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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF KENOSHA COUNTY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3601 - 30TH AVENUE 202 City or town, state or country, and ZIP + 4 KENOSHA, WI 53144	D Employer identification number 39-0806285
	E Telephone number 262-658-4104	G Gross receipts \$ 1,155,624.
	F Name and address of principal officer KATHERINE MARKS 3601 - 30TH AVENUE, KENOSHA, WI 53144	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.KENOSHAUNITEDWAY.ORG
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1959 M State of legal domicile: WI

Part I Summary

Activities & Governance 1 Briefly describe the organization's mission or most significant activities THE MISSION OF UNITED WAY OF KENOSHA COUNTY (UWKC) IS TO MOBILIZE THE CARING POWER OF OUR 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	3 19 4 19 5 12 6 671 7a 0. 7b 0.																								
	Revenue 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>1,411,442.</td> <td>1,135,719.</td> </tr> <tr> <td>9</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>38,699.</td> <td>18,096.</td> </tr> <tr> <td>11</td> <td>3,183.</td> <td>1,809.</td> </tr> <tr> <td>12</td> <td>1,453,324.</td> <td>1,155,624.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	1,411,442.	1,135,719.	9			10	38,699.	18,096.	11	3,183.	1,809.	12	1,453,324.	1,155,624.					
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Expenses 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,204. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	<table border="1"> <tbody> <tr> <td>13</td> <td>700,738.</td> <td>680,213.</td> </tr> <tr> <td>14</td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>333,878.</td> <td>374,690.</td> </tr> <tr> <td>16a</td> <td></td> <td></td> </tr> <tr> <td>b</td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>144,954.</td> <td>198,802.</td> </tr> <tr> <td>18</td> <td>1,179,570.</td> <td>1,253,705.</td> </tr> <tr> <td>19</td> <td>273,754.</td> <td>-98,081.</td> </tr> </tbody> </table>	13	700,738.	680,213.	14			15	333,878.	374,690.	16a			b			17	144,954.	198,802.	18	1,179,570.	1,253,705.	19	273,754.	-98,081.
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Net Assets or Fund Balances 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>1,726,920.</td> <td>1,665,303.</td> </tr> <tr> <td>21</td> <td>114,453.</td> <td>150,917.</td> </tr> <tr> <td>22</td> <td>1,612,467.</td> <td>1,514,386.</td> </tr> </tbody> </table>		Beginning of Year	End of Year	20	1,726,920.	1,665,303.	21	114,453.	150,917.	22	1,612,467.	1,514,386.												
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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 information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Katherine Marks*
 Date: **2-3-2010**
KATHERINE MARKS, CHIEF EXECUTIVE OFFICER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **1/29/10**
 Check if self-employed ☐
 Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **CLIFTON GUNDERSON LLP**
P O BOX 1347
RACINE, WI 53401-1347
 EIN ▶
 Phone no. ▶ **(262) 637-9351**

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

☒ Yes ☐ No

SCANNED MAR 11 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF UNITED WAY OF KENOSHA COUNTY (UWKC) IS TO MOBILIZE THE
CARING POWER OF OUR COMMUNITY AND RESOURCES TO ADDRESS PRIORITY NEEDS
IN KENOSHA COUNTY BY MAKING LASTING IMPROVEMENTS ON HUMAN CARE ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 808,444. including grants of \$ 559,003.) (Revenue \$ 50,000.)
COMMUNITY IMPACT

UNITED WAY OF KENOSHA COUNTY IS COMMITTED TO FUNDING PROGRAMS THAT
PROVIDE COMMUNITY SOLUTIONS AND DELIVER MEASURABLE RESULTS. OUR
COMMUNITY IMPACT PROGRAM ALIGNS ITS GOALS, OBJECTIVES AND
RECOMMENDATIONS FOR FUNDING WITH THE COMMUNITY'S AGENDA ON PRIORITY
AREAS GENERATED THROUGH THE COMMUNITY SERVICES PROGRAM AND THE
COMMUNITY IMPACT MODEL. THE MODEL INCLUDES 1) MOBILIZING THE COMMUNITY
AND RESOURCES TO ADDRESS PRIORITY NEEDS, 2) TO MAKE MEASURABLE AND
SUSTAINABLE CHANGES, AND 3) TO IMPROVE OVERALL COMMUNITY WELL BEING.
BY FOLLOWING THIS MODEL, UNITED WAY FORMED THE BASIS FOR IDENTIFYING
THE COMMUNITY'S AGENDA ON PRIORITY NEEDS WHICH LEAD TO THE CREATION OF
A STRATEGIC PLAN TO ADDRESS THE PRIORITIES. THE COMMUNITY IMPACT

4b (Code:) (Expenses \$ 162,153. including grants of \$) (Revenue \$)
COMMUNITY SERVICES

UNITED WAY OF KENOSHA COUNTY'S COMMUNITY SERVICES PROGRAM WAS DESIGNED
TO PROVIDE OUR LOCAL COMMUNITIES WITH A VARIETY OF RESOURCES AND
SERVICES TO HELP THEM ADDRESS COMMUNITY NEEDS, SUCH AS INFORMATION AND
REFERRALS AND DIRECT AND INDIRECT SERVICES AND PROGRAMS. COMPONENTS OF
THIS PROGRAM ARE: COMMUNITY ENGAGEMENT AND NETWORKING, VOLUNTEER CENTER
AND LABOR COMMUNITY SERVICES.

