 11,551 | | | | DONOR DESIGNATED PLEDGES |
| SAFE BABIES HEALTHY FAMILIES434 MADISON STREET WAUKESHA,WI 53188 | 39-1552886 | 501 (C)(3) | 3,502 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SAFE BABIES HEALTHY FAMILIES434 MADISON STREET WAUKESHA,WI 53188 | 39-1552886 | 501 (C)(3) | 26,136 | | | | CHILDBIRTH AND INFANT PREPARATION SERVICES |
| SAFE BABIES HEALTHY FAMILIES- UWWC 434 MADISON STREET WAUKESHA,WI 53188 | 39-1552886 | 501 (C)(3) | 5,456 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| SAINT THOMAS MORE HIGH SCHOOL2601 EAST MORGAN AVENUE BAY VIEW, WI 53207 | 39-1163083 | 501 (C)(3) | 20,000 | | | | DONOR DESIGNATED PLEDGES |
| SALVATION ARMY - PLYMOUTH (MI) 9451 S MAIN ST PLYMOUTH, MI 48170 | 38-1370971 | 501 (C)(3) | 13,679 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SALVATION ARMY - YORK PA50 EAST KING STREET YORK,PA 17401 | 13-5562351 | 501 (C)(3) | 11,687 | | | | DONOR DESIGNATED PLEDGES |
| SALVATION ARMY WISCONSIN & UPPER MICHIGAN 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA,WI 53226 | 13-2923701 | 501 (C)(3) | 138,578 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SALVATION ARMY WISCONSIN & UPPER MICHIGAN 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 53226 | 13-2923701 | 501 (C)(3) | 140,114 | | | | EMERGENCY LODGE |
| SALVATION ARMY WISCONSIN & UPPER MICHIGAN 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 53226 | 13-2923701 | 501 (C)(3) | 23,404 | | | | EMPLOYMENT PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SAMARITAN PROJECT7760 NORTH 60TH STREET BROWN DEER, WI 53223 | 39-1743501 | 501 (C)(3) | 9,800 | | | | FAITH INIATIVE |
| SCHOOLS THAT CAN MILWAUKEE 1821 N MARTIN LUTHER KING DR UNIT A A MILWAUKEE, WI 53212 | 27-2818891 | 501 (C)(3) | 52,500 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SELECT MEDIA333 HUDSON STREET SUITE 406 NEW YORK, NY 10013 | 13-3472573 | | 8,176 | | | | TEEN PREGNANCY PREVENTION INITIATVE |
| SERENITY INNS INC2201 NORTH 35 STREET MILWAUKEE, WI 53208 | 41-2034019 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SERVE MARKETING223 NORTH WATER STREET SUITE 250 MILWAUKEE,WI 532027905 | 20-0059596 | | 24,000 | | | | TEEN PREGNANCY PREVENTION INITIATIVE |
| SET MINISTRY INC 2977 NORTH 50 STREET MILWAUKEE,WI 53210 | 39-1618277 | 501 (C)(3) | 19,894 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SET MINISTRY INC 2977 NORTH 50 STREET MILWAUKEE,WI 53210 | 39-1618277 | 501 (C)(3) | 25,000 | | | | MOBILE MARKET - FOOD SECURITY |
| SEWALL CHILD DEVELOPMENT CENTER1360 VINE STREET DENVER,CO 80206 | 84-0413241 | 501 (C)(3) | 6,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SHALOM MINISTRIES INC POST OFFICE BOX 100580 MILWAUKEE, WI 53210 | 39-1878402 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| SHARON LYNNE WILSON CENTER FOR THE ARTS INC 19805 WEST CAPITOL DRIVE BROOKFIELD, WI 53045 | 39-1787648 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SHARP LITERACY INC750 NORTH LINCOLN MEMORIAL DRIVE 311 MILWAUKEE,WI 532024019 | 39-1963963 | 501 (C)(3) | 55,800 | | | | DONOR DESIGNATED PLEDGES |
| SHEBOYGAN & PLYMOUTH AREA UNITED WAY (WI) 2020 ERIE AVENUE SHEBOYGAN,WI 530813711 | 39-0808471 | 501 (C)(3) | 11,046 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE, WI 53218 | 39-0966281 | 501 (C)(3) | 112,298 | | | | DONOR DESIGNATED PLEDGES |
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE, WI 53218 | 39-0966281 | 501 (C)(3) | 22,481 | | | | COMMUNITY FOOD BANK |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE,WI 53218 | 39-0966281 | 501 (C)(3) | 83,624 | | | | GROUP DAY CARE/FAMILY DAY CARE |
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE,WI 53218 | 39-0966281 | 501 (C)(3) | 100,000 | | | | LITERACY FIRST PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE,WI 53218 | 39-0966281 | 501 (C)(3) | 342,538 | | | | YOUTH SOCIAL DEVELOPMENT PROGRAM |
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE,WI 53218 | 39-0966281 | 501 (C)(3) | 40,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SILVER SPRING NEIGHBORHOOD CENTER INC5460 NORTH 64TH STREET MILWAUKEE,WI 53218 | 39-0966281 | 501 (C)(3) | 3,000 | | | | PARENTS MATTER PROGRAM |
| SIOUX EMPIRE UNITED WAY INC (SD)1000 NORTH WEST AVENUE 120 SIOUX FALLS,SD 571041314 | 46-0233701 | 501 (C)(3) | 5,837 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SIXTEENTH STREET COMMUNITY HEALTH CENTER INC1337 SOUTH CESAR E CHAVEZ DRIVE MILWAUKEE,WI 532042203 | 39-1180475 | 501 (C)(3) | 72,221 | | | | DONOR DESIGNATED PLEDGES |
| SIXTEENTH STREET COMMUNITY HEALTH CENTER INC1337 SOUTH CESAR E CHAVEZ DRIVE MILWAUKEE,WI 532042203 | 39-1180475 | 501 (C)(3) | 141,079 | | | | THE GREAT START PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SIXTEENTH STREET COMMUNITY HEALTH CENTER INC1337 SOUTH CESAR E CHAVEZ DRIVE MILWAUKEE,WI 532042203 | 39-1180475 | 501 (C)(3) | 35,000 | | | | INFANT SAFETY PROJECT |
| SOJOURNER FAMILY PEACE CENTER135 WEST WELLS STREET 4TH FL MILWAUKEE,WI 53203 | 39-1276210 | 501 (C)(3) | 237,016 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SOJOURNER FAMILY PEACE CENTER135 WEST WELLS STREET 4TH FL MILWAUKEE,WI 53203 | 39-1276210 | 501 (C)(3) | 25,064 | | | | BATTERERS ANONYMOUS - BEYOND ABUSE PROGRAM |
| SOJOURNER FAMILY PEACE CENTER135 WEST WELLS STREET 4TH FL MILWAUKEE,WI 53203 | 39-1276210 | 501 (C)(3) | 124,894 | | | | COURTHOUSE ADVOCACY |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SOJOURNER FAMILY PEACE CENTER135 WEST WELLS STREET 4TH FL MILWAUKEE,WI 53203 | 39-1276210 | 501 (C)(3) | 17,424 | | | | DOMESTIC ABUSE VICTIM ADVOCATE |
| SOJOURNER FAMILY PEACE CENTER135 WEST WELLS STREET 4TH FL MILWAUKEE,WI 53203 | 39-1276210 | 501 (C)(3) | 37,223 | | | | EMERGENCY SHELTER |

