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Form 990

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)

OMB No 1545 0047

2009

Department of the Treasury

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

Open to Public Inspection

	For the	2009 calendar year, or tax year beginning , 2009, and er		,	
В	Check if	applicable C	D Employ	er Identification	Number
	Add	ress change RS label KENOSHA COMMUNITY FOUNDATION	39-	6045289	
	Nam	or print or type. 600 52ND STREET #110	E Telepho	ne number	
	\vdash	See KENOSHA WT 53140	262	-654-241	12
	\vdash	al return specific Instruc-	202	034 241	
	Tern	nination tions.			4 510 220
	Ame	ended return	G Gross r		4,512,330.
	App	lication pending F Name and address of principal officer	H(a) is this a group retur		Yes X No
	_	SAME AS C ABOVE	H(b) Are all affiliates incl		Yes No
1	Tax-6	exempt status X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	If 'No,' attach a list	(see instruction	is)
÷		site: N/A	H(c) Group exemption no	umber ►	
<u></u>					
K		of organization Corporation Trust Association Other ► L Year of Fi	ormation IVI S	State of legal do	micile
Pa	irt I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities <u>ACTIV</u>	TIES OF A COMM	UNITY F	<u>OUNDATION.</u>
0	_				
Activities & Governance					
Ë	1 -				
Š	2 0	Check this box I if the organization discontinued its operations or disposed of	more than 25% of its a	ssets.	
ğ		Number of voting members of the governing body (Part VI, line 1a)		3	13
≪		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ţį.		otal number of employees (Part V, line 2a)		5	C
₹		Total number of volunteers (estimate if necessary)		6	0
Ä		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	,	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_		tot annualed Basilless taxable illestite from total of annual of the	Diany		Current Year
$\mathbb{C} \gg 20\%$	١	D 11/10 1 110	Prior Year		
و چ		Contributions and grants (Part VIII, line 1h)	283,9	113.	164,191.
~		Program service revenue (Part VIII, line 2g)	145	200	04 007
5°0		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-145,9	998.	-24,987.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
5_	12 7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	137,9	917.	139,204.
A 	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,9	950.	186,710.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			
SCARIAT!	i	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	57,1	168.	55,438.
图 8					
CANALA Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	 		
3 \$		Fotal fundraising expenses (Part IX, column (D), line 25) ▶			
Ź "	17 (Other expenses (Part IX, column (A), lines 11 RIEO E247 ED	97,3	339.	108,480.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), tine 35)	292,4	457.	350,628.
		Revenue less expenses. Subtract line 18 from June 12	-154,5		-211,424.
	-				
Assets or I Balances	l	(O)	Beginning of Y		End of Year
Sala	20	lotal assets (Part X, line 16)	3,153,2		4,223,858.
4 4	21 -	Total liabilities (Part X, line 26)	<u> </u>	386.	913.
žζ	22 1	Net assets or fund balances Subtract line 21 from line 20	3,152,3	333.	4,222,945.
Pa	art II	Signature Block			
		Under consisters of persury. I declare that I have examined this return, including accompanying schedules a	and statements, and to the hes	t of my knowled	lge and belief it is
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has any knowledge		3 ,
c:	~~	h /:	1 7/1	110	
Sie He	yn	Signature of officer	Date	-	
116	:1 C		Date		
		ROBERT SCHNEIDER			
		Type or print name and title			
		Date	Check if	Preparer (see inst	's identifying number ructions)
Pa			self- employed		•
Pr		Preparer's signature JEAN PLACKE	1///	U _{N/A}	
pa	rer's	WILLIAM DOCTOR C LADGEN C C	/ */ 	1/	
Ųs		yours if self		X / X	
10	าly	employed). ► 6535 GREEN BAY ROAD		N/A	0 2212
		ZIP+4 KENUSHA, WI 5314Z	Phone no	262-658	
		RS discuss this return with the preparer shown above? (see instructions)		[X]	Yes No
BA	A For	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	TEEA0113	L 12/29/09	Form 990 (2009

