Form **990**

Return of Organization Exempt From Income Tax

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

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

and ending

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

► Go to www.irs.gov/Form990 for instructions and the latest information.

Doing business as Summary Sum	B Ci	heck if oplicable:	C Name of organization UNITED METHODIST CHILDREN'S SERVICES O	F	D Employer identific	cation number				
		Address								
Number and street (or Pd. Door if mall is not delivered to street address) Room/sulte E Telephone number C414 344 - 1818		Name		39-103063	11					
		Initial		Room/suite						
City or town, state or province, country, and 2/P or foreign postal code Q Geassrespes 1, 354, 160. Howeld the companies Howeld Howel		Final return/		(414) 344	4-1818					
Figure F		termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,354,160.				
Taxe.exampt status:			MILWAUKEE, WI 53208							
Tax-excempts tastus: Most Most		tion	F Name and address of principal officer: WILLIAM SCHMITT		for subordinates	for subordinates? Yes X No				
J Websites: ► UMCS - WI. ORG K Form of organization: [X] Corporation Trust Association Other ► Year of tornation: 1962 M State of legal domicile; WI Part I Summary Briefly describe the organization's mission or most significant activities: BASED ON OUR FUNDAMENTAL BELIEF TN GOD'S LOVE, UNITED METHODIST CHILDREN'S SERVICES OF WISCONSIN, Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of voting members of the governing body (Part VI, line 1b) 4 13 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 15 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7 10 Number of voting members of the governing body (Part VI, line 1b) 7		pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
Form Graganization: X Carporation				or 527	If "No," attach a	list. See instructions				
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To GoD's Love, United methodist Children Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.	Pa									
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Net assets or fund balances. Subtract line 21 from line 20 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 ELLEN RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature RENEE MESSING RENEE MESSING 08/22/22 Self-employed P01872384 Preparer Firm's name RITZ HOLMAN LLP Firm's EIN 39-0919055 Use Only Firm's address 330 E. KILBOURN AVE, SUITE 550	sets alan	20	, , , , , , , , , , , , , , , , , , , ,							
Part Signature Block	t As	21	Total liabilities (Part X, line 26)		1,131,031.					
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 Print/Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name RENEE MESSING RENEE MESSING PO1872384 Preparer Use Only Firm's address 330 E. KILBOURN AVE, SUITE 550				<u>.</u>	1,334,885.	1,600,653.				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELLEN RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name RENEE MESSING RENEE MESSING PO1872384 Preparer Firm's name RITZ HOLMAN LLP Firm's EIN 39-0919055 Use Only Firm's address 330 E. KILBOURN AVE, SUITE 550	_			.						
Sign Here Signature of officer Date						knowledge and belief, it is				
Sign Here Signature of officer ELLEN RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name RENEE MESSING Preparer Firm's name RITZ HOLMAN LLP Use Only Firm's address 330 E. KILBOURN AVE, SUITE 550	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer		157.5				
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		, 4to - 17			Prione no.41					
		<u>/ the IF</u> 01 12-09		ons		X Yes No Form 990 (2021)				

