



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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

**2009**

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF KENOSHA COUNTY, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3601 - 30TH AVENUE 202</b> City or town, state or country, and ZIP + 4 <b>KENOSHA, WI 53144</b>	<b>D</b> Employer identification number <b>39-0806285</b>
	<b>E</b> Telephone number <b>262-658-4104</b>	
	<b>G</b> Gross receipts \$ <b>1,049,953.</b>	
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.KENOSHAUNITEDWAY.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1959</b> <b>M</b> State of legal domicile: <b>WI</b>		

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<b>THE MISSION OF UNITED WAY OF KENOSHA COUNTY (UWKC) IS TO MOBILIZE THE CARING POWER OF OUR</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>12</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>715</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,135,719.</b>	<b>Current Year</b> <b>1,017,477.</b>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>18,096.</b>	<b>19,847.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,809.</b>	<b>12,629.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,155,624.</b>	<b>1,049,953.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>680,213.</b>	<b>720,314.</b>
	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)	<b>374,690.</b>	<b>284,156.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>66,667.</b>	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>198,802.</b>	<b>121,623.</b>	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,253,705.</b>	<b>1,126,093.</b>	
19	Revenue less expenses - Subtract line 18 from line 12	<b>-98,081.</b>	<b>-76,140.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 15)	<b>Beginning of Current Year</b> <b>1,665,303.</b>	<b>End of Year</b> <b>1,558,959.</b>
	21	Total liabilities (Part X, line 26)	<b>150,917.</b>	<b>120,713.</b>
	22	Net assets or fund balances - Subtract line 21 from line 20	<b>1,514,386.</b>	<b>1,438,246.</b>

## Part II Signature Block

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

Signature of officer: *Katherine Marks* Date: **12-9-10**  
**KATHERINE MARKS, CHIEF EXECUTIVE OFFICER**  
 Type or print name and title

Preparer's signature: *[Signature]* Date: **12/7/10**  
**CLIFTON GUNDERSON LLP**  
**P O BOX 1347**  
**RACINE, WI 53401-1347**  
 Firm's name (or yours if self-employed), address, and ZIP + 4

Check if self-employed ☐ Preparer's identifying number (see instructions)  
 EIN ▶ Phone no. ▶ **(262) 637-9351**

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

**Part III** Statement of Program Service Accomplishments

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 \$ 780,918. including grants of \$ 622,594. ) (Revenue \$ )  
**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 \$ 77,259. 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 \$ 97,720. including grants of \$ 97,720. ) (Revenue \$ )

4e Total program service expenses ► \$ 955,897.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> 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		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
• 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		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

Form 990 (2009)

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

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

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

Form 990 (2009)

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

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

Form 990 (2009)

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	17	
b Enter the number of voting members that are independent	17	
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
b 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	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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. Report compensation for the calendar year ending with or within the organization'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 employee."

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

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

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

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

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

(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			
BRYAN ALBRECHT PRESIDENT ELECT	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.
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 PRESIDENT	1.00	X		X				0.	0.	0.
LENNY KLAVER DIRECTOR	1.00	X						0.	0.	0.
AARON TRAUTWEIN 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.
BILL ROBERTS 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.
BRUCE BAUMBACH DIRECTOR	1.00	X						0.	0.	0.
MARY MODDER 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			
KATHERINE MARKS CHIEF EXECUTIVE OFFICER	50.00			X				66,789.	0.	13,943.
SHERRY WESTHOFF SENIOR ACCOUNTANT	25.00			X				22,110.	0.	663.
<b>1b Total</b>								<b>88,899.</b>	<b>0.</b>	<b>14,606.</b>

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

- 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
- 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
- 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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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 but not limited to those listed above) 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	9,439.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	11,681.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	996,357.			
	g	Noncash contributions included in lines 1a-1f \$		92,604.			
h Total. Add lines 1a-1f				1017477.			
Program Service Revenue	2 a Business Code						
	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)		19,847.			19,847.
	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	COST RECOVERY FEES	900099	10,934.	10,934.		
	b	MISCELLANEOUS	900099	1,695.	1,695.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		12,629.				
12	Total revenue. See instructions.		1049953.	12,629.	0.	19,847.	