Form	1 990 (1	2009) KENO	SHA COMMU	UNITY	FOUNDA'	TION					39-6	04528	9		Page 2
Pai	न ॥	Statemen	t of Prograi	m Servi	ce Acco	mplish	ments			_					
1		y describe the oi													
	'ACT	IVITIES OF	A COMMU	NITY_F	TADRUOT	<u>'ION.</u>				~					
2	Did th	ne organization (ındertake any	significan	t program	services (during the ye	ar wh	ich were	not listed o	n the prior				
		990 or 990-EZ?		_									Yes	X	No
		s,' describe thes												(ZZ)	
3		ne organization o				ant chang	ges in how it	cond	ucts, any	program se	ervices?		Yes	X	No
		s,' describe thes	•						1		h., aunanaa	Coction	5017	-1/21	
4	and 9	ribe the exempt 501(c)(4) organiz	ations and sec	ction 4947	7(a)(1) trus	ts are rec	juired to rep	ee iar ort the	gest prog amount	of grants a	es by expenses and allocations	to others	, the t	otal	
	expe	nses, and reven	ue, if any, for e	each prog	ram servic	e reporte	d.								
		<u>. </u>													
4:	a (Code	e:)	(Expenses \$	3	154,005	o . includ	ding grants o	of \$) (Revenue	\$	15	4,00	<u>)5.</u>)
	DIS	TRIBUTION	OF GRANT	S TO C	OTHER 5	<u>01 (C)</u>	(3) ORG	AN 1 2	ATION	<u>s.</u>					
												- :			
					-										
								- 							
					20 70						` ~	_		22 7	
4	b (Cod	e:) STRIBUTION	(Expenses \$	NDCUTI	32, /U	o. inclu	ding grants o	of Ş) (Revenue	\$		52, 1	<u>05.</u>)
	DIS	PIKIDULION	Or SCHOL	WESUT	GRAIN										
	c (Cod	e·)	(Expenses	<u> </u>		ınclı	ding grants (of S	_) (Revenue	Ś			<u> </u>
7	c (COO	·	(Expenses	-			ang grants	J. 4				·-			
4		r program servic	es. (Describe i				•			. ~	~				
		enses \$			cluding gr) (Reveni	ue \$			_)	
4	e Tota	l program servi	e expenses	<u>></u>	1	00,/10	· .	-							

39-6045289 KENOSHA COMMUNITY FOUNDATION Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete 4 Х Schedule C, Part II 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? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, $Part\ V$ X 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X No Yes 12AWas the organization included in consolidated, independent audited financial statement for the tax Х 12 A

year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

X 13 X 14a

14b

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Х

X

Х

X

Х

Х

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part l*

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? If 'Yes,' complete Schedule F, Part II

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? If 'Yes,' complete Schedule F, Part III

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

39-6045289 Form 990 (2009) KENOSHA COMMUNITY FOUNDATION Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II , 21 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24 a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 X Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28 c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M. X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 X line 1 . Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

> 36 Х Х 37

X

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O

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35

Part V, line 2

Page 5

<u>'arı</u>	¥	Statements Regarding Other IRS Fillings and Tax Compliance				
•	•		1 .		Yes	No
1 a	Enter th Informat	e number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. tion Returns. Enter -0- if not applicable	1a 0			
		e number of Forms W-2G included in line 1a. Enter -0- if not applicable	1Ы 0	I		
С	Did the (gambling	organization comply with backup withholding rules for reportable payments to vendors ng) winnings to prize winners?	and reportable gaming	1 c		
2a	Enter the r	number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the year ending with or within the year covered by this return	2a 0			
2b		st one is reported on line 2a, did the organization file all required federal employment		<u>2b</u>		
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retur				
3a	Did the this retu	organization have unrelated business gross income of $1,000$ or more during the year ${ m irn}^2$	covered by	3a		<u> </u>
b	If 'Yes' I	has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	-	3Ь		
4 a	At any t financia	time during the calendar year, did the organization have an interest in, or a signature of a count in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	4 a		X
b		enter the name of the foreign country. ►				
	Financia	instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fal Accounts	İ			
		e organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5b		Х
С	If 'Yes,' Tax She	to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enticler Transaction?	ty Regarding Prohibited	5с		
6a	Does th	e organization have annual gross receipts that are normally greater than \$100,000, an ny contributions that were not tax deductible?	d did the organization	6a		х
b	If 'Yes,' deductil	did the organization include with every solicitation an express statement that such corble?	ntributions or gifts were not	6b		
7	Organiz	zations that may receive deductible contributions under section 170(c).				
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and pad to the payor?	rtly for goods and services	7a		х
b	If 'Yes,'	did the organization notify the donor of the value of the goods or services provided?	[7b		
С	Did the Form 82	organization sell, exchange, or otherwise dispose of tangible personal property for wh 282?	ich it was required to file	7с		х
		indicate the number of Forms 8282 filed during the year	7d			
	benefit	organization, during the year, receive any funds, directly or indirectly, to pay premium contract?	1	7e		Х
		organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		Х
		contributions of qualified intellectual property, did the organization file Form 8899 as re		7g 7h		\vdash
		atributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		<u>/n</u>		<u> </u>
8	support	oring organizations maintaining donor advised funds and section 509(a)(3) supporting ling organization, or a donor advised fund maintained by a sponsoring organization, has s at any time during the year?	organizations. Did the live excess business	8		
9	_	oring organizations maintaining donor advised funds.				
	-	organization make any taxable distributions under section 4966?		9 a		
		organization make any distribution to a donor, donor advisor, or related person?		9 b		
		501(c)(7) organizations. Enter	. ,			
а	Initiatio	n fees and capital contributions included on Part VIII, line 12	10a			
b	Gross F	Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			-
11	Section	n 501(c)(12) organizations. Enter.	, ,			
а	Gross II	ncome from other members or shareholders.	11a			l
	amount	ncome from other sources (Do not net amounts due or paid to other sources against is due or received from them)	11b			
12a	Section	n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of t		12a	L.,,,,	<u> </u>
-	of Was	enter the amount of tay-exempt interest received or accrued during the year	l 12hl	1		