COMMUNITY ENGAGEMENT AND NETWORKING

THE COMMUNITY ENGAGEMENT AND NETWORKING COMPONENT OF THE COMMUNITY
SERVICES PROGRAM WAS DESIGNED TO GENERATE INPUT AND FEEDBACK FROM OUR
COMMUNITY PARTNERS ON COMMUNITY PRIORITIES NEEDS, SHARE KNOWLEDGE,

4c (Code:) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ 121,210. including grants of \$ 121,210.) (Revenue \$)

4e Total program service expenses ► \$ 1,091,807. (Must equal Part IX, Line 25, column (B))

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U S ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	19	
1b Enter the number of voting members that are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?		X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
KATHERINE MARKS, CEO - 262-658-4104
3601 - 30TH AVENUE, SUITE 202, KENOSHA, WI 53144-1642

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE KOESSL DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY MAHONE DIRECTOR	1.00	X						0.	0.	0.
BRYAN ALBRECHT PRESIDENT	1.00	X		X				0.	0.	0.
GERI CUCUNATO DIRECTOR	1.00	X						0.	0.	0.
LINDA LANGENSTROER SECRETARY	1.00	X		X				0.	0.	0.
KATHERINE MARKS CHIEF EXECUTIVE OFFICER	50.00	X		X	X			70,867.	0.	12,903.
DOUG BAKER DIRECTOR	1.00	X						0.	0.	0.
JEN FISHER DIRECTOR	1.00	X						0.	0.	0.
VIRGIL GENTZ DIRECTOR	1.00	X						0.	0.	0.
LEN IAQUINTA DIRECTOR	1.00	X						0.	0.	0.
LENNY KLAVER PRESIDENT ELECT	1.00	X		X				0.	0.	0.
DAN KUGLER DIRECTOR	1.00	X						0.	0.	0.
CHRIS PERILLO DIRECTOR	1.00	X						0.	0.	0.
AARON TRAUTWEIN DIRECTOR	1.00	X						0.	0.	0.
SLOAN ALBERT DIRECTOR	1.00	X						0.	0.	0.
ANNIE JONES DIRECTOR	1.00	X						0.	0.	0.
JOHN MILISAUSKAS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL ROBERTS DIRECTOR	1.00	X						0.	0.	0.
KEVIN SELL DIRECTOR	1.00	X						0.	0.	0.
LAURIE STAVES TREASURER	1.00	X		X				0.	0.	0.
JOE GARCIA DIRECTOR	1.00	X						0.	0.	0.
TIM THOMPSON DIRECTOR	1.00	X						0.	0.	0.
1b Total								70,867.	0.	12,903.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	7,313.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,128,406.			
	g	Noncash contributions included in lines 1a-1f \$		74,114.			
	h	Total. Add lines 1a-1f		1135719.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		18,096.			18,096.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	1,809.	1,809.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,809.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1155624.	1,809.	0.	18,096.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	680,213.	680,213.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,396.	52,689.	10,567.	8,140.
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	225,788.	166,626.	33,419.	25,743.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	55,429.	40,836.	8,243.	6,350.
10 Payroll taxes	22,077.	16,291.	3,268.	2,518.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	18,680.	4,703.	13,125.	852.
12 Advertising and promotion	4,355.	768.	31.	3,556.
13 Office expenses	11,654.	8,470.	1,793.	1,391.
14 Information technology	16,350.	12,960.	2,696.	694.
15 Royalties				
16 Occupancy	24,216.	16,407.	4,608.	3,201.
17 Travel	4,082.	2,110.	712.	1,260.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,694.	2,399.	90.	205.
20 Interest				
21 Payments to affiliates	9,762.		9,762.	
22 Depreciation, depletion, and amortization	4,614.	3,126.	878.	610.
23 Insurance	2,302.	1,629.	380.	293.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a IN-KIND GIFT EXPENSE	71,878.	71,878.		
b PRINTING	10,746.	1,211.	193.	9,342.
c APPRECIATION EXPENSE	5,041.	523.	75.	4,443.
d TELEPHONE	3,683.	2,495.	701.	487.
e DUES AND SUBSCRIPTIONS	2,896.	2,113.	519.	264.
f All other expenses	5,849.	4,360.	634.	855.
25 Total functional expenses. Add lines 1 through 24f	1,253,705.	1,091,807.	91,694.	70,204.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	1,340,962.	2	1,321,248.
	3 Pledges and grants receivable, net	365,763.	3	320,047.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,721.	8	
	9 Prepaid expenses and deferred charges	9,694.	9	9,663.
	10a Land, buildings, and equipment cost basis	10a 49,670.		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 39,362.		
		6,806.	10c	10,308.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	874.	15	3,937.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,726,920.	16	1,665,303.	
Liabilities	17 Accounts payable and accrued expenses	114,453.	17	150,917.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	114,453.	26	150,917.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	564,828.	27	534,435.
	28 Temporarily restricted net assets	1,047,639.	28	979,951.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,612,467.	33	1,514,386.
	34 Total liabilities and net assets/fund balances	1,726,920.	34	1,665,303.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
---------------	---

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,296,648.	1,245,243.	1,087,429.	1,411,442.	1,135,719.	6,176,481.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1,296,648.	1,245,243.	1,087,429.	1,411,442.	1,135,719.	6,176,481.
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)						414,167.
6 Public Support. Subtract line 5 from line 4						5,762,314.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,296,648.	1,245,243.	1,087,429.	1,411,442.	1,135,719.	6,176,481.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,330.	21,171.	39,773.	38,699.	18,096.	125,069.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,701.	3,845.	4,800.	3,183.	1,809.	17,338.
11 Total support. Add lines 7 through 10						6,318,888.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	91.19	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	89.60	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		39,226.	32,356.	6,870.
e Other		10,444.	7,006.	3,438.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,308.