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|---|---|---|---|---|---|---|---|
| SOJOURNER FAMILY PEACE CENTER135 WEST WELLS STREET 4TH FL MILWAUKEE,WI 53203 | 39-1276210 | 501 (C)(3) | 25,000 | | | | EMERGENCY CRISIS CENTER |
| SOUTH MILWAUKEE HUMAN CONCERNS INC 1029 MILWAUKEE AVENUE SOUTH MILWAUKEE,WI 53172 | 23-7217934 | 501 (C)(3) | 8,330 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| SPECIAL OLYMPICS WISCONSIN-GREATER MILWAUKEE AREA 10224 NORTH PORT WASHINGTON ROAD MEQUON,WI 53092 | 39-1176591 | 501 (C)(3) | 32,218 | | | | DONOR DESIGNATED PLEDGES |
| ST ANN CENTER FOR INTERGENERATIONAL CARE2801 EAST MORGAN AVENUE MILWAUKEE,WI 53207 | 75-3021593 | 501 (C)(3) | 45,085 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| ST BENEDICT COMMUNITY MEAL 1015 NORTH NINTH STREET MILWAUKEE,WI 53233 | 39-0806264 | 501 (C)(3) | 19,733 | | | | DONOR DESIGNATED PLEDGES |
| ST CATHERINE RESIDENCE INC 1032 EAST KNAPP STREET MILWAUKEE,WI 532026903 | 39-0857537 | 501 (C)(3) | 8,138 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE,WI 53204 | 39-1494981 | 501 (C)(3) | 24,102 | | | | DONOR DESIGNATED PLEDGES |
| ST ELIZABETH ANN SETON DENTAL CLINIC 1730 SOUTH 13 STREET MILWAUKEE,WI 53204 | 39-1494981 | 501 (C)(3) | 54,035 | | | | RESTORATIVE CARE PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| ST FRANCIS CHILDREN'S CENTER6700 NORTH PORT WASHINGTON ROAD MILWAUKEE,WI 53217 | 39-6092761 | 501 (C)(3) | 65,148 | | | | DONOR DESIGNATED PLEDGES |
| ST JOSEPH ACADEMY1600 WEST OKLAHOMA AVENUE MILWAUKEE,WI 532154518 | 39-0806262 | 501 (C)(3) | 15,071 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| ST JOSEPH ACADEMY1600 WEST OKLAHOMA AVENUE MILWAUKEE,WI 532154518 | 39-0806262 | 501 (C)(3) | 55,690 | | | | EARLY CHILDHOOD PROGRAM |
| ST JOSEPH'S MEDICAL CLINIC 826 NORTH EAST AVENUE WAUKESHA,WI 53186 | 39-1273248 | 501 (C)(3) | 10,021 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| ST JUDE CHILDREN'S RESEARCH HOSPITAL NVHA 1660 L STREET NW SUITE 601 WASHINGTON,DC 20036 | 62-0646012 | 501 (C)(3) | 19,981 | | | | DONOR DESIGNATED PLEDGES |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL ALSAC 4619 NORTH RAVENSWOOD AVENUE SUITE 302 CHICAGO,IL 60640 | 35-1044585 | 501 (C)(3) | 26,003 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| ST MARCUS LUTHERAN SCHOOL2215 NORTH PALMER STREET MILWAUKEE,WI 53212 | 39-0850377 | 501 (C)(3) | 70,800 | | | | DONOR DESIGNATED PLEDGES |
| STARTING POINT OF OZAUKEE INC 101 FALLS ROAD SUITE 402 GRAFTON,WI 530242612 | 39-1246685 | 501 (C)(3) | 6,914 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| STARTING POINT OF OZAUKEE INC 101 FALLS ROAD SUITE 402 GRAFTON, WI 530242612 | 39-1246685 | 501 (C)(3) | 24,946 | | | | LEAD |
| STILLWATERS CANCER SUPPORT SERVICES434 MADISON STREET WAUKESHA, WI 53188 | 39-1818956 | 501 (C)(3) | 12,231 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| SUSAN G KOMEN FOR THE CURE SOUTHEASTERN WISCONSIN AFFILIATE9200 WEST WISCONSIN AVENUE RM 234P MILWAUKEE,WI 53226 | 75-2844639 | 501 (C)(3) | 27,982 | | | | DONOR DESIGNATED PLEDGES |
| SWEET WATER FOUNDATION2151 S ROBINSON AVE MILWAUKEE,WI 53207 | 27-1391983 | 501 (C)(3) | 12,391 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| TEACH FOR AMERICA315 WEST 36 STREET 7TH FLOOR NEW YORK, NY 10018 | 13-3541913 | 501 (C)(3) | 5,026 | | | | DONOR DESIGNATED PLEDGES |
| TEEN CHALLENGE INTERNATIONAL WISCONSIN9236 WEST APPLETON AVENUE MILWAUKEE, WI 53225 | 39-1447329 | 501 (C)(3) | 104,506 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| THE BENEDICT CENTER135 WEST WELLS STREET SUITE 700 MILWAUKEE,WI 53203 | 39-1226475 | 501 (C)(3) | 11,051 | | | | DONOR DESIGNATED PLEDGES |
| THE CARING PLACE INC810 NORTH EAST AVENUE WAUKESHA,WI 53186 | 39-1615978 | 501 (C)(3) | 7,314 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| THE CATHEDRAL CENTER INC845 NORTH VAN BUREN STREET MILWAUKEE,WI 53202 | 74-3038890 | 501 (C)(3) | 43,983 | | | | DONOR DESIGNATED PLEDGES |
| THE CATHEDRAL CENTER INC845 NORTH VAN BUREN STREET MILWAUKEE,WI 53202 | 74-3038890 | 501 (C)(3) | 51,225 | | | | EMERGENCY SHELTER |

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|---|---|---|---|---|---|---|---|
| THE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE OF WASHINGTON COUNTY1625 EAST WASHINGTON STREET SUITE 300 WEST BEND, WI 530952617 | 23-7180993 | 501 (C)(3) | 10,457 | | | | DONOR DESIGNATED PLEDGES |
| THE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE OF WASHINGTON COUNTY1625 EAST WASHINGTON STREET SUITE 300 WEST BEND, WI 530952617 | 23-7180993 | 501 (C)(3) | 42,131 | | | | GERMANTOWN PREVENTION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE GATHERING OF SOUTHEAST WI INC804 EAST JUNEAU AVENUE MILWAUKEE, WI 53202 | 39-1891030 | 501 (C)(3) | 23,601 | | | | DONOR DESIGNATED PLEDGES |
| THE HEALING CENTER130 WEST BRUCE STREET SUITE 400 MILWAUKEE, WI 53204 | 39-1597102 | 501 (C)(3) | 7,925 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| THE HEALING CENTER130 WEST BRUCE STREET SUITE 400 MILWAUKEE,WI 53204 | 39-1597102 | 501 (C)(3) | 50,000 | | | | COUNSELING FOR UNDERSERVED SURVIVORS |
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 32,078 | | | | DONOR DESIGNATED PLEDGES |