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

Sec	tion A.	Governing B	ody and N	anageme	ent								
												Yes	No
1 a	Enter the	number of voting	members of	the govern	ng body			1a		1	3		·
Ŀ	Enter the	number of voting	members th	at are indep	endent			_1ь	<u> </u>		4		
2		officer, director, tru irector, trustee or			ave a fam	nily relation:	ship or a business re	elations	ship with a	ny other	2		X
3	Did the o	rganization delega s, directors or trus	ate control ov stees, or key	er managen employees (nent dutie: to a mana	s customar	ly performed by or on the series of the seri	under ti	he direct	supervision	3		_X_
4		rganization make prior Form 990 w		nt changes t	o its orgai	nizational d	ocuments				4		X
5		•		no the vear	of a mate	erial diversi	on of the organization	n's ass	ets?		5		Х
6		organization have		,			o o. gaa				6		X
7 a		organization have				persons wh	no may elect one or	more n	nembers	of the	7a		х
ŧ	•		overning body	subject to	approval b	by member	s, stockholders, or c	ther pe	ersons?		7b		Х
	•	rganization conter		•		•	written actions unde	•		e year by			
a		rning body?									8a		Х
	•	nmittee with autho	rity to act on	behalf of th	e governii	ng body?					8b		X
9	Is there a	any officer, directo tion's mailing addr	r or trustee, ess? <i>If 'Yes.</i>	or key empl	oyee listed e names a	d in Part VI and address	l, Section A, who ca	annot be	e reached	at the	9		Х
Sec							bout policies no	ot requ	uired by	the Interr	nal		
Reve	enue Code	.)											
												Yes	No
10 a	Does the	organization have	e local chapte	rs, branche	s, or affilia	ates?					10a		<u>X</u>
	and bran	ches to ensure the	eir operations	are consist	ent with the	hose of the	•				10b		
		•					its governing body		•		11		X
			•		_		review this Form 990	0. S	EE SCE	EDULE O			
		organization have				_					12a		<u>X</u>
	to conflic	ts?			•		se annually interests				12b		
•	: Does the <i>Schedule</i>	organization regu O how this is dor	ilarly and cor ne	sistently mo	nitor and	enforce co	mpliance with the po	olicy? II	f 'Yes,' de	scribe in	12c		
13	Does the	organization have	e a written wh	ııstleblower	policy?						13		X
14	Does the	organization have	e a written do	cument rete	ntion and	destruction	policy?				14		X
15	Did the p persons,	rocess for determ comparability data	ınıng comper a, and conter	sation of the	e following substanti	g persons i ation of the	nclude a review and deliberation and de	approvectsion?	al by inde	ependent			
a	The orga	nization's CEO, E	xecutive Dire	ctor, or top	managem	ent official					15a		X
t		icers of key emplo	•	•							15b	ļļ	X
	If 'Yes' to	line 15a or 15b, o	describe the	process in S	ichedule (O. (See inst	ructions)						
16 a		rganization invest ring the year?	in, contribute	assets to,	or particip	oate in a joi	nt venture or similar	arrang	jement wi	th a taxable	16a		Х
t	in joint vi	nas the organization enture arrangement th respect to such	nts under app	dicable fede	cy or proce ral tax law	edure requ w, and take	ring the organization n steps to safeguard	n to eva d the or	aluate its ganization	participation n's exempt	16ь		
Sec		Disclosures									,		
17	List the s	tates with which a	copy of this	Form 990 is	required	to be filed	► WI						
18	Section 6	6104 requires an o	rganization to ou make thes	make its F e available.	orms 1023 Check all	3 (or 1024 i that apply	f applicable), 990, a	nd 990	-T (501(c)	(3)s only) av	aılable	for pul	olic
	Own	website	Another	s website		Upon re	quest						
19		in Schedule O whits available to the		so, how) the	e organiza	ation makes	its governing docui	ments,	conflict o	interest pol	cy, and	l financ	cıal
						•	who possesses the 3140 262-654			ds of the org	anızatıc	on 	