Schedule D (Form 990) 2008

(c) Method of valuation
Cost or end-of-year market value

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

(c) Method of valuation:
Cost or end-of-year market value

Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ►

(b) Book value

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

(b) Amount

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

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12-23-08

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,155,624.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,253,705.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-98,081.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-98,081.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,034,414.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,034,414.
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 XIV)	4b	121,210.
c	Add lines 4a and 4b	4c	121,210.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,155,624.

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

1	Total expenses and losses per audited financial statements	1	1,132,495.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,132,495.
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 XIV)	4b	121,210.
c	Add lines 4a and 4b	4c	121,210.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,253,705.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XII, LINE 4D

DESIGNATED PLEDGES \$121,210

PART XIII, LINE 4B

DESIGNATED PLEDGES \$121,210

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number
39-0806285

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OF WI 820 N. PLANKINTON AVENUE MILWAUKEE, WI 53203	39-1534049	501(C)(3)	10,419.	0.			DONOR DESIGNATED (1) HIV HEALTH CARE SERVICES
AMERICAN RED CROSS - SOUTHEASTERN WISCONSIN - 2600 W. WISCONSIN - MILWAUKEE, WI 53233	39-0816839	501(C)(3)	7,500.	0.			DONOR DESIGNATED (1) DISASTER SERVICES
BIG BROTHERS/BIG SISTERS OF RACINE AND KENOSHA COUNTY INC - 2302 DEKOVEN AVENUE, SUITE B - RACINE, WI 53403	39-1052882	501(C)(3)	18,554.	0.			DONOR DESIGNATED (1) ONE-TO-ONE OUTCOME BASED MENTORING
BIRDS OF A FEATHER INC 6530 SHERIDAN ROAD, SUITE 3 KENOSHA, WI 53143	82-0551269	501(C)(3)	19,068.	0.			DONOR DESIGNATED (1) STRENGTHENING FAMILIES
BOYS & GIRLS CLUB OF KENOSHA, INC. 1715 52ND STREET KENOSHA, WI 53140	39-1732935	501(C)(3)	86,437.	0.			DONOR DESIGNATED (1) YOUTH EMPOWERMENT
CHILDREN'S SERVICE SOCIETY OF WISCONSIN - 708 57TH STREET, SUITE 200 - KENOSHA, WI 53140	39-0806380	501(C)(3)	28,480.	0.			DONOR DESIGNATED (1) CHILD AND FAMILY COUNSELING
2 Enter total number of section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

23.

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

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REQUIRES ANY AGENCY WHO RECEIVES FUNDING (INCLUDING DONOR DESIGNATIONS) TO FILL OUT AND RETURN AN ANTI-TERRORIST COMPLIANCE MEASURES FORM IN ORDER TO COMPLY WITH THE USA PATRIOT ACT. AGENCIES THAT PARTICIPATE IN UNITED WAY'S APPLICATION PROCESS MUST BE PRE-QUALIFIED. FOLLOWING IS SOME OF THE CRITERIA THAT AGENCIES MUST HAVE IN ORDER TO APPLY FOR AND RECEIVE FUNDING FROM UNITED WAY:

- MOST CURRENT IRS FORM 990
- COPY OF FORM FILED WITH THE WISCONSIN DEPT. OF REGULATIONS AND LICENSING

Name of the organization

Employer identification number
39-0806285

UNITED WAY OF KENOSHA COUNTY, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELCA URBAN OUTREACH CENTER 2006 60TH STREET KENOSHA, WI 53140	02-0638260	501(C)(3)	6,593.	0.			DONOR DESIGNATED (1) COMMUNITY OUTREACH - JOB READINESS AND GRACE SAFE PLACE PROGRAM
HOPE COUNCIL 5942 6TH AVENUE KENOSHA, WI 53140	39-1098683	501(C)(3)	36,309.	0.			DONOR DESIGNATED (1) CHILDREN'S SAFE HOUSE AND COURT APPOINTED SPECIAL ADVOCATE
HOSPICE ALLIANCE, INC. 10220 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158	39-1403883	501(C)(3)	16,071.	0.			DONOR DESIGNATED (1) HOSPICE HOUSE
KENOSHA ACHIEVEMENT CENTER, INC. 1218 79TH STREET KENOSHA, WI 53143	39-1399101	501(C)(3)	72,271.	0.			DONOR DESIGNATED (1) SPECIALIZED TRAINING AND HANEN PROGRAM
KENOSHA AREA FAMILY & AGING SERVICES, INC. - 7730 SHERIDAN ROAD - KENOSHA, WI 53143	39-1132382	501(C)(3)	23,600.	0.			DONOR DESIGNATED (1) MEALS ON WHEELS AND ELDERLY WALKING PATH
KENOSHA COMMUNITY HEALTH CENTER 4536 22ND AVENUE KENOSHA, WI 53140	39-1789874	501(C)(3)	31,474.	0.			DONOR DESIGNATED (1) REMOVING BARRIERS TO DIABETES AND PRENATAL CASE MANAGEMENT
KENOSHA HUMAN DEVELOPMENT SERVICES 5407 8TH AVENUE KENOSHA, WI 53140	39-1200678	501(C)(3)	66,571.	0.			SEE PART IV SUPPLEMENTAL INFORMATION
KENOSHA LITERACY COUNCIL 2419 63RD STREET KENOSHA, WI 53143	39-1601969	501(C)(3)	18,184.	0.			DONOR DESIGNATED (1) LITERACY FOR LIFE: ADULT LITERACY
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