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BASED ON OUR FUNDAMENTAL BELIEF IN GOD'S LOVE, UNITED METHODIST
	CHILDREN'S SERVICES OF WISCONSIN, INC VALUES THE DIGNITY, POTENTIAL
	AND WORTH OF EACH INDIVIDUAL, AND CREATES A NURTURING ENVIRONMENT AND
	SENSE OF COMMUNITY IN WHICH MIRACLES HAPPEN
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 423,437. including grants of \$ 10,923.) (Revenue \$ 269,902.)
	THE UMCS SUPPORTIVE HOUSING PROGRAM PROVIDES LOW-INCOME AND AFFORDABLE
	HOUSING OPTIONS ACCOMPANIED BY ON-SITE SOCIAL WORK SERVICES AND OTHE
	PROGRAMMING DESIGNED TO ASSIST CHILDREN AND FAMILIES TO MEET THEIR
	NEEDS AND MAINTAIN HOUSING. THE PROGRAM PROVIDES HOUSING AND SERVICES
	TARGETING FAMILIES WHICH HAVE A HEAD OF HOUSEHOLD WITH A BEHAVIORAL
	HEALTH DIAGNOSIS, AS WELL AS FAMILIES WITHOUT SUCH A DIAGNOSIS.
	PROGRAMMING IS DESIGNED TO HELP FAMILIES MAINTAIN HOUSING IN THE
	COMMUNITY AND MINIMIZE HOSPITALIZATIONS DUE TO MENTAL HEALTH REASONS.
	PROGRAMMING INCLUDES SOCIAL WORK SERVICES, GROUP ACTIVITIES, AND
	ENGAGING RESIDENTS IN COMMUNITY/NEIGHBORHOOD LIFE
	450.550
4b	(Code:) (Expenses \$ 172,578. including grants of \$ 3,126.) (Revenue \$)
	THE FAMILY RESOURCE CENTER, LOCATED AT UMCS, DISTRIBUTES EMERGENCY FOOD
	RESOURCES AND CLOTHING TO LOW INCOME INDIVIDUALS AND FAMILIES. UMCS IS
	A MEMBER OF THE HUNGER TASK FORCE OF MILWAUKEE FOOD PANTRY NETWORK. WE
	RECEIVE FOOD FROM THE HUNGER TASK FORCE, SECOND HARVEST OF WI, THE US
	DEPT OF AGRICULTURE STOCKBOX PROGRAM, AND PRIVATE INDIVIDUALS AND
	GROUPS.
40	(Code:) (Expenses \$146,974. including grants of \$126.) (Revenue \$25,302.)
40	GROWING TREE CHILDREN'S CENTER IS OUR STATE-LICENSED CHILDCARE CENTER
	WITH A CAPACITY OF 60 CHILDREN. GROWING TREE PROVIDES QUALITY CARE TO
	CHILDREN WHO LIVE IN THE ON-SITE LOW INCOME HOUSING, AS WELL AS THE
	SURROUNDING COMMUNITY. THE MAJORITY OF CHILDREN SERVED ARE FROM
	FAMILIES WHO PARTICIPATE IN THE W-2 WELFARE TO WORK PROGRAM.
	TIMILIED WIS TIMITED IN THE W 2 WEIGHT TO WORK TROOMERS
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 141,439 • including grants of \$ 19,849 •) (Revenue \$ 2,540 •)
<u>4e</u>	Total program service expenses ► 884,428.
	Form 990 (2021)

Form 990 (2021) WISCONSIN, INC.
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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	X	
С	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	X	
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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			_v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		 ^ `
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 ^
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i>		<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			T
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2021) WISCONSIN, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		X
37	If "Yes," complete Schedule R, Part V, line 2	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0,		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

UNITED METHODIST CHILDREN'S SERVICES OF WISCONSIN, INC. 39-1030611 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 15 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b

b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10	Section 501(c)(7) organizations. Enter:		i								
а	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:										
а	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		
40	0 11 504/ 1/00) 115 1 511 111 111 111 111 111 111 111			

13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	a Is the organization licensed to issue qualified health plans in more than one state?							
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	b Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	c Enter the amount of reserves on hand13c							
14a	4a Did the organization receive any payments for indoor tanning services during the tax year?							

D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ı l	Х

	ii fes, see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	!	

Form **990** (2021) 132005 12-09-21

If "Yes," complete Form 6069.

Form 990 (2021)

WISCONSIN, INC.

39-1030611

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records HEATHER MORRIS - (414) 344-1818

53208

3940 W LISBON AVE, MILWAUKEE,

WISCONSIN. INC.