**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	720,314.	720,314.		
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	91,101.	47,819.	27,913.	15,369.
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	127,643.	85,208.	27,373.	15,062.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	48,532.	28,904.	12,641.	6,987.
10 Payroll taxes	16,880.	10,210.	4,302.	2,368.
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	13,325.	3,264.	9,241.	820.
12 Advertising and promotion	3,936.	1,392.	84.	2,460.
13 Office expenses	8,730.	4,590.	1,192.	2,948.
14 Information technology	20,775.	15,460.	3,624.	1,691.
15 Royalties				
16 Occupancy	27,800.	17,539.	6,529.	3,732.
17 Travel	4,358.	2,829.	403.	1,126.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,899.	2,457.	154.	288.
20 Interest				
21 Payments to affiliates	7,590.	4,385.	2,039.	1,166.
22 Depreciation, depletion, and amortization	5,923.	3,422.	1,591.	910.
23 Insurance	2,316.	1,338.	622.	356.
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 <b>PRINTING</b>	8,427.	253.	28.	8,146.
b <b>STAFF TRAINING AND RECR</b>	4,748.	1,715.	2,671.	362.
c <b>TELEPHONE</b>	4,580.	2,646.	1,231.	703.
d <b>POSTAGE</b>	2,044.	430.	951.	663.
e <b>DUES AND SUBSCRIPTIONS</b>	1,840.	1,063.	494.	283.
f All other expenses	2,332.	659.	446.	1,227.
25 <b>Total functional expenses</b> Add lines 1 through 24f	1,126,093.	955,897.	103,529.	66,667.
26 <b>Joint costs</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	1,321,248.	2	1,242,401.
	3 Pledges and grants receivable, net	320,047.	3	285,198.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,663.	9	10,206.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 60,241.		
	b Less: accumulated depreciation	10b 41,498.	10c	18,743.
	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	3,937.	15	2,311.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,665,303.	16	1,558,959.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	150,917.	17	120,713.
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	150,917.	26	120,713.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	534,435.	27	607,349.
	28 Temporarily restricted net assets	979,951.	28	830,897.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	1,514,386.	33	1,438,246.
	34 <b>Total liabilities and net assets/fund balances</b>	1,665,303.	34	1,558,959.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
☒ 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 in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

# 2009

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
---------------	---

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

- 1 ☐ A church, convention of churches, or association of churches 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).**

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

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

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

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

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

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

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

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

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

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

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

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

(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 supported organization(s)

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,245,243.	1,087,429.	1,411,442.	1,135,719.	1,017,477.	5,897,310.
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 <b>Total.</b> Add lines 1 through 3	1,245,243.	1,087,429.	1,411,442.	1,135,719.	1,017,477.	5,897,310.
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)						375,920.
6 <b>Public support.</b> Subtract line 5 from line 4						5,521,390.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,245,243.	1,087,429.	1,411,442.	1,135,719.	1,017,477.	5,897,310.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,171.	39,773.	38,699.	18,096.	19,847.	137,586.
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)	3,845.	4,800.	3,183.	1,809.	12,629.	26,266.
11 <b>Total support.</b> Add lines 7 through 10						6,061,162.
12 Gross receipts from related activities, etc. (see instructions)					12	-964.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.09 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.19 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;"><input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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**

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

OMB No 1545-0047

**2009**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if 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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,797.	32,958.	16,839.
e Other		10,444.	8,540.	1,904.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,743.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,049,953.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,126,093.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-76,140.
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-76,140.

**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	952,233.
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	952,233.
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	97,720.
c	Add lines 4a and 4b	4c	97,720.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,049,953.

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

1	Total expenses and losses per audited financial statements	1	1,028,373.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,028,373.
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	97,720.
c	Add lines 4a and 4b	4c	97,720.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,126,093.