Employer identification number
39-0806285

UNITED WAY OF KENOSHA COUNTY, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF KENOSHA 3116 75TH STREET KENOSHA, WI 53142	39-0806889	501(C)(3)	8,545.	0.			DONOR DESIGNATED (1) EMERGENCY ASSISTANCE PROGRAM
UNITED WAY OF NORTHERN OZAUKEE COUNTY - PO BOX 39 - PORT WASHINGTON, WI 53074	23-7084522	501(C)(3)	7,500.	0.			DONOR DESIGNATED (1)
UNITED WAY OF RACINE COUNTY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501(C)(3)	5,403.	0.			DONOR DESIGNATED (1)
KENOSHA COUNTY 1010 56TH STREET KENOSHA, WA 53140	39-6005707	501(C)(3)	10,087.	0.			DONOR DESIGNATED (1) FOR YOUTH AS RESOURCES
WOMEN AND CHILDREN'S HORIZONS INC. 2525 63RD STREET KENOSHA, WI 53143	39-1278299	501(C)(3)	68,091.	0.			DONOR DESIGNATED (1) LEGAL ADVOCACY AND CHILDREN'S SERVICES
SPANISH CENTERS OF RACINE, KENOSHA AND WALWORTH, INC. - 5900 11TH AVENUE - KENOSHA, WI 53140	39-1225347	501(C)(3)	10,098.	0.			DONOR DESIGNATED (1) HUMAN SERVICES PROGRAM
KENOSHA COUNTY INTERFAITH HUMAN CONCERNS NETWORK - 1713 62ND STREET - KENOSHA, WI 53143	39-1480124	501(C)(3)	82,329.	0.			DONOR DESIGNATED (1) EMERGENCY FAMILY SHELTER AND INTERFAITH NETWORK NIGHTLY SHELTER
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE (INCL KENOSHA & RACINE) - 3501 S. LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501(C)(3)	5,725.	0.			DONOR DESIGNATED (1) FAMILY COUNSELING

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Employer identification number
39-0806285

UNITED WAY OF KENOSHA COUNTY, INC.

2	Enter total number of Section 501(c)(3) and government organizations	▲
3	Enter total number of other organizations	▲

132241	12-17-08	LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Part IV Supplemental Information

PURSUANT TO SECTION 440.01 OF THE WISCONSIN STATUTES

- COPY OF LAST TWO ANNUAL AUDITS AS APPROVED BY A CPA
- ARTICLES OF INCORPORATION

ALL FUNDED AGENCIES SIGN AND SUBMIT A "STATEMENT OF AGREEMENT" WITH UNITED WAY. THE AGENCY AGREES TO SUBMIT NECESSARY QUARTERLY REPORTS, ELIGIBILITY COMPLIANCE DOCUMENTS AND/OR OTHER MATERIALS. FAILURE TO SUMMIT MATERIALS BY REQUIRED DEADLINES MAY RESULT IN THE WITHHOLDING OF THE QUARTERLY GRANT PAYMENT. WITHHOLDING MORE THAN ONE QUARTERLY GRANT PAYMENT MAY RESULT IN THE AGENCY FORFEITING THE WITHHELD DEPOSITS.

REPORTING REQUIREMENTS: (THE FOLLOWING REPORTING REQUIREMENTS MUST BE FOLLOWED IN ORDER TO RECEIVE FUNDING/NOT HAVE FUNDING WITHHELD):

A. FUNDED AGENCIES PROVIDE REQUIRED QUARTERLY PROGRAM REPORTS PERTAINING TO THE PROVISION OF SERVICES, CLIENT DEMOGRAPHICS, OUTCOMES, AND ALL OTHER REQUIRED INFORMATION. THESE REPORTS WILL BE DUE 30 DAYS AFTER EACH QUARTER ENDS: OCTOBER; JANUARY; MARCH; JUNE. FUNDED PARTNER FURTHER AGREES TO ADDRESS ANY CONCERNS AND MEET ANY CONDITIONS OF FUNDING SET FORTH BY UWKC BY THE REQUIRED DEADLINES. ALL REPORTS MUST CONTAIN MEASUREABLE OUTCOMES THAT INDICATE PROGRAM RESULTS. ALL OUTCOMES WILL QUANTIFIABLY AND QUALITATIVELY MEASURE THE BENEFIT TO THE PARTICIPANTS OF THE FUNDED PROGRAM.

B. FUNDED AGENCIES AGREE TO PROVIDE A SET OF FINANCIAL REPORTS THAT INCLUDE: A SET OF BOARD (SIGNATURE OR MINUTES) APPROVED FINANCIALS ANNUALLY, WHICH WOULD INCLUDE A STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) AND A STATEMENT OF ACTIVITIES (INCOME AND EXPENSE STATEMENT). THE APPROVED FINANCIALS WILL BE SENT TO THE ATTENTION OF UNITED WAY'S, DIRECTOR

Part IV Supplemental Information

OF COMMUNITY IMPACT ON JUNE 30TH OF EVERY YEAR. ANY CHANGES THAT WILL AFFECT YOUR AGENCY, NOT JUST THE FUNDED PROGRAM(S), MUST BE PROVIDED TO UWKC IN THE FORM OF A WRITTEN COMMENTARY. THE COMMENTARY WILL INCLUDE ANY MATERIAL CHANGES IN THE FINANCIAL POSITION OF THE AGENCY THAT WOULD AFFECT ITS GOING CONCERN (E.G., THERE IS A CHANGE IN FUNDING, THERE HAS BEEN A CHANGE IN SENIOR PERSONNEL, THERE HAS BEEN A CHANGE IN COST, ETC).