39-1030611

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Form 990 (2021)

Name and title	Check this box if neither the organiz (A)	(B)	Jiga	ııı∠a			ihei	isalt	(D)	(E)	(F)
Control Cont	• •				Pos	ition	1		1 ' '	l ' '	
Week Gistary Hours for related regard director trustees From related organizations From Relat	Name and title	1 -							•	1	
Output Color Col			offi	cer an	d a di	irecto	r/trus	tee)	· .	l '	
Output Color Col		(list any	ctor						the	organizations	compensation
MILLIAM SCHMITT		hours for	r dire				ted			(W-2/1099-MISC/	from the
MILLIAM SCHMITT			stee (ruste		a.	bensa		1	1099-NEC)	•
MILLIAM SCHMITT		1 "	nal tru	onal t		ploye	com		1099-NEC)		
Output Color Col			ndividu	stituti	fficer	ey em	ighest	ormer			organizations
X	(1) WILLIAM SCHMITT		=	=	0		工业	ш			
1.00 X	EXECUTIVE DIRECTOR				Х				82,123.	0.	0.
30 VICTORIA PRYOR	(2) JOHN GRISSON	1.00									
VICE PRESIDENT	TREASURER		Х						0.	0.	0.
A ELLEN RASMUSSEN	(3) VICTORIA PRYOR	1.00									
RESIDENT	VICE PRESIDENT		Х						0.	0.	0.
1.00 X	(4) ELLEN RASMUSSEN	1.00									
BOARD MEMBER	PRESIDENT		Х						0.	0.	0.
1.00 NONIQUE GRAHAM 1.00 X	(5) DARRYL DAVIDSON	1.00									
BOARD MEMBER	BOARD MEMBER		Х		Х				0.	0.	0.
The state	(6) MONIQUE GRAHAM	1.00									
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
(8) GWENDOLYN JOHNSON	(7) WAYNE FOSTER	1.00								_	_
BOARD MEMBER			X		X				0.	0.	0.
1.00 NEVIN STEWART 1.00 NEWBER NEW		1.00	l								
BOARD MEMBER			X						0.	0.	0.
1.00		1.00	l								
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1.00 NATHONY KAZEE		1.00	-							_	
BOARD MEMBER		1 00	X						0.	0.	0.
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		1.00	x						0.	0.	0.
			-								

	T VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	st C				,	- \
	(A)	(B)			(C Pos	•	1		(D)	(E)			F)
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable			nated unt of
		week		box, unless person is both an officer and a director/trustee)					from	compensation from related			her
		(list any	tor						the	organization			ensation
		hours for	direc				, p		organization	(W-2/1099-MIS			n the
		related	tee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organ	ization
		organizations	Itrusi	nal tru		oyee	om of		1099-NEC)			and r	elated
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations
		line)	ip II	lust	JJ0	Key	E High	For					
-													
1h	Subtotal			I			<u> </u>		82,123.		0.		0.
	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)								82,123.		0.		0.
2	Total number of individuals (including but n							o re	•	000 of reportable			
	compensation from the organization						,					1.	0
3	Did the organization list any former officer,	director trust	ee k	cev e	mnl	ove	e or	hia	ihest compensated emp	lovee on		Y	es No
·	line 1a? If "Yes," complete Schedule J for s	-		•	•	•		·		loyee on		3	х
4	For any individual listed on line 1a, is the su									he organization			
	and related organizations greater than \$150											4	Х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	ers	on					5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for	•	•								pensat	tion from	l
	(A)								(B)			(C)	
	Name and business	address	N	ONE	3				Description of s	ervices	C	ompens	ation
								\dashv					
	Tabal according of the days and the days are designed.				12: 1	LILE :		1	ale anal mite and a significant	ana tha c			
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		ot IIr	nited	ı to 1	thos (ted	above) who received mo	ore tnan			