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(4	c)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estmated amount of other compensation from the organization and related organizations
NEIL F GUTTORMSEN PAST PRESIDENT	,							0.	0.	0
KENNETH L. FELLMAN	0						┢	0.1	0.	0.
PRESIDENT	0							0.	0.	0.
J. MICHAEL MCTERNAN										
DIRECTOR	0						L	0.	0.	0.
JOAN WILK	_									
DIRECTOR	0			\vdash	⊢	 	⊢	0.	0.	0.
VICTOR WEILER SECRETARY	0				ŀ			0.	0.	0.
HOWARD J. BROWN	$+$ $\overline{}$		\vdash		\vdash	 	-	0.	0.	
DIRECTOR	0					1		o.	0.	0.
JANE HARRINGTON-HEIDI										
DIRECTOR	0						<u> </u>	0.	0.	0.
JACK S. HARRIS										
DIRECTOR	0			L	<u> </u>	<u> </u>		0.	0.	0.
JACK WATERS	_								0	0
DIRECTOR JAMIE YOUNG	0	-	H	┝	┝		-	0.	0.	0.
DIRECTOR	0				ŀ		l	0.	0.	0.
CATHRYN S. BOTHE	 					 	H	<u>.</u>	<u> </u>	`
DIRECTOR	o					1		0.	0.	0.
ELYNOR CHEMEROW										
DIRECTOR	0						L.	0.	0.	0.
TERRI_WRUCK				l						_
DIRECTOR	0			<u> </u>	_		├	0.	0.	0.
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Fatt 411 Section A. Officers, Directors, 1143	1000, 1	,,		Р	2)		,	d mgmost es		ipidyces (corn.)
· (A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average hours			_				Reportable compensation from	Reportable compensation from	Estimated amount of other
•	nours per week	or d	inst	Officer	ē	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the
		rect	톭	ĕ	em	est loye	ner	(W 2/1033 WISC)	(11 2 1033 111100)	organization
	1	Q 2	ă		employee	i S				and related organizations
	1	ste	Institutional trustee		æ	E E				
		"	tee		l	Safe				}
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1 b Total	1	<u> </u>		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited	to thes	م اید	łod.	obo.	٠,٠	who				
	10 11105	e 115	ieu .	auu	ve)	WHO	1ec	eiven more man 1	100,000 iii leporta	ole compensation
from the organization 0										IVI N-
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	ey e	empl	loye	e, o	r hig	hest compensate	d employee	
on line 1a? If 'Yes,' complete Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	oortable	com	ipen	isatı f'Ye	on a	and (othe	r compensation to Schedule I for si	om uch	
individual	1011 \$150	,,,,,,	0. 7	, , ,	,, ,	.omp)icic	Schedule 5 lor 3	JC11	4 X
5 Did any person listed on line 1a receive or accrue co	mnonce	ation	fro	m a	n., .	incol	nted	l organization for	canucac	
rendered to the organization? If 'Yes,' complete Sch	nedule J	for:	suct	n pe	rsor	7 7	alec	1 Organization for	sei vices	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	ed indep	end	ent	cont	trac	tors	that	received more th	an \$100,000 of	
compensation from the organization								1		
(A)								(B)	(C)
Name and business addres	s							Description	of Services	Compensation
2 Total number of independent contractors (including	but not !	ımıte	ed tr	o thr	ose	liste	d ah	ove) who receive	d more than	
\$100,000 in compensation from the organization					_			•		