COLUMN (H) DESCRIPTION: DONOR DESIGNATED (1) - AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS.

PART II, COLUMN (H)

NAME OF ORGANIZATION OR GOVERNMENT: KENOSHA HUMAN DEVELOPMENT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED (1), JUVENILE CRISIS INTERVENTION, TRANSITIONAL HOUSING FOR HOMELESS YOUTH AND ADULTS, JUVENILE SHELTER CARE AND INFORMATION PLEASE BOOKLETS

PART II, COLUMN (H)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WISCONSIN PARKSIDE BENEVOLENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED (1), KENOSHA/RACINE MENTORING INITIATIVE, BOARD DEVELOPMENT CONFERENCE AND PEACE LEARNING CIRCLES

GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS LESS THAN \$5,000 AND THEREFORE NOT REPORTED SEPARATELY IN SCHEDULE I, PART II WERE \$31,954 AND WAS MADE UP OF 38 AGENCIES.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2008
Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		58,802.	COST DONATED PROPERTY
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	972.	FAIR MARKET VALUE
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	X	3	1,215.	COST DONATED PROPERTY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TOYS)	X	1	10,355.	COST DONATED PROPERTY
26 Other ► (OFFICE EQUIPM)	X	1	2,770.	COST DONATED PROPERTY
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

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

COMMUNITY AND RESOURCES TO ADDRESS PRIORITY NEEDS IN KENOSHA COUNTY BY
MAKING LASTING IMPROVEMENTS ON HUMAN CARE ISSUES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FSP - UNITED WAY OF KENOSHA COUNTY SUCCESSFULLY IMPLEMENTED THE
VOLUNTEER INCOME TAX ASSISTANCE (VITA) SERVICE FOR LOW-MODERATE INCOME
INDIVIDUALS AND FAMILIES. THE FIRST YEAR OF THE IMPLEMENTATION UWKC
SUPPORTED THE INITIATIVE THROUGH FOUNDATION GRANT MONEY AND
PARTNERSHIPS WITH THE LOCAL UNIVERSITY, COLLEGES AND KENOSHA COUNTY JOB
CENTER TO DELIVER A SUCCESSFUL TAX PREPARATION SEASON. THE PROGRAM
RECRUITED AND TRAINED 55 VOLUNTEERS THAT PREPARED 553 TAX RETURNS
BRINGING OVER \$500,000 DOLLARS BACK INTO THE COMMUNITY. IN THE SECOND
YEAR OF IMPLEMENTATION, UWKC WAS SUCCESSFUL IN OBTAINING A FEDERAL VITA
GRANT TO HELP SUPPORT THE INITIATIVE. ALL EXISTING PARTNERSHIPS REMAIN
FOR THE 2010 TAX PREPARATION SEASON, WITH THE ADDITION OF KENOSHA
COUNTY UNIFIED SCHOOL DISTRICT TO SUPPORT WESTERN KENOSHA COUNTY
EXPANSION OF VITA. IN ADDITION TO VITA, THE FINANCIAL STABILITY
PARTNERSHIP (FSP) PROGRAM BEGAN PLANNING FOR IMPLEMENTATION OF THE
SECOND PHASE OF THE FSP MODEL TO HELP INDIVIDUALS BUILD SAVINGS. UWKC
EMBARKED ON A PARTNERSHIP WITH THE FEDERAL RESERVE OF CHICAGO TO PLAN
THE FIRST MONEY SMART WEEK IN KENOSHA FOR OCTOBER 2009. THE GOAL IS TO
PROVIDE A MINIMUM OF 8 WORKSHOPS THAT WILL PROVIDE FINANCIAL LITERACY
EDUCATION TO INDIVIDUALS AND FAMILIES IN KENOSHA'S COMMUNITY. OTHER
PARTNERSHIPS ARE ALSO BEING FORMED TO PROVIDE THESE TYPES OF SERVICES
AT THE VITA SITES WHILE TAX PREPARERS WAIT TO FILE THEIR TAXES.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

INFANT MORTALITY - KENOSHA COUNTY HAS ONE OF THE HIGHEST INFANT MORTALITY (IM) ETHNIC DISPARITY RATES IN WISCONSIN. UWKC LED THE PROCESS OF ORGANIZING A GROUP OF EXPERTS AND SERVICE PROVIDERS TO FORM A DELEGATION TO WORK ON A SOLUTION TO THIS ISSUE. ADDRESSING IM IS A STATEWIDE INITIATIVE. UWKC SUCCESSFULLY DEVELOPED PARTNERSHIPS WITH THE STATE HEALTHY BIRTH OUTCOMES (ELIMINATING DISPARITIES IN INFANT DEATHS) PROJECT STAFF. THERE WERE MANY COMMUNITY DISCUSSION EVENTS SUCCESSFULLY ORGANIZED AND DELIVERED TO HELP BUILD AWARENESS AND PROVIDE EDUCATION REGARDING THE ISSUE OF IM (TOWN HALL DISCUSSION, BOOK DISCUSSIONS ON THE SUBJECT, STRENGTHENING RELATIONSHIPS WORKSHOPS, COMMUNITY AND SERVICE PROVIDER DISCUSSIONS). UNITED WAY IS WORKING WITH A FOUNDATION THAT WILL PROVIDE GRANTS TO FOUR SOUTHEASTERN COMMUNITIES THAT WILL SUPPORT THEIR WORK IN THIS AREA (MILWAUKEE, BELOIT, KENOSHA AND RACINE). UWKC WILL COLLABORATE WITH THE IM DELEGATION TO WRITE A GRANT THAT WILL POTENTIALLY BRING UP TO \$500,000 IN PLANNING AND IMPLEMENTATION DOLLARS INTO KENOSHA COMMUNITY TO SUPPORT THIS INITIATIVE OVER THE NEXT SEVERAL YEARS.