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| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 80,800 | | | | PARENT HELPLINE |
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 99,901 | | | | PARENTING EDUCATION AND SUPPORT SERVICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 16,000 | | | | STEWARDS OF CHILDREN TRAINING PROGRAM |
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 50,000 | | | | TEEN PREGNANCY PREVENTION - MAKING PROUD CHOICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 2,493 | | | | TEEN PREGNANCY PREVENTION INIATIVE |
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | 10,250 | | | | AWARENESS TO ACTION SUPPORT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE PARENTING NETWORK7516 WEST BURLEIGH STREET MILWAUKEE,WI 532101030 | 39-1312225 | 501 (C)(3) | | 2,000 | FMV | COMPUTER SOFTWARE | INTERNET SAFETY |
| THE SALVATION ARMY - UWWC445 MADISON STREET WAUKESHA,WI 53188 | 13-2923701 | 501 (C)(3) | 39,047 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE SPIRITUALS PROJECT UNIVERSITY OF DENVER MORGRIDGE COLLEGE OF EDUCATION1999 EAST EVANS AVENUE DENVER,CO 80208 | 84-1484371 | 501 (C)(3) | 20,000 | | | | DONOR DESIGNATED PLEDGES |
| THE TMJ ASSOCIATION 13625 BISHOPS DRIVE BROOKFIELD,WI 53005 | 39-1691109 | 501 (C)(3) | 6,800 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE UWM FOUNDATION1440 E NORTH AVE MILWAUKEE,WI 53202 | 23-7337744 | 501 (C)(3) | 238,501 | | | | DONOR DESIGNATED PLEDGES |
| THE UWM FOUNDATION1440 E NORTH AVE MILWAUKEE,WI 53202 | 23-7337744 | 501 (C)(3) | 10,000 | | | | COMMUNITY ACCESIBLE RESEARCH ON HEALTHY BIRTHS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE WOMEN'S CENTER INC505 NORTH EAST AVENUE WAUKESHA,WI 53186 | 39-1269698 | 501 (C)(3) | 38,900 | | | | DONOR DESIGNATED PLEDGES |
| THE YOUTH & FAMILY PROJECT 630 ELM STREET WEST BEND,WI 53095 | 51-0149160 | 501 (C)(3) | 1,944 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE YOUTH & FAMILY PROJECT 630 ELM STREET WEST BEND, WI 53095 | 51-0149160 | 501 (C)(3) | 59,913 | | | | NURTURING AND PARENTING SUPPORT COLLABORATIVE |
| THREE HARBORS COUNCIL BSA330 SOUTH 84 STREET MILWAUKEE, WI 532141468 | 39-0806332 | 501 (C)(3) | 176,260 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THREE HARBORS COUNCIL BSA330 SOUTH 84 STREET MILWAUKEE,WI 532141468 | 39-0806332 | 501 (C)(3) | 59,138 | | | | LEARNING FOR LIFE PROGRAM |
| THREE HARBORS COUNCIL BSA330 SOUTH 84 STREET MILWAUKEE,WI 532141468 | 39-0806332 | 501 (C)(3) | 600,735 | | | | MULTICULTURAL SCOUTING PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THURGOOD MARSHALL SCHOLARSHIP FUND 77 WATER ST FL 8 NEW YORK, NY 10005 | 41-1750692 | 501 (C)(3) | 25,000 | | | | DONOR DESIGNATED PLEDGES |
| UNITED CEREBRAL PALSY OF SOUTHEASTERN WISCONSIN7519 WEST OKLAHOMA AVENUE MILWAUKEE, WI 532192861 | 39-1143353 | 501 (C)(3) | 27,706 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED COMMUNITY CENTER INC1028 SOUTH NINTH STREET MILWAUKEE,WI 532041395 | 39-1146191 | 501 (C)(3) | 147,868 | | | | DONOR DESIGNATED PLEDGES |
| UNITED COMMUNITY CENTER INC1028 SOUTH NINTH STREET MILWAUKEE,WI 532041395 | 39-1146191 | 501 (C)(3) | 101,000 | | | | AFTER SCHOOL ACHIEVEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED COMMUNITY CENTER INC1028 SOUTH NINTH STREET MILWAUKEE,WI 532041395 | 39-1146191 | 501 (C)(3) | 193,120 | | | | BEFORE AND AFTER SCHOOL |
| UNITED COMMUNITY CENTER INC1028 SOUTH NINTH STREET MILWAUKEE,WI 532041395 | 39-1146191 | 501 (C)(3) | 110,731 | | | | ELDERLY PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED COMMUNITY CENTER INC1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395 | 39-1146191 | 501 (C)(3) | 100,000 | | | | LEYENDO JUNTOS (READING TOGETHER) |
| UNITED COMMUNITY CENTER INC1028 SOUTH NINTH STREET MILWAUKEE, WI 532041395 | 39-1146191 | 501 (C)(3) | 199,640 | | | | YOUTH EMPOWERED TO SUCCEED |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED MIGRANT OPPORTUNITY SERVICES (UMOS) 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450 | 39-1047172 | 501 (C)(3) | 1,459 | | | | DONOR DESIGNATED PLEDGES |
| UNITED MIGRANT OPPORTUNITY SERVICES (UMOS) 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450 | 39-1047172 | 501 (C)(3) | 20,000 | | | | GED CAREER PATHWAYS PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED MIGRANT OPPORTUNITY SERVICES (UMOS) 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450 | 39-1047172 | 501 (C)(3) | 50,000 | | | | SEXUAL VIOLENCE PREVENTION - EXPECT RESPECT |
| UNITED MIGRANT OPPORTUNITY SERVICES (UMOS) 2701 SOUTH CHASE AVENUE MILWAUKEE, WI 532071450 | 39-1047172 | 501 (C)(3) | 5,000 | | | | LATINA RESOURCE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED NEGRO COLLEGE FUND-MILWAUKEE600 WEST WALNUT STREET SUITE 20 MILWAUKEE,WI 53212 | 13-1624241 | 501 (C)(3) | 7,604 | | | | DONOR DESIGNATED PLEDGES |
| UNITED PERFORMING ARTS FUND INC929 NORTH WATER STREET MILWAUKEE,WI 53202 | 39-6100399 | 501 (C)(3) | 48,182 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY CALIFORNIA CAPITAL REGION (CA)10389 OLD PLACERVILLE ROAD SACRAMENTO,CA 95827 | 94-1225382 | 501 (C)(3) | 5,047 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY CAPITAL AREA (TX) 2000 EAST MLK JR BOULEVARD AUSTIN,TX 787021340 | 74-1193439 | 501 (C)(3) | 5,082 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY FOR SOUTHEASTERN MICHIGAN660 WOODWARD AVENUE SUITE 300 DETROIT,MI 48226 | 20-3099071 | 501 (C)(3) | 94,469 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY FOX CITIES INC (WI) 1455 MIDWAY ROAD MENASHA,WI 54952 | 39-0912895 | 501 (C)(3) | 61,456 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY IN WAUKESHA COUNTY (WI) POST OFFICE BOX 1041 WAUKESHA,WI 531871041 | 39-0886376 | 501 (C)(3) | 392,000 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY IN WAUKESHA COUNTY (WI) POST OFFICE BOX 1041 WAUKESHA,WI 531871041 | 39-0886376 | 501 (C)(3) | 706,956 | | | | RETURN FORMULA AGREEMENT NET OF DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF BREVARD COUNTY (FL)937 DIXON BOULEVARD COCOA,FL 329226806 | 59-0836384 | 501 (C)(3) | 15,736 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF BROWN COUNTY INC (WI)1245 MAIN STREET GREEN BAY,WI 54302 | 39-0806299 | 501 (C)(3) | 152,385 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF CENTRAL ALABAMA INC (AL)POST OFFICE BOX 320189 BIRMINGHAM,AL 352320189 | 63-0288846 | 501 (C)(3) | 14,896 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF CENTRAL CAROLINAS INC (NC)301 SOUTH BREVARD STREET CHARLOTTE,NC 282022317 | 56-0529948 | 501 (C)(3) | 14,991 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF CENTRAL INDIANA (IN)3901 NORTH MERIDIAN STREET INDIANAPOLIS,IN 46208 | 35-1007590 | 501 (C)(3) | 10,980 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF CENTRAL OHIO (OH) 360 SOUTH THIRD STREET COLUMBUS,OH 43215 | 31-4393712 | 501 (C)(3) | 9,913 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF CENTRAL OKLAHOMA (OK) POST OFFICE BOX 837 OKLAHOMA CITY, OK 731010837 | 73-0589829 | 501 (C)(3) | 6,435 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF DANE COUNTY INC (WI)2059 ATWOOD AVENUE MADISON,WI 53704 | 39-0817532 | 501 (C)(3) | 96,647 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF DELAWARE COUNTY INC (OH) 40 NORTH SANDUSKY STREET SUITE 203 DELAWARE,OH 43015 | 31-4423899 | 501 (C)(3) | 14,946 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF DICKINSON COUNTY (MI) POST OFFICE BOX 429 IRON MOUNTAIN, MI 498010429 | 23-7112824 | 501 (C)(3) | 6,488 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF DOOR COUNTY (WI) 57 NORTH THIRD AVENUE STURGEON BAY, WI 54235 | 39-1799879 | 501 (C)(3) | 12,252 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF DUPAGEWEST COOK UNITED WAY OF METRO CHICAGO1000 JORIE BLVE SUITE 360 OAK BROOK, IL 60522 | 36-2584417 | 501 (C)(3) | 25,508 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF FLORENCE COUNTY (SC)1621 WEST PALMETTO STREET FLORENCE,SC 295014133 | 57-0368721 | 501 (C)(3) | 17,513 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF FORSYTH COUNTY INC (NC)301 NORTH MAIN STREET SUITE 1700 WINSTON SALEM, NC 27101 | 23-7357234 | 501 (C)(3) | 24,505 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF FRANKLIN COUNTY (PA)POST OFFICE BOX 47 CHAMBERSBURG,PA 17201 | 25-1730590 | 501 (C)(3) | 6,095 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF GENESEE COUNTY (MI)328 S SAGINAW ST FLINT,MI 48502 | 38-1359516 | 501 (C)(3) | 5,536 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF GREATER CINCINNATI (OH) 2400 READING ROAD CINCINNATI,OH 45202 | 31-0537502 | 501 (C)(3) | 10,361 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF GREATER CLEVELAND (OH) 1331 EUCLID AVENUE CLEVELAND,OH 44115 | 34-6516654 | 501 (C)(3) | 8,930 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF GREATER HOUSTON (TX) POST OFFICE BOX 3247 HOUSTON,TX 77253 | 74-1167964 | 501 (C)(3) | 9,336 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF GREATER KANSAS CITY (MO)1080 WASHINGTON STREET KANSAS CITY,MO 64105 | 44-0545812 | 501 (C)(3) | 12,767 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF GREATER RICHMOND & PETERSBURG (VA) 2001 MAYWILL STREET RICHMOND,VA 23230 | 23-7375346 | 501 (C)(3) | 5,279 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF GREATER ROCHESTER INC (NY)75 COLLEGE AVE ROCHESTER,NY 14607 | 16-1015782 | 501 (C)(3) | 16,851 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF GREATER ST JOSEPH (MO)118 SOUTH FIFTH STREET FIRST FLOOR SAINT JOSEPH, MO 64501 | 44-0547802 | 501 (C)(3) | 111,689 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF GREATER ST LOUIS INC (MO) 910 NORTH ELEVENTH STREET SAINT LOUIS, MO 63101 | 43-0714167 | 501 (C)(3) | 22,377 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF GREATER TOLEDO (OH)424 JACKSON ST TOLEDO,OH 43604 | 34-4427947 | 501 (C)(3) | 37,791 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF INNER WISCONSIN INC (WI)351 OAK STREET WISCONSIN RAPIDS,WI 54494 | 39-1212595 | 501 (C)(3) | 11,378 | | | | DONOR DESIGNATED PLEDGES |