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

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DESIGNATED PLEDGES: 97720.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

DESIGNATED PLEDGES: 97720.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

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

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)	9,775.	0.			HIV HEALTH CARE SERVICES
AMERICAN RED CROSS - SOUTHEASTERN WISCONSIN - 2600 W. WISCONSIN - MILWAUKEE, WI 53233	39-0816839	501(C)(3)	15,549.	190.	BOOK	AMERICAN GIRL (AG) DOLLS	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)	17,485.	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)	17,460.	0.			STRENGTHENING FAMILIES
BOYS & GIRLS CLUB OF KENOSHA, INC. 1715 52ND STREET KENOSHA, WI 53140	39-1732935	501(C)(3)	82,916.	570.	BOOK	AG DOLLS	DONOR DESIGNATED (1) YOUTH EMPOWERMENT
CHILDREN'S SERVICE SOCIETY OF WISCONSIN - 708 57TH STREET, SUITE 200 - KENOSHA, WI 53140	39-0806380	501(C)(3)	30,505.	644.	BOOK	AG DOLLS, MISC TOYS	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

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

Schedule I (Form 990) 2009

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.

(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: DONOR DESIGNATED FUNDING:

DONOR DESIGNATED AGENCIES MUST COMPLETE AND RETURN AN ANTI-TERRORIST COMPLIANCE MEASURES FORM AND A COPY OF THEIR IRS DETERMINATION LETTER MUST BE ON FILE IN ORDER FOR THEM TO RECEIVE FUNDS DESIGNATED TO THEM BY UWKC DONORS DURING OUR ANNUAL FUNDRAISING CAMPAIGN.

PROGRAM FUNDING:

UNDER THE COMMUNITY IMPACT MODEL, PROGRAMS SEEKING FUNDING MUST SUPPORT UNITED WAY OF KENOSHA COUNTY'S (UWKC) OBJECTIVES AND OUTCOMES WITHIN ONE OF

**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  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
Open to Public  
Inspection

Name of the organization

**UNITED WAY OF KENOSHA COUNTY, INC.**

Employer identification number  
**39-0806285**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELCA URBAN OUTREACH CENTER 2006 60TH STREET KENOSHA, WI 53140	02-0638260	501(C)(3)	50.	14,355	BOOK	AG DOLLS & CLOTHING	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)	28,142.	0.			DONOR DESIGNATED (1) CHILDREN'S SAFE HOUSE
HOSPICE ALLIANCE, INC. 10220 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158	39-1403883	501(C)(3)	15,137.	380	BOOK	AG DOLLS	DONOR DESIGNATED (1) HOSPICE HOUSE
KENOSHA ACHIEVEMENT CENTER, INC. 1218 79TH STREET KENOSHA, WI 53143	39-1399101	501(C)(3)	71,162.	1,140	BOOK	AG DOLLS	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)	21,771.	1,140	BOOK	AG DOLLS	DONOR DESIGNATED (1) MEALS ON WHEELS
KENOSHA COMMUNITY HEALTH CENTER 4536 22ND AVENUE KENOSHA, WI 53140	39-1789874	501(C)(3)	26,989.	380	BOOK	AG DOLLS	DONOR DESIGNATED (1) REMOVING BARRIERS TO DIABETES
KENOSHA HUMAN DEVELOPMENT SERVICES 5407 8TH AVENUE KENOSHA, WI 53140	39-1200678	501(C)(3)	66,401.	0.			SEE PART IV SUPPLEMENTAL INFORMATION
KENOSHA LITERACY COUNCIL 2419 63RD STREET KENOSHA, WI 53143	39-1601969	501(C)(3)	20,203.	1,520	BOOK	AG DOLLS	DONOR DESIGNATED (1) LITERACY FOR LIFE, ADULT LITERACY