Fal	t 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
	1a Federated campaigns 1a				
NTS	· · · · · · · · · · · · · · · · · · ·				ļ
A N	b Membership dues 1b				
S, G	c Fundraising events 1c				
트	d Related organizations 1d				
S를	e Government grants (contributions) 1 e				
Sign					1
5빛	f All other contributions, gifts, grants, and similar amounts not included above 1f 164, 191.				
≅F	· · · · · · · · · · · · · · · · · · ·				
	g Noncash contribus included in lns 1a-1f \$	164 101			-
ٽ_	h Total. Add lines 1a-1f	164,191.			
븰	Business Code				
É	2a				
#	b				1
Ę	c				
- 6	<u></u>				
S	<u> </u>			··	
₩.	<u> </u>			· · ·	
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other program service revenue				
	g Total. Add lines 2a-2f			:	
	3 Investment income (including dividends, interest and	100 050			106 050
	other similar amounts)	106,052.			106,052.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal		-		
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
				•	İ
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other			•	
	assets other than inventory 4,242,087.				
	b Less cost or other basis				ŀ
1	and sales expenses [4, 373, 126.]				
	c Gain or (loss) -131, 039.		ĺ		
	d Net gain or (loss)	-131,039.	-131,039.		i
Ä	8a Gross income from fundraising events (not including \$				1
EN I	of contributions reported on line 1c).				
Æ	See Part IV, line 18 a				İ
OTHER REVE					
6	b Less direct expenses b				1
	c Net income or (loss) from fundraising events				ļ
	9a Gross income from gaming activities				1
	See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				l
	10a Gross sales of inventory, less returns				
	and allowances a				Ì
	b Less cost of goods sold b				1
	c Net income or (loss) from sales of inventory	i			1
	Miscellaneous Revenue Business Code				†
					†
	11a				
	D				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1		
	12 Total revenue. See instructions	139,204.	-131,039.	0.	106,052.

Page 10

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). (B) (C) (A) · Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and Total expenses expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 154,005 154,005 Grants and other assistance to individuals in the U S. See Part IV, line 22 $\,$ 2 32,705 32,705 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. 0 26,000 26,000 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0. 0. 0 section 4958(c)(3)(B) 25,498. 25,498 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits. 3,940 3,940 Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal 8,650. 8,650 c Accounting **d** Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 7,734 7,734 13 Office expenses 14 Information technology Royalties 15 19,921 19,921 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 252 252 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 761 761 22 Depreciation, depletion, and amortization 2,771. 2,771. 23 Insurance. 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.) 24,634 a DEVELOPMENT 24,634 **b** AGENCY FEES 23,689 23,689 c MARKETING 12,238 12,238. d INTERNET 3,020 3,020. e DUES & SUBSCRIPTIONS 1,555 1,555. 3,255 3,255 f All other expenses 0. 186,710 350,628 163,918. 25 Total functional expenses Add lines 1 through 24f Joint costs. Check here ▶ | | 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. Form **990** (2009) BAA

•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	515.	1	134
2	Savings and temporary cash investments	3,150,323.	2	4,140,222
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	80,000
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	· · · · · · · · · · · · · · · · · · ·		6	
1	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		7	
7 8				
8	Inventories for sale or use	1 076	8	1 740
	Prepaid expenses and deferred charges	1,076.	9	1,748
10:	a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	; ;	1	
1	b Less accumulated depreciation. 10b 41,768.	1,305.	10c	1,754
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		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	3,153,219.	16	4,223,858
17	Accounts payable and accrued expenses	886.	17	913
18	Grants payable		18	
19	Deferred revenue		19	-
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
. 22	- '			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	886.	26	913
	Organizations that follow SFAS 117, check here ► X and complete lines			- -
1	27 through 29 and lines 33 and 34.	:		
27	Unrestricted net assets •	610,710.		931,773
28	Temporarily restricted net assets	503,285.	28	648,974
1 23	Permanently restricted net assets	2,038,338.	29	2,642,198
1	Organizations that do not follow SFAS 117, check here ▶ □ and complete			
;	lines 30 through 34.		1	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33		3,152,333.	33	4,222,945
34	Total liabilities and net assets/fund balances	3,153,219.	34	4,223,858

Form #90 (2009) KENOSHA COMMUNITY FOUNDATION 39-6045289						
Part XI Financial Statements and Reporting						
•		Yes	No			
1 Accounting method used to prepare the Form 990. Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	28	1	X			
b Were the organization's financial statements audited by an independent accountant?	21	<u></u>	X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	tht of the audit,	;				
If the organization changed either its oversight process or selection process during the tax year, explair in Schedule O.	١					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer consolidated basis, separate basis, or both:	e issued on a					
Separate basis Consolidated basis Both consolidated and separate basis						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		x			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ne required audit					