Form 990 (2021) WISCONS
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		encok ii conodale e containe a response	or moto to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 5 12 - 5 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
ira ou		Membership dues 1b					
s, (Am	С	Fundraising events 1c					
ar E	d	Related organizations 1d					
s, (mi	е	Government grants (contributions) 1e	247,808.				
ion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	755,597.				
ÖĘ	g	Noncash contributions included in lines 1a-1f 1g \$	99,743.				
Co	h	Total. Add lines 1a-1f		1,003,405.			
			Business Code				
o l	2 a	RENTAL ACTIVITY	812900	157,115.	157,115.		
ķ		PROPERTY MANAGEMENT	812900	112,787.	112,787.		
Ser		CHILDCARE	812900	25,302.	25,302.		
E N	d		01100				
gra Re	u						
Program Service Revenue		All other program service revenue					
_	'			295,204.			
-+	<u>9</u> 3	Total. Add lines 2a-2f		255,204.			
	3	Investment income (including dividends, intere		30,936.			30,936.
		other similar amounts)		30,330.			30,330.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real	(ii) Personal				
	٠.	0	(ii) i ersoriai				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	/ii) Othor				
	/ a	and do annount norm dated of	(ii) Other 2,540.				
		assets other than inventory 7a	2,340.				
	b	Less: cost or other basis	0				
nu		and sales expenses	0.				
Revenue		Gain or (loss) 7c	2,540.	2 540	2 540		
		Net gain or (loss)	D	2,540.	2,540.		
ther	8 a	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See	10 507				
		Part IV, line 18					
		Less: direct expenses 8b	0.	10 505			10 505
		Net income or (loss) from fundraising events	_	12,507.			12,507.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
က္		GOVERN GERMAN	Business Code	П 100			E 100
noe Ie		CONTRACTED SERVICES	900099	7,100.			7,100.
lan en		LAUNDRY RECEIPTS	900099	2,318.			2,318.
Miscellaneous Revenue		MISCELLANEOUS	900099	150.			150.
Mis		All other revenue		0.560			
		Total. Add lines 11a-11d		9,568.	207 744	_	F2 011
	12	Total revenue. See instructions)	1,354,160.	297,744.	0.	53,011.

39-1030611 Page **10**

Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a respon	se or note to any line in						
	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 Expenses							
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	34,024.	34,024.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	84,386.	33,819.	50,567.				
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	465,798.	379,858.	25,640.	60,300.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	8,399. 23,801.	4,714. 17,512.	2,185. 4,333.	1,500. 1,956.			
9	Other employee benefits	23,801.	17,512.	4,333.	1,956.			
10	Payroll taxes	46,162.	34,257.	7,036.	4,869.			
11	Fees for services (nonemployees):							
а	Management							
b	Legal							
С	Accounting	16,393.	13,960.	1,803.	630.			
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	,	15 610	14 014	217	100			
	column (A), amount, list line 11g expenses on Sch O.)	15,619.	14,914.	217.	488.			
12	Advertising and promotion	17,344.	10,738.	1,513.	5 003			
13	Office expenses	26,519.	23,142.	864.	5,093. 2,513.			
14	Information technology	20,313.	25,142.	001.	2,313.			
15 16	Royalties	122,934.	117,073.	5,861.				
17	Occupancy Travel	36.	36.	3,001.				
18	Payments of travel or entertainment expenses	301	300					
.5	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	8,965.	7,240.	1,646.	79.			
20	Interest	8,477.	9.	8,468.				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	40,569.	34,483.	4,058.	2,028.			
23	Insurance	18,693.	15,889.	1,869.	935.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),							
	amount, list line 24e expenses on Schedule 0.)							
а	DONATED FOOD	73,262.	73,262.					
b	EQUIPMENT RENTAL AND MA	24,649.	22,661.	1,325.	663.			
С	PROGRAM SUPPLIES AND EX	21,255.	21,109.		146.			
d	OTHER DONATED ITEMS	21,197.	21,197.					
е	All other expenses	9,910.	4,531.	4,683.	696.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,088,392.	884,428.	122,068.	81,896.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2024)			