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| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNITED WAY OF KENOSHA COUNTY INC (WI) 5500 6TH AVENUE SUITE 210 KENOSHA,WI 531403710 | 39-0806285 | 501 (C)(3) | 24,898 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF KING COUNTY (WA)720 SECOND AVENUE SEATTLE,WA 98104 | 91-0565555 | 501 (C)(3) | 8,624 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF LAKE COUNTY INC (IL)330 SOUTH GREENLEAF STREET GURNEE,IL 60031 | 36-2167949 | 501 (C)(3) | 17,837 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF LEE HENRY AND GLADES (FL)7273 CONCOURSE FORT MYERS,FL 33908 | 59-1005169 | 501 (C)(3) | 6,900 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF MANITOWOC COUNTY (WI)1704 MEMORIAL DRIVE MANITOWOC,WI 54220 | 39-1099039 | 501 (C)(3) | 7,225 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF MARATHON COUNTY INC (WI) 137 RIVER DRIVE WAUSAU,WI 54403 | 39-0935496 | 501 (C)(3) | 18,692 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF METRO CHICAGO (IL)560 WEST LAKE STREET CHICAGO,IL 60661 | 30-0200478 | 501 (C)(3) | 62,462 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF METROPOLITAN ATLANTA (GA)100 EDGEWOOD AVENUE NE ATLANTA,GA 30303 | 58-0566194 | 501 (C)(3) | 39,063 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF METROPOLITAN DALLAS (TX)1800 NORTH LAMAR STREET DALLAS,TX 75202 | 75-6005352 | 501 (C)(3) | 13,563 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF MONROE COUNTY (MI)216 NORTH MONROE STREET MONROE,MI 481622620 | 38-1437937 | 501 (C)(3) | 13,623 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF NORMAN INC (OK) 2424 SPRINGER DR SUITE 304 NORMAN,OK 73069 | 73-0668684 | 501 (C)(3) | 68,547 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF NORTH ROCK COUNTY (WI)205 NORTH MAIN STREET SUITE 101 JANESVILLE,WI 53545 | 39-6006734 | 501 (C)(3) | 6,843 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF NORTHERN NEW JERSEY (NJ)PO BOX 1948 MORRISTOWN,NJ 07962 | 22-1487247 | 501 (C)(3) | 6,843 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF NORTHERN OZAUKEE (WI)209 WEST THEIS STREET PORT WASHINGTON,WI 53074 | 23-7084522 | 501 (C)(3) | 17,976 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF OCONEE COUNTY (SC)409 EAST NORTH FIRST STREET SUITE A A SENECA,SC 29678 | 57-0479292 | 501 (C)(3) | 31,448 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF PORTAGE COUNTY INC (WI)1100 CENTERPOINT DRIVE 301 STEVENS POINT,WI 54481 | 39-0831152 | 501 (C)(3) | 52,379 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF RACINE COUNTY (WI)2000 DOMANIK DRIVE RACINE, WI 53404 | 39-0806348 | 501 (C)(3) | 70,826 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF ROCK RIVER VALLEY (IL)612 NORTH MAIN STREET SUITE 300 ROCKFORD, IL 61103 | 36-2167843 | 501 (C)(3) | 10,705 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF SAN ANTONIO AND BEXAR COUN (TX)700 SOUTH ALAMO STREET SAN ANTONIO, TX 78205 | 74-1272381 | 501 (C)(3) | 45,778 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF SOUTH TEXAS (TX)POST OFFICE BOX 187 MCALLEN,TX 78505 | 74-2052527 | 501 (C)(3) | 8,296 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF SOUTHEAST MISSISSIPPI INC (MS)POST OFFICE BOX 1648 HATTIESBURG,MS 394031648 | 64-0410475 | 501 (C)(3) | 6,800 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF SOUTHEASTERN PENNSYLVANIA (PA) 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA,PA 191031208 | 23-1556045 | 501 (C)(3) | 15,139 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF TAMPA BAY INC (FL)5201 WEST KENNEDY BOULEVARD SUITE 600 TAMPA,FL 33609 | 59-3725701 | 501 (C)(3) | 14,989 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF THE BAY AREA (CA)221 MAIN STREET SUITE 300 SAN FRANCISCO, CA 94105 | 94-1312348 | 501 (C)(3) | 9,476 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF THE BLUEGRASS (KY)2480 FORTUNE DRIVE STE 250 LEXINGTON,KY 405094168 | 61-0444679 | 501 (C)(3) | 13,491 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF THE COLUMBIA-WILLAMETTE (OR) 619 SW 11 AVENUE SUITE 300 PORTLAND,OR 972052646 | 93-0582124 | 501 (C)(3) | 8,078 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF THE GREATER TRIANGLE INC (NC) 2400 PERIMETER PARK DRIVE SUITE 150 150 MORRISVILLE,NC 27560 | 56-1949103 | 501 (C)(3) | 11,019 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF THE MIDLANDS (NE)1805 HARNEY STREET OMAHA,NE 681021908 | 47-0376605 | 501 (C)(3) | 6,476 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF THE NATIONAL CAPITAL AREA (DC)8391 OLD COURTHOUSE ROAD SUITE 200 VIENNA,VA 22182 | 53-0234290 | 501 (C)(3) | 7,890 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF THE PLAINS INC (KS)245 NORTH WATER STREET WICHITA,KS 672022090 | 48-0547688 | 501 (C)(3) | 40,511 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF WALWORTH COUNTY (WI)N6359 HIGHWAY 12/67 ELKHORN,WI 53121 | 39-6108550 | 501 (C)(3) | 17,432 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF WASHINGTON COUNTY (WI)120 NORTH MAIN STREET 210 WEST BEND,WI 53095 | 23-7281696 | 501 (C)(3) | 66,143 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF WASHTENAW (MI) 2305 PLATT ROAD ANN ARBOR, MI 48104 | 38-1951024 | 501 (C)(3) | 47,195 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF WATERTOWN (WI) POST OFFICE BOX 114 WATERTOWN, WI 53094 | 39-6052299 | 501 (C)(3) | 7,889 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF WEST ALABAMA (AL)2720 6TH STREET TUSCALOOSA,AL 35401 | 63-0321464 | 501 (C)(3) | 24,651 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF WILLIAMS COUNTY (OH)P O BOX 525 BRYAN,OH 43506 | 34-6527352 | 501 (C)(3) | 6,524 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY OF YORK COUNTY (PA)800 EAST KING STREET YORK,PA 17403 | 23-1352588 | 501 (C)(3) | 40,107 | | | | DONOR DESIGNATED PLEDGES |
| UNITED WAY OF YUMA COUNTY (AZ)180 WEST 1ST STREET SUITE B YUMA,AZ 85364 | 86-0211326 | 501 (C)(3) | 9,394 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNITED WAY WORLDWIDE-NON CFC701 NORTH FAIRFAX STREET ALEXANDRIA,VA 223142045 | 13-1635294 | 501 (C)(3) | 5,060 | | | | DONOR DESIGNATED PLEDGES |
| UNITY IN MOTION INCPOST OFFICE BOX 511131 MILWAUKEE,WI 53203 | 26-3696451 | 501 (C)(3) | 54,721 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF MICHIGAN-ELBEL CLUB (MI)G395 WOLVERINE TOWER LOW RISE ANN ARBOR, MI 48109 | 38-6006309 | 501 (C)(3) | 6,077 | | | | DONOR DESIGNATED PLEDGES |
| UNIVERSITY OF WISCONSIN - FOUNDATION1848 UNIVERSITY AVENUE MADISON, WI 537264090 | 39-0743975 | 501 (C)(3) | 560,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF WISCONSIN COMPREHENSIVE CANCER CENTER600 HIGHLAND AVENUE MADISON,WI 53792 | 39-0743975 | 501 (C)(3) | 7,500 | | | | DONOR DESIGNATED PLEDGES |
| URBAN DAY SCHOOL 1441 NORTH 24 STREET MILWAUKEE,WI 53205 | 39-6102952 | 501 (C)(3) | 11,080 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| URBAN ECOLOGY CENTER1500 EAST PARK PLACE MILWAUKEE,WI 532113587 | 39-1712663 | 501 (C)(3) | 35,841 | | | | DONOR DESIGNATED PLEDGES |
| URBAN LEAGUE OF METROPOLITAN DENVER2015 YORK STREET DENVER,CO 80205 | 84-0404264 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| VALLEY OF THE SUN UNITED WAY (AZ)POST OFFICE BOX 10748 PHOENIX,AZ 85064 | 86-0104419 | 501 (C)(3) | 18,762 | | | | DONOR DESIGNATED PLEDGES |
| VISION FORWARD ASSOCIATION912 NORTH HAWLEY ROAD MILWAUKEE,WI 53213 | 39-0808506 | 501 (C)(3) | 67,939 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| VISION FORWARD ASSOCIATION912 NORTH HAWLEY ROAD MILWAUKEE,WI 53213 | 39-0808506 | 501 (C)(3) | 39,216 | | | | CENTER FOR BLIND AND VISUALLY IMPAIRED CHILDREN |
| VOCES DE LA FRONTERA1027 SOUTH FIFTH STREET MILWAUKEE,WI 53204 | 39-2010107 | 501 (C)(3) | 7,662 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| VOLUNTEER CENTER OF OZAUKEE COUNTY885 BADGER CIRCLE GRAFTON, WI 53024 | 39-1663854 | 501 (C)(3) | 10,770 | | | | DONOR DESIGNATED PLEDGES |
| VOLUNTEER CENTER OF OZAUKEE COUNTY885 BADGER CIRCLE GRAFTON, WI 53024 | 39-1663854 | 501 (C)(3) | 18,866 | | | | VOLUNTEER DEVELOPMENT |