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

KENOSHA COMMUNITY FOUNDATION 39-6045289													
Par	t i F	Reason for Pu	blic Charity Statu	is (All organizations	mu <u>st</u>	compl	ete thi	s part.	.) See	instruc	ctions		
The o	organiz	zation is not a priv	vate foundation because	se it is. (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1	$\prod A$	church, convente	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	$\prod A$	school described	ın section 170(b)(1)(A	(Attach Schedule E)								
3	ПА	hospital or coope	erative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(ii	i).					
4		medical research	organization operate	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	er the hospil	lal's	
_		ame, city, and sta											
5		70(b)(1)(A)(iv). (C	Complete Part II.)	of a college or university					mental i	unit desc	cribed in sec	tion	
6				overnmental unit describ									
7		section 170(b)(1)	(A)(vi). (Complete Pa	•		_	ernmen	ai unit i	or from	ne gene	rai public de	escrib	ea
8													
9	An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)												
10	Α	n organization org	ganized and operated	exclusively to test for put	olic safe	ty. See :	section !	509(a)(4)).				
11	m	ore publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of . See s e	, or carr ection 5	y out the 09(a)(3).	purposes of Check the	of one box th	or nat
	a	Type I	b Type II	c 🗌 Type III	– Fund	tionally	integrate	ed		d 🗌	Type III—	Other	
е	th	y checking this bo ian foundation ma 09(a)(2).	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	d direct pported	ly or ind organiza	irectly b ations d	y one o escribed	r more o d in sect	lisqualificion 509(a	ed persons a)(1) or sect	other lion	
f		the organization in	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g	S	ince August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition from	m any o	the fol	lowing p	ersons?	_		
	(i)) a person who	directly or indirectly o	controls, either alone or to	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)		Yes	No
		below, the go	verning body of the si	upported organization?	J	•			• • •	` ,	11 g (i)		
	(ii	_	ber of a person desc								11 g (ii)		
	•	=	• •	described in (i) or (ii) abo							11 g (iii)		
h	P	rovide the following	ng information about the	ne supported organization	าร								
	(i) N:	ame of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	Is the non in col 1 in your erning ment?	the organ	(i) of	organizati (i) organiz	s the on in col ted in the 3 ?	(vii) Amount	of Sup	port
					Yes	No	Yes	No	Yes	No			
						!							
							-						
					 		<u> </u>				· · · · · · · · · · · · · · · · · · ·		—
													
													
Total													

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

	(Complete only if you checke	ed the box on line	5, 7, or 8 or Part I)						
Sec.	tion A. Public Support	,	· · · · · · · · · · · · · · · · · · ·		<u></u>					
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,226,075.	672,804.	229,381.	283,915.	164,19	1.	2,576,366.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge				:			0.		
4	Total. Add lines 1-through 3	1,226,075.	672,804.	229,381.	283,915.	164,19	1.	2,576,366.		
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)							861,785.		
	Public support. Subtract line 5 from line 4							1,714,581.		
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
7	Amounts from line 4	1,226,075.	672,804.	229,381.	283,915.	164,19	1.	2,576,366.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	83,314.	103,566.	107,682.	122,144.	106,05	52.	522,758.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					,,,,,,		0.		
11	Total support. Add lines 7 through 10				:			3,099,124.		
12	Gross receipts from related activ	ities, etc. (see inst	tructions)				12	0.		
13	First five years. If the Form 990 organization, check this box and		tion's first, second	, third, fourth, or	fifth tax year as a	a section 501((c)(3)	>		
Sec	tion C. Computation of Pu	blic Support F	Percentage							
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	11, column (f)			14	55.3%		
15	Public support percentage from 2	2008 Schedule A, I	Part II, line 14			L	15	53.7%		
16a	33-1/3 support test $-$ 2009. If the and stop here. The organization				he line 14 is 33-1/	3 % or more,	ched	ck this box		
b	b 33-1/3 support test — 2008. 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.									
17 a	17a 10%-facts-and-circumstances test — 2009 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.									
	10%-facts-and-circumstances teror more, and if the organization organization meets the 'facts-and	meets the 'facts-ar d-circumstances' t	nd-circumstances' lest. The organiza	test, check this bation qualifies as	oox and stop here a publicly support	. Explain in Pa ed organization	art I\ on	/ how the		
18 BAA	Private foundation. If the organiz	zation did not chec	k a box on line, 13	s, 16a, 16b, 17a,				or 990-E7) 2009		