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	121,591.	1	243,257
	2	Savings and temporary cash investments	109,067.	2	110,107
	3	Pledges and grants receivable, net	24,500.	3	25,000
	4	Accounts receivable, net	323,966.	4	323,864
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net	1,229,902.	7	1,230,175
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,241,276.			
	b	Less: accumulated depreciation 10b 1,006,412.	244,175.	10c	234,864
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	129,698.	12	140,569
	13	Investments - program-related. See Part IV, line 11	276,409.	13	276,382
	14	Intangible assets	1,500.	14	300
	15	Other assets. See Part IV, line 11	5,108.	15	4,709
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,465,916.	16	2,589,227
	17	Accounts payable and accrued expenses	88,679.	17	54,493
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ģ	22	Loans and other payables to any current or former officer, director,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	778,188.	23	768,091
	24	Unsecured notes and loans payable to unrelated third parties	94,535.	24	0
	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	169,629.	25	165,990
	26	Total liabilities. Add lines 17 through 25	1,131,031.	26	988,574
		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	1,285,385.	27	1,514,431 86,222
Вa	28	Net assets with donor restrictions	49,500.	28	86,222
ב ב		Organizations that do not follow FASB ASC 958, check here			
ĭ		and complete lines 29 through 33.			
S.	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	1,334,885.	32	1,600,653
	33	Total liabilities and net assets/fund balances	2,465,916.	33	2,589,227

UNITED METHODIST CHILDREN'S SERVICES OF

Form 990 (2021) WISCONSIN, INC. 39-1030611 Page 12
Part XI Reconciliation of Net Assets

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,35	4,16	<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08	8,39	92.
3	Revenue less expenses. Subtract line 2 from line 1			5,76	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,33	4,88	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,60	0,65	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	and and the complete value on Cale advita O and describe and attack to law to underso available		0.5	- 1	

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

UNITED METHODIST CHILDREN'S SERVICES OF

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WISCONSIN 39-1030611 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

WISCONSIN, INC.

39-1030611 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
			# > 00/0	() 22/2	(), 2222		(0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
	organization, check this box and stop	•			•	. , . ,	ightharpoonup
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o					ore, check this box	c and
	stop here. The organization qualifies a						. —
b	33 1/3% support test - 2020. If the o	rganization did no	ot check a box on I				
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	on qualifies as a pu	blicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line			
	more, and if the organization meets th	e facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	· >

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

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

Sec	qualify under the tests listed be	elow, please comp	lete Part II.)					
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not	,		, ,		, ,	•	_
	include any "unusual grants.")	722,176.	911,261.	613,387.	702,037.	1003405.	3952266	5.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	320,889.	298,413.	268,120.	213,738.	295,204.	1396364	<u>1.</u>
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	1043065.	1209674.	881,507.	915,775.	1298609.	5348630).
7 <i>a</i>	Amounts included on lines 1, 2, and							
	3 received from disqualified persons		303,000.				303,000	<u>.</u>
r	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		303,000.				303,000).
	Public support. (Subtract line 7c from line 6.)						5045630).
Sec	ction B. Total Support			<u> </u>				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	_
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1043065. 4,490.	17,992.	43,592.	915,775. 20,337.	1298609. 30,936.	5348630 117,347	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
,	Add lines 10a and 10b	4,490.	17,992.	43,592.	20,337.	30,936.	117.347	7.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	17 13 0 0	1,13320	10 / 03 10	20,0070		11, 701,	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	54,866.	6,975.	5,131.	16,390.	24,615.	107,977	_
	Total support. (Add lines 9, 10c, 11, and 12.)	1102421.	1234641.	930,230.	952,502.	1354160.	5573954	<u>+ • </u>
14	First 5 years. If the Form 990 is for the check this box and stop here	-		•				
Sec	ction C. Computation of Publi	c Support Per				•••••	P L	
	Public support percentage for 2021 (li			column (f))		15	90.52	%
16	Public support percentage from 2020		•			16	90.87	/ 0
	ction D. Computation of Inves							
17	Investment income percentage for 20	121 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.11	%
18	Investment income percentage from 2					18	1.67	%
19a	a 33 1/3% support tests - 2021. If the							-
	more than 33 1/3%, check this box ar							X
t	33 1/3% support tests - 2020. If the	•			•	•	_	\neg
	line 18 is not more than 33 1/3%, che	ck this box and st	op nere. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∟	