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|---|---|---|---|---|---|---|---|
| WALKER'S POINT YOUTH & FAMILY CENTER INC2030 WEST NATIONAL AVENUE MILWAUKEE,WI 53204 | 39-1247541 | 501 (C)(3) | 25,326 | | | | DONOR DESIGNATED PLEDGES |
| WALKER'S POINT YOUTH & FAMILY CENTER INC2030 WEST NATIONAL AVENUE MILWAUKEE,WI 53204 | 39-1247541 | 501 (C)(3) | 167,798 | | | | RUNAWAY SERVICES |

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|---|---|---|---|---|---|---|---|
| WALKER'S POINT YOUTH & FAMILY CENTER INC2030 WEST NATIONAL AVENUE MILWAUKEE,WI 53204 | 39-1247541 | 501 (C)(3) | 16,000 | | | | SEXUAL VIOLENCE PREVENTION - GIRLS' CIRCLE PATHLS TO THE FUTURE |
| WAUKESHA COUNTY COMMUNITY FOUNDATION2727 NORTH GRANDVIEW BOULEVARD SUITE122 WAUKESHA,WI 53188 | 39-1969122 | 501 (C)(3) | 6,316 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| WAUKESHA FAMILY YMCA320 EAST BROADWAY STREET WAUKESHA,WI 531865060 | 39-0847658 | 501 (C)(3) | 6,124 | | | | DONOR DESIGNATED PLEDGES |
| WELLSPRING INC 4382 HICKORY ROAD WEST BEND,WI 53090 | 39-1464269 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| WEST ALLIS-WEST MILWAUKEE EDUCATION FOUNDATION1205 SOUTH 70 STREET WEST ALLIS, WI 53214 | 20-8209763 | 501 (C)(3) | 8,670 | | | | DONOR DESIGNATED PLEDGES |
| WILLIAMSBURG CHRISTADELPHIAN FOUNDATION (IL)PO BOX 88 DE LAND,IL 61839 | 51-0211853 | 501 (C)(3) | 7,490 | | | | DONOR DESIGNATED PLEDGES |