	(Complete only if you chec	ked the box on lir	ne 9 of Part I.)					
Sec	tion A. Public Support				•			
	ndar year (or fiscal yr beginnıng in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						_	
_	Add lines 7a and 7b				1			
					<u> </u>	<u> </u>		
•	Public support (Subtract line			1	<u> </u>			
<u> </u>	7c from line 6.)	İ,.	ŧ			L		
	tion B. Total Support		7	4 > 0007	1 4 5 5 5 5	1 1 222		
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(î) Total
	Amounts from line 6				<u> </u>			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, second	i, third, fourth, c	or fifth tax year as	a section 50	1(c)(3) ▶□
Sec	tion C. Computation of Pu							
	Public support percentage for 20			13 column (ft)			15	%
			- · ·	. 10, coluitii (I))			16	
16 Sec	tion D. Computation of Inv			Δ			וט	/0
					mp (f))		17	%
17	Investment income percentage for				nn (1))			
18 19 a	Investment income percentage frage 133-1/3 support tests — 2009. If the	ie organization did	d not check the bo	x on line 14, and	d line 15 is more t	han 33-1/3%	, and	line 17 is not
b	more than 33-1/3%, check this be 33-1/3 support tests — 2008. If the	e organization did	d not check a box	on line 14 or 19a	i, and line 16 is mo	ore than 33-	1/3%,	and line 18
20	ris not more than 33-1/3%, check Private foundation. If the organization	-	•	•	• • • • •	_		▶

Schedule A	(Form 990	or 990-E	Z) 2009	<u>KENOSH</u>	A COM	MUNITY	FOUND!	ATION	39-60	45289	Page 4
Part IV	Suppler	nental I	nforma	tion. Com	plete ti	his par	t to provi	de the	explanations required by additional information.	y Part II, line	10;
	Taren,		01 170	, and ran	. 111, 11116	E 12. F	TOVIGE at	iy ouler	additional information.	See mstructi	ions.
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										. -	
											
											

Schedule A (Form 990 or 990-EZ) 2009 KENOSHA COMMUNITY FOUNDATION

39-6045289

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

KENOSHA COMMUNITY FOUNDATION

				39-6045289	
Pai	del Organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Other Similar Fu	ınds or Ac	counts Comple	te ıf
	the organization answered res		,		
		(a) Donor advised funds	(b) F	unds and other acc	ounts
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	funds are the organization's property, subject	· · · · · · · · · · · · · · · · · · ·		Yes	No No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a fift?	s may be any other	Yes	No No
Pai	t II Conservation Easements Compl	ete if the organization answered 'Yes	' to Form 9	990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	·		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historica	ally important land a	area
	X Protection of natural habitat	Preservation	of certified his	storic structure	
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	the form of a	conservation easem	nent on the
				Held at the End of	the Year
ä	Total number of conservation easements		2a		
ŀ	Total acreage restricted by conservation easer	ments	2b		
•	: Number of conservation easements on a certif	ied historic structure included in (a)	2c		
•	Number of conservation easements included in	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminat	ed by the org	anization during the	tax
	year ►	, , ,	, ,	•	
4	Number of states where property subject to co	nservation easement is located >			
5	Does the organization have a written policy regard enforcement of the conservation easement	garding the periodic monitoring, inspection, han it it holds?	idling of violat	tions, Yes	X No
6	Staff and volunteer hours devoted to monitoring during the year •	ng, inspecting, and enforcing conservation ease	ments		_
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easement	ts \$ _		····
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction	Yes	X No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	d expense sta escribes the o	tement, and balanc organization's accou	e sheet, and nting for
Pai	† III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, of swered 'Yes' to Form 990, Part IV, line	or Other Si e 8.	milar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemer	ic exhibition, education, or research in furthera	ent and baland nce of public	ce sheet works of an service, provide, in	rt, historical Part XIV,
ŧ	of the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	SFAS 116, to report in its revenue statement a ic exhibition, education, or research in furtheral			
	(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 ar amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items.	or financial ga	nn, provide the follo	wing
a	Revenues included in Form 990, Part VIII, line	1		► \$	
	Assets included in Form 990, Part X			► \$	