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	3a		
	3b		
	- OD		
	3с		
	4a		
	46		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	J		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	40-		
	10a		
	10b		
lule	A (Forn	n 990)	2021

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

UNITED METHODIST CHILDREN'S SERVICES OF

39-1030611 Page 6 WISCONSIN, INC. Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	<u>ied) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	1	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

UNITED METHODIST CHILDREN'S SERVICES OF WISCONSIN INC.

39-103<u>0611 Page 8</u> WISCONSIN, INC. Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

UNITED METHODIST CHILDREN'S SERVICES OF WISCONSIN, INC.

Employer identification number 39-1030611

		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	iting that the assets held in dono	or advised fu	nds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds	can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	urpose confe	erring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Forn	n 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) Preserv	ation of a his	storically important land area
	Protection of natural habitat	Preserva	ation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in th	e form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated	by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, hand	ling of	
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcir	ng conservat	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing co	nservation e	easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and ex	kpense state	ment and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial	statements t	hat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures,	or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue state	ement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or resear	ch in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statemer	nt and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research	in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m)			. .
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS		-	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 900. Part Y			: -

UNITED METHODIST CHILDREN'S SERVICES OF 39-1030611 Page 2 WISCONSIN, INC. Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No

(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		12,000.		12,000.			
b Buildings		967,812.	738,247.	229,565.			
c Leasehold improvements		77,610.	62,828.	14,782.			
d Equipment		183,854.	205,337.	-21,483.			
e Other							
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)							

Schedule D (Form 990) 2021

		N'S SERVICES OF	00 1020611 5 4
Schedule D (Form 990) 2021 WISCONSIN, Depart VII Investments - Other Securities.	INC.		39-1030611 Page
Complete if the organization answered "Yes" of	on Form 000 Part IV line 1	1h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) book value	(C) Method of Valuation. Cost of 6	Bild-Oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) INVESTMENTS HELD BY			
TOTAL DATE OF	140,569.	END-OF-YEAR MARKE	ייי זוגדע איי יייי
	140,309.	END-OF-TEAK MARKE	I VALOE
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	140,569.		
Part VIII Investments - Program Related.	140,305		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	 end-of-vear market value
(1) INVESTMENT IN HOUSING	(b) Book value	(c) memor of valuation. Seek of	sia or your marker value
(2) PROJECTS	276,382.	END-OF-YEAR MARKE	
(3)	270,302	HID OF THAN MARKE	I VALOL
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	276,382.		
Part IX Other Assets.	27070021		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			17,680.
(3) CAPITAL CONTRIBUTION			100.
(4) SBA LOAN			148,210.
(F)			

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	17,680.
(3)	CAPITAL CONTRIBUTION	100.
(4)	SBA LOAN	148,210.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	165,990.