MENTOR KR - UWKC PARTNERS WITH THE CENTER FOR COMMUNITY PARTNERSHIPS AT UW PARKSIDE TO SUPPORT THE MENTOR KENOSHA/RACINE (MKR) INITIATIVE. UW WAS INSTRUMENTAL IN SETTING THE FOUNDATION FOR THE INITIATIVE AND DEVELOPING PROCESS AND STANDARDS BY WHICH MENTORING ORGANIZATIONS CAN BECOME A MEMBER OF MKR. IN 2009, UW ASSISTED AND SUPPORTED GRANT WRITING ACTIVITIES THAT RESULTED IN BRINGING \$500,000 FOR THE NEXT THREE YEARS TO OUR COMMUNITY TO SUPPORT THIS INITIATIVE. UW IS

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CURRENTLY IN THE PROCESS OF DESIGNING A PROCESS AND STANDARDS TO
RECRUIT MENTORS TO SUPPORT MEMBER MENTOR ORGANIZATIONS.

COMMUNITY SERVICES - UWKC WAS INSTRUMENTAL IN SUPPORTING GRANT WRITING
ACTIVITIES THAT LED TO OVER \$300,000 IN CAPACITY BUILDING GRANTS FOR
THE KENOSHA/RACINE COMMUNITIES. THE GRANTS WILL SUPPORT FINANCIAL
STABILITY AND ECONOMIC RECOVERY PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
PROGRAM IS GUIDED BY DIVERSE GROUPS OF VOLUNTEERS WHO ARE RESPONSIBLE
FOR OVERSEEING UNITED WAY'S MULTI-YEAR FUND DISTRIBUTION PROCESS. THE
PROCESS INCLUDES VOLUNTEER RECRUITMENT AND TRAINING, PRIORITIZING
FUNDING ALLOCATIONS, REQUESTS FOR PROGRAM FUNDING, PROGRAM
PRESENTATIONS, PROGRAM REVIEWS, AND RECOMMENDATIONS FOR FUNDING
ALLOCATIONS. IN ADDITION, THE COMMUNITY IMPACT PROGRAM PROVIDES
OUTCOMES AND MEASUREMENTS, DATA COLLECTION AND RESEARCH AND COMMUNITY
STRATEGIC PLANNING. ALL ACTIVITIES ARE FOCUSED ON ACHIEVING COMMUNITY
IMPACT. THE COMMUNITY IMPACT DEPARTMENT IS DIVIDED INTO THREE FOCUS
AREAS.

STRONG FAMILIES

THE PURPOSE OF STRONG FAMILIES FOCUS AREA IS TO PROVIDE DEVELOPMENTAL
AND EDUCATIONAL SERVICES FOR YOUTH AND FAMILIES INCLUDING SUPPORT
PROGRAMS FOR AT-RISK AND WORKING POOR FAMILIES. UNITED WAY OF KENOSHA
COUNTY CHOSE MENTORING AS THE INITIATIVE AREA OF FOCUS UNDER THE STRONG
FAMILIES AREA. UWKC PARTNERS WITH THE MENTOR KENOSHA AND RACINE

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INITIATIVE THAT IS PROVIDED THROUGH THE UNIVERSITY OF WISCONSIN PARKSIDE. MENTOR KR IS PARTLY FUNDED BY UWKC AND THE CI DIRECTOR SERVES ON BOARDS AND COMMITTEES TO BE ACTIVE IN THE PROCESS IN DEVELOPING A STRONG INFRASTRUCTURE AND FOUNDATION FOR THIS INITIATIVE. SERVICE PROVIDERS MUST BECOME CERTIFIED THROUGH THE STANDARDS ESTABLISHED BY MENTOR KR TO BE ABLE TO OBTAIN SUPPORT FROM THIS INITIATIVE. SEVERAL MENTOR TRAINING WORKSHOPS WERE HELD FOR SERVICE PROVIDERS AND MENTOR VOLUNTEERS THROUGHOUT THE YEAR. ADDITIONALLY, UWKC IS PART OF THE COMMUNITY'S TRUANCY TASK FORCE LED BY KENOSHA UNIFIED SCHOOL DISTRICT.

HEALTHY PEOPLE

THE PURPOSE OF THE HEALTHY PEOPLE FOCUS AREA IS TO PROMOTE AWARENESS, HEALTHY LIFESTYLES AND ACCESS TO HEALTH CARE FOR UNDERSERVED INDIVIDUALS AND FAMILIES. IN 2008, THE INFANT MORTALITY INITIATIVE WAS CHOSEN FOR THIS FOCUS AREA. KENOSHA COUNTY HAS ONE OF THE HIGHEST DISPARITY RATES OF INFANT DEATHS BETWEEN THE DIFFERENT ETHNIC GROUPS. A DELEGATION WAS FORMED WITH 14 OTHER LOCAL NONPROFIT PARTNERS. THE GOAL IS TO DECREASE THE NUMBER OF INFANT DEATHS IN KENOSHA COUNTY AND TO ELIMINATE THE DISPARITY IN THE RATE OF DEATHS BETWEEN THE RACES. SEVERAL COMMUNITY EVENTS AND DISCUSSIONS WERE HELD TO PROMOTE AWARENESS AND EDUCATION ON THIS SUBJECT.