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

Schedule I-1 (Form 990) 2009

**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  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENOSHA COUNTY 1010 56TH STREET KENOSHA, WA 53140	39-6005707	501(C)(3)	7,293.	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)	66,550.	0.			DONOR DESIGNATED (1) LEGAL ADVOCACY AND CHILDREN'S SERVICES
KENOSHA COUNTY INTERFAITH HUMAN CONCERNS NETWORK - 1713 62ND STREET - KENOSHA, WI 53143	39-1480124	501(C)(3)	85,319.	760.	BOOK	AG DOLLS	DONOR DESIGNATED (1) EMERGENCY FAMILY SHELTER AND INTERFAITH NETWORK NIGHTLY SHELTER
IMPACT, INC. 6737 W. WASHINGTON ST., SUITE 225 MILWAUKEE, WI 53214	39-0988784	501(C)(3)	20,000.	0.			2-1-1 COVERAGE FOR KENOSHA COUNTY AREA
SISTAS (KUSD ACTIVITY) 3600 52ND STREET KENOSHA, WI 53144	39-1089927	501(A)	0.	24,298.	BOOK	CLOTHING	COMMUNITY OUTREACH
SECOND BAPTIST CHURCH OF KENOSHA, INC. - 3925 32ND AVENUE - KENOSHA, WI 53144	39-1731908	501(C)(3)	0.	6,109.	BOOK	CLOTHING, CHRISTMAS TREE, AG DOLLS	COMMUNITY OUTREACH
LINCOLN MIDDLE SCHOOL 6729 18TH AVENUE KENOSHA, WI 53143	39-1089927	501(A)	0.	17,400.	BOOK	CLOTHING	COMMUNITY OUTREACH
SHARING CENTER 7001 236TH AVENUE SALEM, WI 53168	39-1502706	501(C)(3)	2,054.	5,510.	BOOK	AG DOLLS	DONOR DESIGNATED (1) COMMUNITY OUTREACH

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

Schedule I-1 (Form 990) 2009



**Part IV** Supplemental Information

THE THREE FOCUS AREAS, REPORT QUARTERLY ON RESULTS THROUGH OUTCOME-BASED MEASUREMENT AND ADDRESS AN IDENTIFIED PRIORITY NEED OR ISSUE IN THE COMMUNITY.

AGENCIES THAT WISH TO APPLY FOR PROGRAM FUNDING THROUGH UWKC WILL BE REQUIRED TO SUBMIT A NOTICE OF INTENT ALONG WITH THE REQUIRED DOCUMENTATION. ALL PROGRAMS RECEIVING FUNDING FROM UWKC ARE EXPECTED TO ABIDE BY THE SAME REQUIREMENTS AND SIGN A FUNDED PARTNER STATEMENT OF AGREEMENT.

FOR FUNDING CONSIDERATION, AS A FIRST STEP THE FOLLOWING MUST BE MET:

**AGENCY CRITERIA**

- AN AGENCY MUST BE AN IRS-CERTIFIED 501(C) (3) HEALTH AND HUMAN SERVICE PROVIDER AND A STATE LICENSED ORGANIZATION THAT SERVES PEOPLE OF KENOSHA COUNTY IN WISCONSIN.
- AN AGENCY MUST HAVE WRITTEN BY-LAWS AND A COMMUNITY BASED BOARD OF DIRECTORS, OR LOCAL ADVISORY COMMITTEE OF AT LEAST 5 MEMBERS OR MORE THAT MEETS AT LEAST QUARTERLY.
- AN AGENCY MUST COMPLY WITH AUDIT REQUIREMENTS STATED IN UWKC POLICIES.
- THE FOLLOWING DOCUMENTATION IS REQUIRED AND MUST BE ON FILE WITH UWKC:
  - AGENCY CONSTITUTION OR BY-LAWS
  - ARTICLES OF INCORPORATION
  - ANTI-TERRORIST COMPLIANCE MEASURES FORM
  - COPY OF IRS DETERMINATION LETTER
  - COPY OF "CHARITABLE" ORGANIZATION LICENSE
  - MOST CURRENT IRS FORM 990
  - COPY OF MOST RECENT AUDIT

**Part IV** Supplemental Information

- OPERATION BUDGET FOR THE MOST CURRENT FISCAL YEAR
- AGENCY BOARD-APPROVED POLICIES FOR EQUAL OPPORTUNITY
- CURRENT LIST OF THE BOD
- COPIES OF THE MINUTES OF ALL THE MEETINGS IN THE LAST 12 MONTHS

**PROGRAM CRITERIA**

- THE PROGRAM MUST SUPPORT ONE OF UNITED WAY'S THREE FOCUS AREAS (STRONG FAMILIES, HEALTHY PEOPLE OR BASIC NEEDS)
- THE PROGRAM MUST ADDRESS AN IDENTIFIED COMMUNITY NEED. IF THE PROGRAM IS SIMILAR TO A PROGRAM CURRENTLY FUNDED BY UNITED WAY, THE APPLICANT AGENCY MUST PROVIDE EVIDENCE THAT ITS PROGRAM IS MORE EFFICIENT, MORE EFFECTIVE OR SERVING A PART OF THE COMMUNITY THAT DOES NOT HAVE ACCESS TO THE EXISTING PROGRAM(S).
- THE PROGRAM IS ABLE TO DEMONSTRATE ITS EFFECTIVENESS THROUGH MEANINGFUL AND MEASURABLE OUTCOMES.