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

39-1030611 Page 4

Part AI neconciliation of nevertice per Addition Financial Statemen		nevellue pei ne	turri.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 400 160
			1	1,400,160.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		15 000	-	
b Donated services and use of facilities		46,000.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	46,000.
3 Subtract line 2e from line 1			3	1,354,160.
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			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,354,160.
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	۱.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total expenses and losses per audited financial statements			1	1,134,392.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	46,000.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	46,000.
3 Subtract line 2e from line 1			3	1,088,392.
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			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,088,392.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b a	and 2b: Part V. line 4	: Part >	(, line 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			,	,,,
,				
PART X, LINE 2:				
THE ORGANIZATION IS EXEMPT FROM INCOME TAX UN	DER SE	CTION 501(C)(3	B) OF THE
			-, (, , , , , , , , , , , , , , , , , , , ,
INTERNAL REVENUE CODE AND IS CLASSIFIED AS OT	HER TH	IAN A PRIVA	TE	
FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX P	овттто	NS RECOGNI	ZED	IN
TOURDITION THEMICUMENT IND REVIEWED THE TIME I	ODITIO	ND RECOULT	<u> </u>	
PREVIOUSLY FILED TAX RETURNS AND THOSE EXPECT	סיד משי	BE TAKEN T	N FI	אין דע דע אַ אַ אַ אַ אַ אַ אַ
THE VICORDI TIPED IM RETORING AND THOSE EXPECT	טו טו	LU TUTTIN T	TA T. (JIONE IAA
RETURNS. AS OF DECEMBER 31, 2020, THE ORGANIZ	זא∩דיתמ	אב סע מבו	יייאדד	מבת. ביד ב
MITORING. AD OF DECEMBER 31, 2020, THE ORGANIZ	TATION	IIAD INO AMO	OTAT	YETUTED
TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AM	OUNTS	RELATED TO	ACC	CRUED

INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY

SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT

YEAR. THE ORGANIZATION IS CURRENTLY NOT UNDER AUDIT BY ANY FEDERAL OR

STATE TAXING AUTHORITY.

UNITED METHODIST CHILDREN'S SERVICES OF

Schedule D (Form 990) 2021 WISCONSIN, INC. Part XIII Supplemental Information (continued)	39-1030611	Page 5
Part XIII Supplemental Information _(continued)		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
LOSS ON ASSET SALE NOT ORIGINALLY INCLUDED IN REVENUE		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

UNITED METHODIST CHILDREN'S SERVICES OF **Employer identification number** Name of the organization 39-1030611 WISCONSIN, INC. Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

UNITED METHODIST CHILDREN'S SERVICES OF

WISCONSIN, INC. Schedule I (Form 990) 2021

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION PROVIDES ASSISTANCE TO INDIVIDUALS IN THE FORM OF BUS PASSES, TEMPORARY HOUSING IN THE EVENT OF EMERGENCIES AND OTHER MISCELLANEOUS NEEDS.

Schedule I (Form 990) 2021

39-1030611

SCHEDULE L

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED METHODIST CHILDREN'S SERVICES OF WISCONSIN, INC.

Employer identification number 39-1030611

Part I	Excess Bene															
1 , , , .	Complete if the c			vered "Yes" on F Relationship betv									0.	(d)	Correc	cted?
(a) Nar	me of disqualified p	erson		person and or	ganiza	ation		(c) Description of transaction		Ye	es	No				
														+		
sectio	the amount of tax in 4958 the amount of tax,											> \$ ₁		•	•	
Part II	Loans to and	l/or From	Inte	erested Pers	ons.											
	Complete if the o	organization	answ	vered "Yes" on F	orm 9	90-EZ.	Part V. line 3	8a or F	orm	990. Part IV. line	e 26: c	or if the	e orgai	nizatio	n	
	reported an amo						,			, ,	,					
) Name of ested person	(b) Relation with organiz		(c) Purpose of loan	fror	an to or n the zation?	(e) Origir principal am		(f)	Balance due	(g) defa		(h) App by boa comm	ird or (1)		
					То	From					Yes No Yes		No	Yes	No	
Гоtal								▶ \$								
Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.							'		
	Complete if the c	organization	answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 27.									
(a) N	ame of interested p	person	((b) Relationship interested pers the organiza	on an		(c) Amo assista			(d) Type assistan			(e) Purpose of assistance			
			_													
			-									_				
			+									-+				
			+									-+				
			1									_				
			_						-			-				

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

Schedule L (Form 990) 2021

UNITED METHODIST CHILDREN'S SERVICES OF

Schedule L (Form 990) 2021 WISCONSIN, INC.