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|---|---|---|---|---|---|---|---|
| WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 200 MILWAUKEE,WI 532083166 | 39-0808464 | 501 (C)(3) | 4,710 | | | | DONOR DESIGNATED PLEDGES |
| WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 200 MILWAUKEE,WI 532083166 | 39-0808464 | 501 (C)(3) | 289,286 | | | | COMMUNITY REINTEGRATION SERVICES |

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|---|---|---|---|---|---|---|---|
| WISCONSIN COMMUNITY SERVICES INC 3732 WEST WISCONSIN AVENUE SUITE 200 MILWAUKEE,WI 532083166 | 39-0808464 | 501 (C)(3) | 136,074 | | | | CRIMINAL JUSTICE INTERVENTION |
| WISCONSIN COUNCIL ON ECONOMIC EDUCATION7635 WEST BLUEMOUND ROAD 106 MILWAUKEE,WI 532133500 | 39-6076951 | 501 (C)(3) | 5,700 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount 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 HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE,WI 532083156 | 39-0810533 | 501 (C)(3) | 86,176 | | | | DONOR DESIGNATED PLEDGES |
| WISCONSIN HUMANE SOCIETY - OZAUKEE CAMPUS630 W DEKORA ST SAUKVILLE,WI 53080 | 39-0810533 | 501 (C)(3) | 20,030 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WISCONSIN LUTHERAN CHILD & FAMILY SERVICE 6800 NORTH 76 STREET MILWAUKEE,WI 532235002 | 39-1047224 | 501 (C)(3) | 63,749 | | | | DONOR DESIGNATED PLEDGES |
| WISCONSIN PARKINSON ASSOCIATION945 NORTH 12 STREET SUITE 4602 MILWAUKEE,WI 532331305 | 39-1492810 | 501 (C)(3) | 7,235 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WISCONSIN PRIMARY HEALTH ASSOCIATION5202 EASTPARK BOULEVARD SUITE 109 MADISON,WI 53718 | 39-1407034 | 501 (C)(3) | 800,000 | | | | DONOR DESIGNATED PLEDGES |
| WISCONSIN RIGHT TO LIFE EDUCATION FUND 9730 WEST BLUEMOUND ROAD SUITE 200 MILWAUKEE,WI 532264481 | 39-1548867 | 501 (C)(3) | 28,146 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WOMEN'S FUND OF GREATER MILWAUKEE INC 316 NORTH MILWAUKEE STREET SUITE 215 MILWAUKEE,WI 53202 | 20-3514894 | 501 (C)(3) | 22,867 | | | | DONOR DESIGNATED PLEDGES |
| WORD OF HOPE MINISTRIES INC 2677 NORTH 40 STREET MILWAUKEE,WI 53210 | 39-1857844 | 501 (C)(3) | 15,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WORLD HARVEST CHURCHPOST OFFICE BOX 100 COLUMBUS,OH 432160100 | 31-1053559 | 501 (C)(3) | 10,400 | | | | DONOR DESIGNATED PLEDGES |
| WOUNDED WARRIOR PROJECT4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256 | 20-2370934 | 501 (C)(3) | 4,718 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WOUNDED WARRIOR PROJECT 1111 W 22ND STREET 620 OAK BROOK,IL 60523 | 20-2370934 | 501 (C)(3) | 360 | | | | DONOR DESIGNATED PLEDGES |
| WPGA JUNIOR FOUNDATION INC 11350 WEST THEODORE TRECKER WAY MILWAUKEE,WI 53214 | 39-1973006 | 501 (C)(3) | 26,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WRTPBIG STEP 3841 WEST WISCONSIN AVE MILWAUKEE,WI 53208 | 39-1838210 | 501 (C)(3) | 21,490 | | | | DONOR DESIGNATED PLEDGES |
| YESHIVA ELEMENTARY SCHOOL5115 W KEEFE AVE MILWAUKEE,WI 53216 | 39-1631932 | 501 (C)(3) | 5,000 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount 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 FARMS1750 VALLEY ROAD OCONOMOWOC,WI 53066 | 39-0806378 | 501 (C)(3) | 20,107 | | | | DONOR DESIGNATED PLEDGES |
| YMCA OF METROPOLITAN MILWAUKEE INC161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE,WI 532032601 | 39-0806314 | 501 (C)(3) | 369,936 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount 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 INC161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE,WI 532032601 | 39-0806314 | 501 (C)(3) | 284,113 | | | | DAY CAMP |
| YMCA OF METROPOLITAN MILWAUKEE INC161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE,WI 532032601 | 39-0806314 | 501 (C)(3) | 110,487 | | | | OVERNIGHT CAMP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount 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 INC161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE,WI 532032601 | 39-0806314 | 501 (C)(3) | 117,709 | | | | SPONSOR-A-SCHOLAR PROGRAM |
| YMCA OF METROPOLITAN MILWAUKEE INC161 WEST WISCONSIN AVENUE SUITE 4000 MILWAUKEE,WI 532032601 | 39-0806314 | 501 (C)(3) | 89,314 | | | | TEEN ACHIEVERS PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| YOUNG LIFE MILWAUKEE NORTH SHORE 1501 E OLIVE ST MILWAUKEE, WI 53211 | 84-0385934 | 501 (C)(3) | 10,000 | | | | DONOR DESIGNATED PLEDGES |
| YWCA OF GREATER MILWAUKEE1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675 | 39-0806258 | 501 (C)(3) | 36,732 | | | | DONOR DESIGNATED PLEDGES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| YWCA OF GREATER MILWAUKEE1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675 | 39-0806258 | 501 (C)(3) | 218,564 | | | | COMMUNITY ADULT LEARNING LAB |
| YWCA OF GREATER MILWAUKEE1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675 | 39-0806258 | 501 (C)(3) | 59,085 | | | | JUST US PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| YWCA OF GREATER MILWAUKEE1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675 | 39-0806258 | 501 (C)(3) | 175,512 | | | | SKILLZ 4 SUCCESS |
| YWCA OF GREATER MILWAUKEE1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675 | 39-0806258 | 501 (C)(3) | 2,500 | | | | 2012 MLK BREAKFAST |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| YWCA OF GREATER MILWAUKEE1915 NORTH MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 532123675 | 39-0806258 | 501 (C)(3) | 36,732 | | | | DONOR DESIGNATED PLEDGES |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
UNITED WAY OF GREATER MILWAUKEE INC

**Employer identification number**
39-0806190

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | | |
| | ☑ Compensation committee | ☐ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☑ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**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, columns (D) and (E) for that individual

| (A) Name | | (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 reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) FILIPPO CARINI | (i) | 157,959 | 0 | 0 | 15,870 | 18,517 | 192,346 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) MARY LOU YOUNG | (i) | 213,011 | 0 | 0 | 14,988 | 7,536 | 235,535 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3) SUE DRAGISIC | (i) | 777,956 | 0 | 0 | 0 | 0 | 777,956 | 588,394 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| SUPPLEMENTAL INFORMATION | PART III | UPON ASSUMING THE ROLE OF UNITED WAY OF GREATER MILWAUKEE'S PRESIDENT IN NOVEMBER 1999, A PORTION OF SUE DRAGISIC'S SALARY WAS DEFERRED UNDER A WRITTEN DEFERRED COMPENSATION AGREEMENT THESE SALARY DEFERRALS WERE INVESTED IN A MUTUAL FUND CONTROLLED BY UNITED WAY OF GREATER MILWAUKEE THE ANNUAL DEPOSITS INTO THIS MUTUAL FUND WERE REFLECTED IN DRAGISIC'S COMPENSATION IN THE ANNUAL FORM 990'S THE FINAL DISTRIBUTION REPRESENTS THE AGGREGATE AMOUNT DEFERRED BY DRAGISIC DURING A TEN-YEAR TIME FRAME ($588,394) ALONG WITH DIVIDENDS AND MARKET GROWTH ($189,562) |