	SHA COMMUNITY			39-604		
Part III Organizations Mainta	ining Collection	s of Art, Hist	orical Treasures,	or Other Similar As	sets (continued)	
3 Using the organization's acquisition 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		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
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 organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mair	donations of art, itained as part of	, historical treasures, o f the organization's coll	r other similar lection?	☐ Yes ☐ No	
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements	Complete if	organization answe		990, Part IV, line	
1a is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	ner intermediary	for contributions or oth	er assets not	Yes No	
b If 'Yes,' explain the arrangement	in Part XIV and comp	plete the followin	ig table			
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1 e		
f Ending balance				11	— ———————————————————————————————————	
2a Did the organization include an a		Part X, line 21?			Yes No	
b if 'Yes,' explain the arrangement			and Want to Forms (000 Dark IV San 10		
Part V Endowment Funds Co						
1. Decree of manhalasse	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back	
1 a Beginning of year balance		 				
b Contributions				, , , , , , , , , , , , , , , , , , , 		
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		i			<u> </u>	
2 Provide the estimated percentage	•	ance held as.				
a Board designated or quasi-endow	/ment ►	%				
b Permanent endowment ►						
c Term endowment ►	 8					
3a Are there endowment funds not in organization by.	n the possession of the	ne organization t	hat are held and admir	nistered for the	Yes No	
(i) unrelated organizations					3a(i)	
(ii) related organizations 3a(ii)						
b If 'Yes' to 3a(ıı), are the related o					3b	
4 Describe in Part XIV the intended						
Part VI Investments-Land, B			e Form 990, Part	X, line 10.		
Description of investment		t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value	
1 a Land						
b Buildings						
c Leasehold improvements			31,677.	31,677.	0.	
d Equipment			6,934.	5,858.	1,076.	
e Other	1		4,911.	4,233.	678.	
Total. Add lines 1a through 1e (Column	ı (ɑ) must equal Forn	1 990, Parl X, co	iumn (B), line 10(c).)	► 1	1,754.	

BAA

Schedule **D** (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives		300,00,000	<u></u>
Closely-held equity interests			
Other			
	 		
	· · · · · · · · · · · · · · · · · · ·		
			······································
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII Investments—Program Related (See	Form 990 Part X	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
(a) Description of investment type	(b) Book value	Cost or end-of-year man	ket value
	,, <u>-</u>		
			
		· · · · · · · · · · · · · · · · · · ·	······································
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/I	\	
	scription	•	(b) Book value
	3011pttott		(D) Book value
	- M.J T. W		
			
			1
			
			
			
Total (Calumn (h) must squal Form 000 Part V sal (P) tu	20. 15)	•	
Total. (Column (b) must equal Form 990, Part X, col.(B), lift Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		<u> </u>	
		 -[
	 		
		<u> </u>	
<u></u>			
		<u>-</u>	
		k	
		·	
<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		<u> </u>	<u> </u>
2. FIN 48 Footnote. In Part XIV, provide the text of the footr for uncertain tax positions under FIN 48	note to the organization	's financial statements that reports the	organization's liability

Schedule D (Form 990) 2009 KENOSHA COMMUNITY FOUNDATION

39-6045289

Page 3

Schedule D (Form 990) 2009 KENOSHA COMMUNITY FOUNDATION	39-604	15289	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses .			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Retur	n N/A	
Total revenue, gains, and other support per audited financial statements.	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	-		
a Net unrealized gains on investments			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants	7		
d Other (Describe in Part XIV).			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV).	\dashv		
c Add lines 4a and 4b	4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		N/A	
1 Total expenses and losses per audited financial statements	1	11/11	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	<u> </u>		
a Donated services and use of facilities			
b Prior year adjustments 2b	\dashv		
c Other losses 2c	\dashv		
d Other (Describe in Part XIV).	\dashv		
•	\dashv $_{\cdot}$		
e Add lines 2a through 2d 3 Subtract line 2e from line 1	2e		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b			
	\dashv .		
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information		<u> </u>	
Part Atv 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 I	V, lines 1	b and 2b, Parl	٧,
line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this information	part to pro	ovide any addi	tional
		 -	

Schedule D (Form 990) 2009 KENOSHA COMMUNITY FOUNDATION	39-6045289	Page 5
Schedule D (Form 990) 2009 KENOSHA COMMUNITY FOUNDATION Part XIV Supplemental Information (continued)		
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## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**CLIENT 46425** 

**KENOSHA COMMUNITY FOUNDATION** 

39-6045289

7/01/10

09 41AM

SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED INVESTMENT GAINS

TOTAL \$ 675,119.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545 0047

Open to Public Inspection

**%** ⊠ Part It | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form ☐ Yes 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 Employer identification number 39-6045289 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I | General Information on Grants and Assistance KENOSHA COMMUNITY FOUNDATION Name of the organization

Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if add	litional space is needed	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
2 Enter total number of section 501(c)(3) and government organizations	3) and government org	ganizations				•	107,488

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 Schedule I (Form 990) 2009 KENOSHA COMMUNITY FOUNDATION
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (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 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant KENOSHA COMMUNITY FOUNDATION (a) Type of grant or assistance BAA

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
KENOSHA COMMUNITY FOUNDATION	39-6045289
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
	· <b></b>

Schedule O (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
KENOSHA COMMUNITY FOUNDATION	39-6045289
•	
	<b></b>
	<b></b>
#	