39-1<u>030611 Page 2</u>

Part IV Business Transactions Inv	volving Interested Persons.			VULL Tage 2
	ered "Yes" on Form 990, Part IV, line 28a, 28	3b. or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				Yes No
UMCS PHASE III	MANAGING MEMBER		TO PAY FOR	X
WASHINGTON PARK APTS	MANAGING MEMBER	0.	TO PAY FOR	X
Provide additional information provide additional information for a	I. responses to questions on Schedule L (see in	nstructions).		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:	
(A) NAME OF PERSON: UMCS				
	SACTION: TO PAY FOR PRO	DEDEM MANAC	EMENIU EADEN	ICEC
		PERII MANAG	EMENI EXPEN	DED
WHEN PROPERTY HAD NO CAS	SH FLOW			
(A) NAME OF PERSON: WASH	IINGTON PARK APTS			
	SACTION: TO PAY FOR PRO	PERTY MANAG	EMENT EXPEN	ISES
WHEN PROPERTY HAD NO CAS		I DICI I IMMILE		10110
WILEN TROTERTI HAD NO CAD	II FLOW			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

UNITED METHODIST CHILDREN'S SERVICES OF WISCONSIN, INC.

Employer identification number 39-1030611

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х			PER POUND			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		73,262.	PER POUND			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (GIFT CARDS)	X	50	5,283.	DOLLAR VALU	Έ		
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31		<u>X</u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				l
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

UNITED METHODIST CHILDREN'S SERVICES OF

Schedule M	I (Form 990) 2021 WIS	CONSIN,	INC.	39-1030611	Page 2
Part II	Supplemental Infor	mn (b), the nur	ovide the information required by Part I, lines 30b mber of contributions, the number of items receiv	, 32b, and 33, and whether the organizar yed, or a combination of both. Also comp	tion

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

UNITED METHODIST CHILDREN'S SERVICES OF INC. WISCONSIN,

Employer identification number 39-1030611

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INC VALUES THE DIGNITY, POTENTIAL AND WORTH OF EACH INDIVIDUAL, AND
CREATES A NURTURING ENVIRONMENT AND SENSE OF COMMUNITY IN WHICH
MIRACLES HAPPEN
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
UMCS COMMUNITY ENGAGEMENT INITIATIVE IS FOCUSED ON PROMOTING A SAFE AND
HEALTHY COMMUNITY WITHIN THE WASHINGTON PARK NEIGHBORHOOD. OUR STAFF
WORKS WITH RESIDENTS, COMMUNITY PARTNERS, AND STAKEHOLDERS TO BUILD A
HEALTHY AND THRIVING NEIGHBORHOOD. THIS PROGRAM FOCUSES ITS EFFORTS ON
INTIATIVES TO IMPROVE SAFETY, HEALTH AND WELLNESS, AND GREATER ACCESS
TO RESOURCES TO IMPROVE THE QUALITY OF LIFE IN WASHINGTON PARK.
EXPENSES \$ 141,439. INCLUDING GRANTS OF \$ 19,849. REVENUE \$ 2,540.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - ONCE THE DRAFT IS RECEIVED, IT IS CIRCULATED VIA
EMAIL TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORED BY EXECUTIVE DIRECTOR AND BOARD PRESIDENT
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION WAS OFFERED BASED ON A RECOMMENDATION OF OUR CONSULTANT,
LEADING TRANSITIONS, LLC

Page 2

Schedule O (Form 990) 2021

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or UNITED METHODIST CHILDREN'S SERVICES OF print 39-1030611 WISCONSIN, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3940 W LISBON AVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MILWAUKEE, WI 53208 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) HEATHER MORRIS The books are in the care of ► 3940 W LISBON AVE - MILWAUKEE, WI 53208 Telephone No. ▶ (414) 344-1818 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)