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER MILWAUKEE INC

Employer identification number
39-0806190

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining 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 | 126 | 1,873,098 | 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 ▸ ( SOFTWARE LICENSES ) | X | 1 | 100,000 | COST OF DONATED PROPERTY |
| 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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | | No |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|

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|---|---|---|

**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 to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UNITED WAY OF GREATER MILWAUKEE INC | 39-0806190 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROGRAM SERVICE STATEMENT | FORM 990, PART III, LINE 4A | COMMUNITY INVESTMENT STRATEGIES UNITED WAY OF GREATER MILWAUKEE'S PHILOSOPHY EVERYONE DE SERVES 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 H OME. UNITED WAY OF GREATER MILWAUKEE'S GOAL TO CREATE LONG-LASTING CHANGE BY ADDRESSING O UR COMMUNITY'S MOST SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OUR COMMUNITY UNITED WAY OF GREATER MILWAUKEE'S STRATEGY FOCUS ON THREE CRITICAL ISSUE AREAS, EDUCATI ON, INCOME AND HEALTH - THE BUILDING BLOCKS TO A GOOD LIFE. EDUCATION - HELPING CHILDREN A ND YOUTH ACHIEVE THEIR POTENTIAL IN MILWAUKEE COUNTY, THE GRADUATION RATE HOVERS AROUND 70 % AND THAT HAS SIGNIFICANT CONSQUENCES FOR EVERYONE. EDUCATION IS THE CORNERSTONE OF INDIV IDUAL AND COMMUNITY SUCCESS TO HAVE STRONG AND PRODUCTIVE COMMUNITIES, TO DEVELOP A SKILL ED WORKFORCE, TO COMPETE IN THE GLOBAL ECONOMY AND TO CURB CRIMINAL BEHAVIOR, WE NEED TO G ET CHILDREN OFF TO THE RIGHT START UNITED WAY OF GREATER MILWAUKEE WORKS TO ENSURE THAT O UR CHILDREN GRADUATE PREPARED FOR WORK, POSTSECONDARY EDUCATION AND LIFE. OUR MODEL FOCUSE S ON SUPPORTIVE COMMUNITIES, EFFECTIVE SCHOOLS AND STRONG FAMILIES TACKLING THE EDUCATION CHALLENGE REQUIRES REFRAMING EDUCATION ON A CRADLE TO CAREER CONTINUUM IN 2011-2012, UNI TED WAY PROVIDED FUNDING TO 46 EDUCATION PROGRAMS ACROSS 29 AGENCY PROGRAM PARTNERS, SERVI NG NEARLY 70,000 YOUTH GOALS IN EDUCATION PROVIDE FUNDING TO INCREASE THE NUMBER OF CHIL DREN WHO * ENTER SCHOOL READY TO SUCCEED * READ PROFICIENTLY BY 3RD GRADE * ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL * HAVE GOALS FOR THEIR FUTURE * DISPLAY IMPROVED CO GNITIVE, SOCIAL AND/OR PHYSICAL SKILLS * GRADUATE FROM HIGH SCHOOL ON TIME * ARE PREPARED FOR SUCCESS IN COLLEGE, WORK AND LIFE NEARLY 3% OF MIDDLE SCHOOL STUDENTS AND 2% OF ELEMEN TARY SCHOOL STUDENTS IN MILWAUKEE DID NOT PROGRESS TO THE NEXT GRADE LEVEL AS COMPARED TO 0 6% IN THE REST OF THE STATE, ACCORDING TO THE MOST RECENT DEPARTMENT OF PUBLIC INSTRUCTI ON FIGURES IN 2011-2012 UNITED WAY ALLOCATED JUST OVER $5 MILLION TO YOUTH DEVELOPMENT PR OGRAMS OF THE STUDENTS WHO PARTICIPATED IN THOSE PROGRAMS, 94% WERE ON TRACK TO PROGRESS TO THE NEXT GRADE LEVEL INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. IN MILWA UKEE, NEARLY ONE IN THREE PEOPLE LIVES BELOW THE FEDERAL POVERTY LEVEL IN SPITE OF THIS F ACT, MANY ARE EMPLOYED - SOME WITH TWO OR EVEN THREE JOBS THE LOCAL NUMBERS ARE EVEN WORS E FOR CHILDREN - ACCORDING TO THE U S CENSUS BUREAU, NEARLY HALF (46 1%) LIVE IN POVERTY UNITED WAY OF GREATER MILWAUKEE FOCUSES ON ENSURING ALL INDIVIDUALS AND FAMILIES ACHIEVE FINANCIAL STABILITY IN 2011-2012, UNITED WAY PROVIDED FUNDING TO 27 INCOME PROGRAMS ACROS S 23 AGENCY PROGRAM PARTNERS, SERVING NEARLY 50,0000 INDIVIDUALS GOALS IN INCOME. PROVIDE FUNDING TO INCREASE THE NUMBER OF ADULTS AND FAMILIES WHO * EARN ENOUGH INCOME TO MEET D AILY EXPENSES AND BASIC NEEDS LIKE FOOD AND HOUSING * EARN EDUCATIONAL AND/OR TRAINING SKI LLS SO THEY MAY GAIN AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY SUSTAINING WAGE * HAVE A CCESS TO CULTURALLY APPROPRIATE RELOCATION AND REUNIFICATION SERVICES AS IMMIGRANTS OR REF UGEES * HAVE ACCESS TO HIGH QUALITY, FREE OR LOW COST LEGAL SERVICES * SAVE FOR AND BUILD ASSETS LIKE A HOME OR POST-SECONDARY EDUCATION HOME OWNERSHIP AND POST-SECONDARY EDUCATION ARE TWO WAYS PEOPLE CAN BUILD ASSETS TO ACHIEVE FINANCIAL STABILITY UNITED WAY SUPPORTS THE INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROGRAM, WHICH HELPS PEOPLE WHO ARE SAVING FOR A HOME OR POST-SECONDARY EDUCATION BY MATCHING UP TO $6 FOR EVERY $1 SAVED * AS OF 2011, 14 7 FAMILIES PURCHASED HOMES THROUGH THIS PROGRAM AND NONE HAVE FORECLOSED * THE IDA PROGRAM HAS ALSO MADE POST-SECONDARY EDUCATION A REALITY FOR 310 PEOPLE TO DATE HEALTH - PROVIDIN G BASIC NEEDS AND IMPROVING PEOPLE'S HEALTH AND SAFETY MILWAUKEE COUNTY RESIDENTS ARE AMO NG THE LEAST HEALTHY IN THE STATE, RANKING IN THE BOTTOM HALF FOR OVERALL HEALTH FACTORS A ND OUTCOMES, ACCORDING TO A RECENT STUDY ACHIEVING GOOD HEALTH REQUIRES US ALL TO BECOME MORE AWARE OF HEALTH RISKS AND THE POTENTIAL EFFECTS THEY