BASIC NEEDS

THE PURPOSE OF THE BASIC NEEDS FOCUS AREA IS TO SUPPORT OPPORTUNITIES THAT PROVIDE INDIVIDUALS AND FAMILIES WITH SERVICES THAT MEET LIFE'S BASIC NEEDS AND PROMOTE SELF-SUFFICIENCY. THIS YEAR'S ACTIVITIES

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INCLUDED THE ROLL-OUT OF THE FINANCIAL STABILITY PARTNERSHIP INITIATIVE. THE MODEL INVOLVES A THREE YEAR ROLL-OUT PERIOD. IN THE FIRST STAGE, THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM WAS SUCCESSFULLY IMPLEMENTED. VITA PROVIDES FREE INCOME TAX PREPARATION SERVICES TO LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES. 553 TAX RETURNS WERE PREPARED BRINGING OVER \$500,000 BACK TO RESIDENTS AND THE COMMUNITY. THE NEXT PHASE WILL INCLUDE A FINANCIAL LITERACY COMPONENT THAT WILL HELP TO PROVIDE INDIVIDUALS WITH THE SKILLS THEY NEED TO STAY OUT OF DEBT AND BUILD SAVINGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS STIMULATE INNOVATIVE THINKING AND EXPLORE ACTION POSSIBILITIES AROUND REAL-LIFE QUESTIONS, ISSUES AND NEEDS. COMMUNITY PARTNERS INCLUDED DONORS, VOLUNTEERS, NON-PROFIT ORGANIZATIONS, LOCAL AREA BUSINESSES, GOVERNMENT ENTITIES, EDUCATIONAL INSTITUTIONS, LABOR, AND SERVICE GROUPS. UWKC CONTINUES TO PROVIDE CAPACITY BUILDING WORKSHOPS TO THE NONPROFIT COMMUNITY. A FREE LUNCH IS PROVIDED THROUGH AN IN-KIND DONATION FROM NORTH AND SOUTH SUBWAYS IN KENOSHA. THIS IS YEAR THREE OF THE WORKSHOPS AND THE ATTENDANCE CONTINUES TO GROW. THERE ARE A TOTAL OF 11 WORKSHOPS OFFERED WITH OVER 200 PROFESSIONALS PARTICIPATING EACH YEAR.

VOLUNTEER CENTER

UNITED WAY OF KENOSHA COUNTY IS COMMITTED TO HELPING KENOSHA COUNTY RESIDENTS FIND ALTERNATIVE WAYS OF GIVING IN THE COMMUNITY. BECAUSE UNITED WAY UTILIZES VOLUNTEERS IN ALMOST EVERYTHING WE DO, WE KNOW HOW

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IMPORTANT THE GIFT OF TIME CAN BE TO ANY NON-PROFIT ORGANIZATION. THE VOLUNTEER CENTER, A COMPONENT OF THE COMMUNITY SERVICES PROGRAM, ACTIVELY PROMOTES AND ADVOCATES FOR COMMUNITY VOLUNTEERISM AND INVOLVEMENT THROUGHOUT KENOSHA COUNTY AND ALIGNS ITS GOALS AND OBJECTIVES WITH THE COMMUNITY IMPACT MODEL. IT RECRUITS INDIVIDUALS AND GROUPS TO ADDRESS LOCAL NON-PROFIT ORGANIZATIONS' GROWING NEEDS FOR VOLUNTEERS AND AGENCY PROJECTS. UNITED WAY BELIEVES THAT COMMUNITY INVOLVEMENT THROUGH VOLUNTEERISM ENRICHES LIVES AND CREATES POSITIVE AND LASTING CHANGES IN OUR COMMUNITY. BY UTILIZING UNITED WAY OF KENOSHA COUNTY'S WEBSITE, VOLUNTEERS AND NON-PROFITS CAN ACCESS OUR VOLUNTEER CENTER AND ITS' VOLUNTEER SOLUTIONS SOFTWARE. BY USING THIS SOFTWARE NON-PROFITS CAN POST VOLUNTEER OPPORTUNITIES AND VOLUNTEERS CAN VIEW VOLUNTEER OPPORTUNITIES THAT ARE ALIGNED WITH THEIR SKILLS, TALENTS AND INTERESTS. THE VOLUNTEER CENTER WAS DESIGNED TO BECOME THE MOST COMPREHENSIVE SOURCE FOR VOLUNTEER OPPORTUNITIES AND RESOURCES IN KENOSHA COUNTY.