REPORTING REQUIREMENTS: (THE FOLLOWING REPORTING REQUIREMENTS MUST BE FOLLOWED IN ORDER TO RECEIVE FUNDING. NON-COMPLIANCE MAY RESULT IN FUNDS BEING WITHHELD AND STATEMENT OF AGREEMENT TERMINATED):

A. THE FUNDED PARTNER AGREES TO PROVIDE REQUIRED QUARTERLY PROGRAM REPORTS PERTAINING TO THE PROVISION OF SERVICES, CLIENT DEMOGRAPHICS, OUTCOMES, AND ALL OTHER REQUIRED INFORMATION. THESE REPORTS WILL BE DUE QUARTERLY ON JANUARY 31, APRIL 30, JULY 31 AND OCTOBER 31.

B. THE FUNDED PARTNER FURTHER AGREES TO ADDRESS ANY CONCERNS AND MEET ANY CONDITIONS OF FUNDING SET FORTH BY UNITED WAY BY THE REQUIRED TIMELINES.

**Part IV** Supplemental Information

C. THE FUNDED PARTNER AGREES TO PROVIDE THE MOST RECENT BOARD APPROVED FINANCIAL STATEMENTS (SIGNATURE OR MINUTES) AS OF JUNE 30, WHICH WOULD INCLUDE A STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) AND A STATEMENT OF ACTIVITIES (INCOME AND EXPENSE STATEMENT) AND WILL FORWARD THE APPROVED FINANCIALS TO THE ATTENTION OF UNITED WAY'S COMMUNITY IMPACT STAFF BY JULY 31 ANNUALLY.

D. ADDITIONALLY, THE FUNDED PARTNER AGREES TO SUBMIT AN AUDIT AND 990 ANNUALLY. 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).

E. THE FUNDED PARTNER AGREES IT WILL NOTIFY UNITED WAY WITHIN 15 DAYS IF THERE IS A CHANGE IN THE FUNDED PARTNER'S EXECUTIVE DIRECTOR. IN ADDITION, OTHER STAFF CHANGES THAT SIGNIFICANTLY IMPACT THE RELATIONSHIP BETWEEN UWKC AND THE FUNDED PARTNER AND/OR FUNDED PROGRAM, THE STATEMENT OF AGREEMENT OR COMMUNITY IMPACT COMMITTEE RECOMMENDATIONS AND POLICIES MUST ALSO BE REPORTED. AN ATTACHMENT MUST BE SIGNED BY THE NEW EXECUTIVE DIRECTOR OF THE AGENCY AND SUBMITTED TO THE CIO STATING THAT THIS STATEMENT OF AGREEMENT AND UNITED WAY POLICIES AND PROCEDURES HAVE BEEN REVIEWED.

F. THE FUNDED PARTNER AGREES TO PROVIDE THE MOST CURRENT BOARD APPROVED PROGRAM BUDGET WITH SUBMISSION OF THIS STATEMENT OF AGREEMENT (REQUIRED ONLY IF REVISIONS HAVE BEEN MADE SINCE GRANT APPLICATION WAS SUBMITTED).

**Part IV** Supplemental Information

G. THE FUNDED PARTNER AGREES TO SUBMIT TO UWKC, ON A QUARTERLY BASIS, A MINIMUM OF ONE (1) PROGRAM SUCCESS OR RESULTS STORY FOR A MINIMUM TOTAL OF 4 ANNUALLY.

H. THE FUNDED PARTNER AGREES TO PERFORM AND DELIVER THE SERVICE(S) AND PROGRAM(S) AS OUTLINED IN THE AGENCY'S APPLICATION FOR UWKC PROGRAM FUNDING, AND TO ADVISE THE UNITED WAY STAFF IN WRITING IMMEDIATELY OF ANY EXTRAORDINARY DEVELOPMENTS WHICH MAY MATERIALLY AFFECT EXECUTION OF UNITED WAY OF KENOSHA COUNTY FUNDED PROGRAMS.