HAVE, STARTING FROM BEFORE BIRTH UNITED WAY IS WORKING TO EXTEND ACCESS TO HEALTH CARE AND RELATED SERVICES THAT WILL ENA BLE MORE PEOPLE TO LIVE HEALTHIER LIVES IN 2011-2012, UNITED WAY OF GREATER MILWAUKEE FUN DED 63 HEALTH PROGRAMS, ACROSS 37 AGENCIES, SERVING NEARLY 270,000 INDIVIDUALS GOALS IN H EALTH PROVIDE FUNDING TO INCREASE THE NUMBER OF YOUTH AND ADULTS WHO * ARE HEALTHY AND S AFE * ARE ABLE TO LIVE INDEPENDENTLY AND WITH DIGNITY * HAVE ACCESS TO HIGH QUALITY AND AF FORDABLE MENTAL, BEHAVIORAL, DENTAL AND GENERAL HEALTH CARE SERVICES * HAVE ACCESS TO PREV ENTION EDUCATION AND CAN AVOID RISKY BEHAVIORS * HAVE A NETWORK OF SUPPORT FOR CHILDREN WI TH DISABILITIES, THEIR FAMILIES AND CAREGIVERS * HAVE ACCESS TO HEALTHY, LOCAL AND AFFORDA BLE FRESH FRUITS AND VEGETABLES * HAVE ACCESS TO H |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROGRAM SERVICE STATEMENT | FORM 990, PART III, LINE 4A | IGH QUALITY, AFFORDABLE PRENATAL CARE AND PREGNANCY SUPPORT SERVICES MILWAUKEE HAS THE FOU RTH HIGHEST CHILD POVERTY RATE IN THE COUNTRY, WITH NEARLY HALF OF ALL CHILDREN LIVING IN POVERTY IN ADDITION, THE ISSUES OF TEEN PREGNANCY, SEXUAL EXPLOITATION AND VIOLENCE ALL T HREATEN THE BASIC NEEDS OF MILWAUKEE'S YOUTH * 94% OF HOMELESS, THROWAWAY AND RUNAWAY YOU TH WHO RECEIVED SERVICES THROUGH UNITED WAY-FUNDED SHELTERS AND PROGRAMS FELT THEIR IMMEDI ATE NEEDS (SAFETY, SHELTER, FOOD, CLOTHING, ETC ) WERE MET |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROGRAM SERVICE STATEMENT | FORM 990, PART III, LINE 4B | SPECIAL INIATIVES TEEN PREGNANCY PREVENTION UNITED WAY OF GREATER MILWAUKEE FOCUSES ON PROMOTING HEALTHY BIRTH OUTCOMES BY INVESTING IN TWO CORE STRATEGIES TEEN PREGNANCY PREVENTION AND INFANT MORTALITY PREVENTION UNITED WAY SPEARHEADS MILWAUKEE'S TEEN PREGNANCY PREVENTION INITIATIVE, A COMMUNITY-WIDE EFFORT TO RAISE AWARENESS OF THE ISSUE OF TEEN PREGNANCY AND CHANGE THE HISTORICALLY HIGH RATE OF TEEN BIRTHS IN MILWAUKEE IN 2008, THE TEEN PREGNANCY PREVENTION OVERSIGHT COMMITTEE SET AN AMBITIOUS GOAL TO REDUCE TEEN PREGNANCY AMONG 15 TO 17 YEAR-OLDS BY 46% BY 2015 IN OCTOBER 2011, THE CITY OF MILWAUKEE HEALTH DEPARTMENT ANNOUNCED THAT THE TEEN BIRTH RATE HAD DROPPED TO ITS LOWEST LEVEL IN DECADES - 35 8 BIRTHS PER 1,000 AMONG 15- TO 17-YEAR-OLDS THAT REPRESENTS A 31% DECLINE FROM THE 2006 BASELINE, AND A MUCH STEEPER DECLINE THAN THE NATIONAL TRENDS THE SUCCESSFUL INITIATIVE HAS BECOME A NATIONAL MODEL FOR COMMUNITY COLLABORATION IN 2012, UNITED WAY RECEIVED ONE OF 10 NATIONAL COMMUNITY PARTNERSHIP AWARDS FROM MUTUAL OF AMERICA FOUNDATION UNITED WAY WAS ALSO HONORED BY UNITED WAY WORLDWIDE WITH THE COMMON GOOD AWARD FOR ADVANCING HEALTH ADDITIONALLY, UNITED WAY WAS FEATURED IN THE JUNE 2012 REPORT FROM THE WHITE HOUSE COUNCIL FOR COMMUNITY SOLUTIONS TO PRESIDENT OBAMA HEALTHY BIRTH INITIATIVE REDUCING INFANT MORTALITY DEFINED AS THE DEATH OF AN INFANT BEFORE THE BABY REACHES HIS/HER FIRST BIRTHDAY, INFANT MORTALITY HAS BECOME A PUBLIC HEALTH CRISIS IN MILWAUKEE IN 2011, 100 MILWAUKEE BABIES DIED BEFORE THEIR FIRST BIRTHDAYS BLACK BABIES DIED AT A RATE NEARLY THREE TIMES THAT OF WHITE BABIES IN JULY 2011, UNITED WAY OF GREATER MILWAUKEE JOINED THE CITY OF MILWAUKEE IN ANNOUNCING A NEW PARTNERSHIP TO COMBAT THE ISSUE THROUGHOUT THE YEAR, UNITED WAY AWARDED $290,000 TO FIVE PROGRAMS THAT HAVE MADE REDUCING INFANT MORTALITY A PRIORITY USING THE SUCCESSFUL MODEL FOR TEEN PREGNANCY PREVENTION, UNITED WAY AND THE CITY OF MILWAUKEE HAVE COMMITTED TO WORK TOGETHER TO REDUCE MILWAUKEE'S OVERALL INFANT MORTALITY RATE BY 10% AND THE BLACK INFANT MORTALITY RATE BY 15% BY 2017 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART III, LINE 4D, OTHER PROGRAM INFORMATION | ACCOUNTABILITY UNITED WAY OF GREATER MILWAUKEE INVESTS IN PROGRAMS THAT PRODUCE RESULTS AT AGENCIES THAT MANAGE THEIR MONEY WISELY UNITED WAY OF GREATER MILWAUKEE HAS BEEN RECOGNIZED NATIONALLY AND LOCALLY FOR ITS HIGH RATE OF EFFICIENCY AND FOR ENSURING THAT THE MOST DONOR DOLLARS ARE AT WORK IN THE COMMUNITY SOLVING PROBLEMS AND HELPING PEOPLE UNITED WAY INVESTS NEARLY 90% OF THE MONEY RAISED IN THE ANNUAL COMMUNITY CAMPAIGN IN THE PROGRAMS/ORGANIZATIONS IT SUPPORTS 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 11 | MEMBERS OF UNITED WAY OF GREATER MILWAUKEE'S AUDIT COMMITTEE REVIEWED FORM 990 PRIOR TO FILING IN ADDITION, MEMBERS OF THE EXECUTIVE COMMITTEE WERE PROVIDED A COPY ALONG WITH AN EXECUTIVE SUMMARY OF THE MAJOR ITEMS ALONG WITH A LISTING OF THE KEY SCHEDULES FOR THEIR REVIEW |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | UNITED WAY OF GREATER MILWAUKEE 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 |

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

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 216,253 PRIOR PERIOD ADJUSTMENTS - 689,610 PROVISION FOR UNCOLLECTIBLE PLEDGES - PRIOR YEARS 757,558 TOTAL TO FORM 990, PART XI, LINE 5 284,201 |

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