LABOR COMMUNITY SERVICES

THE LABOR COMMUNITY SERVICES COMPONENT OF THE COMMUNITY SERVICES PROGRAM ALIGNS ITS GOALS AND OBJECTIVES WITH THE GOALS AND OBJECTIVES OF THE COMMUNITY SERVICES PROGRAM, THE COMMUNITY IMPACT MODEL AND THE NATIONAL AFL-CIO COMMUNITY SERVICES PROGRAM. IT WAS DESIGNED TO PROMOTE, MOBILIZE AND BUILD LABOR SUPPORT AND INCREASE CAPACITY TO MEET UNITED WAY'S STRATEGIC PLAN GOALS AND TO HELP ADDRESS COMMUNITY NEEDS. LABOR COMMUNITY SERVICES PROMOTES INCREASING LABOR PARTICIPATION IN UNITED WAY OF KENOSHA COUNTY'S ANNUAL CAMPAIGN, COMMITTEES AND

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ACTIVITIES; AND ALSO INCREASING LABOR VOLUNTEERISM AND COMMUNITY INVOLVEMENT THROUGHOUT KENOSHA COUNTY. IT PROVIDES ONGOING COMMUNITY OUTREACH ACTIVITIES FOR WORKING AND NON-WORKING INDIVIDUALS AND FAMILIES.

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

WE PROCESSED \$121,210 IN DONOR-DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS, SO UNITED WAY ACTS SIMPLY AS AN AGENT THAT COLLECTS, PROCESSES AND DISBURSES THE FUNDS. WE PROVIDE THS SERVICE AS A CONVENIENCE TO OUR DONORS. SINCE IT IS NOT A MISSION-ORIENTED FUNCTION, WE DO NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE US WITH INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

EXPENSES \$ 121210. INCLUDING GRANTS OF \$ 121210. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS REVIEWED BY THE SENIOR ACCOUNTANT, CEO, FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING IT WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL STAFF AND BOARD OF DIRECTORS REVIEW AND SIGN THE CODE OF ETHICS UPON THEIR START WITH UNITED WAY OF KENOSHA COUNTY. THE BOARD OF DIRECTORS ARE REQUIRED TO RESIGN THE POLICY ONCE A YEAR.

FORM 990, PART VI, SECTION B, LINE 15: MEMBERS OF THE HUMAN RESOURCES

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COMMITTEE AND THE BOARD PRESIDENT PERFORM AN ANNUAL REVIEW OF THE CEO'S
COMPENSATION. THIS IS DONE ANNUALLY AND WAS LAST COMPLETED IN 2008. 2009
IS IN PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

WAYNE KOESSL - 10411 CORPORATE DRIVE, STE. 100

PLEASANT PRAIRIE, WI 53158

TIMOTHY MAHONE - 3021 - 40TH AVENUE

KENOSHA, WI 53144

BRYAN ALBRECHT - 3520 - 30TH AVENUE

KENOSHA, WI 53144

GERI CUCUNATO - 1508 - 24TH AVENUE, #21

KENOSHA, WI 53140

LINDA LANGENSTROER - 3600 - 52ND STREET

KENOSHA, WI 53144

KATHERINE MARKS - 3601 - 30TH AVENUE

KENOSHA, WI 53144

DOUG BAKER - 812 - 56TH STREET

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KENOSHA, WI 53141

JEN FISHER - 5419 WASHINGTON ROAD

KENOSHA, WI 53144

VIRGIL GENTZ - 16906 - 38TH STREET

KENOSHA, WI 53144

LEN IAQUINTA - 9507 - 74TH STREET

KENOSHA, WI 53142

LENNY KLAVER - PO BOX 2000

KENOSHA, WI 531412000

DAN KUGLER - 2801 - 80TH STREET

KENOSHA, WI 53143

CHRIS PERILLO - 5610 - 55TH STREET

KENOSHA, WI 53144

AARON TRAUTWEIN - 2001 - 34TH STREET

KENOSHA, WI 53140

SLOAN ALBERT - 10400 - 75TH STREET

KENOSHA, WI 53142

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ANNIE JONES - 19600 - 75TH STREET

BRISTOL, WI 531040550

JOHN MILISAUSKAS - 8600 SHERIDAN ROAD, SUITE 100

KENOSHA, WI 531436507

BILL ROBERTS - 8303 - 57TH AVENUE

KENOSHA, WI 53142

KEVIN SELL - 5555 30TH AVENUE

KENOSHA, WI 53144

LAURIE STAVES - 8600 SHERIDAN ROAD, SUITE 100

KENOSHA, WI 53143

JOE GARCIA - 3601 - 30TH AVENUE

KENOSHA, WI 53144

TIM THOMPkins - 3601 - 30TH AVENUE

KENOSHA, WI 53144

FORM 990, PART XI, LINE 2C

THE AUDIT COMMITTEE OVERSEES THE AUDIT AND THE PROCESS DID NOT CHANGE
FROM THE PRIOR YEAR.

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2008 OVERHEAD CALCULATION

$(\$91,694 + \$70,204) / \$1,155,624 = 14.0\%$

OVERHEAD RATIO CALCULATION

$(\text{PART IX, LINE 25, COLUMN C (M\&G EXPENSE) + COLUMN D (FUNDRAISING EXPENSE)}) / \text{PART VIII, LINE 12, COLUMN A (TOTAL REVENUE)}$

NOTE: OVERHEAD CALCULATION WAS TAKEN FROM "IMPLEMENTATION STANDARDS FOR MEMBERSHIP REQUIREMENT A - TAX EXEMPT STATUS & IRS FORM 990 REPORTING REQUIREMENTS" DATE 9/30/08 ISSUED BY UNITED WAY OF AMERICA.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
	Number, street, and room or suite no. If a P.O. box, see instructions 3601 - 30TH AVENUE, NO. 202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions KENOSHA, WI 53144	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

KATHERINE MARKS, CEO

- The books are in the care of ► **3601 - 30TH AVENUE, SUITE 202 - KENOSHA, WI 53144-1642**
Telephone No ► **262-658-4104** 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 EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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Form **8868** (Rev. 4-2009)