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, AND INFORMATION PLEASE BOOKLETS

GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS LESS THAN \$5,000 AND THEREFORE NOT REPORTED SEPARATELY IN SCHEDULE I, PART II WERE \$32,033 CASH GRANTS AND \$11,178 NON-CASH ASSISTANCE MADE UP OF 57 AGENCIES.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2009**

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		61,027.	COST DONATED PROPERTY
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X		3,250.	COST DONATED PROPERTY
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	1,450.	COST DONATED PROPERTY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>TOYS</u> )	X	1	24,367.	COST DONATED PROPERTY
26 Other ► ( <u>OFFICE EQUIPM</u> )	X	1	2,509.	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
33		

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Employer identification number  
**39-0806285**

**UNITED WAY OF KENOSHA COUNTY, INC.**

**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 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. WE ENVISION A  
COMMUNITY WHERE ALL CHILDREN ARE NURTURED BY INFORMED  
PARENTS/CAREGIVERS AND HAVE ACCESS TO SERVICES WHICH PREPARE THEM FOR  
SUCCESS IN SCHOOL AND LIFE. YOUTH HAVE THE RESOURCES AND OPPORTUNITIES  
TO ACHIEVE THEIR FULL POTENTIAL - TO BECOME PREPARED FOR A PRODUCTIVE  
ADULTHOOD TO MAKE A CONTRIBUTION TO THEIR COMMUNITY. WE ENVISION A  
COMMUNITY WHERE FAMILIES ARE STRONG AND HEALTHY. UNITED WAY SUPPORTS**

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Employer identification number  
39-0806285

UNITED WAY OF KENOSHA COUNTY, INC.

AND FUNDS PROGRAMS FOR LOW-INCOME AND AT-RISK YOUTH AND FAMILIES THAT  
ADDRESS THE FOLLOWING OBJECTIVES:

YOUTH SERVICES

OBJECTIVE: TO PROMOTE QUALITY, AFFORDABLE PROGRAMS THAT WILL ADDRESS  
THE CORE COMPETENCIES OF YOUTH DEVELOPMENT AND ARE IN LINE WITH THE  
SEARCH INSTITUTE'S 40 DEVELOPMENTAL ASSETS

FAMILY SERVICES/EARLY-CHILDHOOD

OBJECTIVE: TO PROMOTE THE DEVELOPMENT OF HEALTHY, RESILIENT FAMILIES  
AND YOUNG CHILDREN BY PROVIDING ACCESS TO QUALITY PARENT  
EDUCATION/FAMILY SUPPORT SERVICES; EARLY CHILDHOOD DEVELOPMENT  
WORKSHOPS AND MENTORING SERVICES. PROGRAMMING IS PREDOMINANTLY  
PREVENTATIVE IN NATURE TO HELP FOSTER A STABLE HOME ENVIRONMENT.

THE SPECIAL INITIATIVE FOR THE STRONG FAMILIES FOCUS AREA IS MENTORING.  
UNIVERSITY OF WISCONSIN-PARKSIDE, IN PARTNERSHIP WITH UWKC, ESTABLISHED  
MENTOR KENOSHA & RACINE TO MEET THE COMMUNITY'S GROWING NEED FOR MORE  
MENTORS. MENTOR TRAININGS ARE OFFERED THROUGHOUT THE YEAR AT  
UW-PARKSIDE. TOPICS INCLUDE: INTRO TO MENTORING, CULTURAL COMPETENCY  
AND AGES AND STAGES. ALL OF THESE TRAININGS ARE FREE AND OPEN TO THE  
PUBLIC. MENTOR KR IS PARTLY FUNDED BY UWKC AND THE COMMUNITY IMPACT  
DIRECTOR SERVES ON MENTOR KR BOARD AND COMMITTEES TO BE A PART OF 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

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

THIS INITIATIVE

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 AND TO PROMOTE PHYSICAL AND MENTAL HEALTH IN  
AN EFFORT TO IMPROVE HEALTH OUTCOMES FOR THE RESIDENTS OF KENOSHA  
COUNTY. THIS WILL BE ACHIEVED THROUGH A UNIFIED, COLLABORATIVE  
COMMUNITY APPROACH TO EDUCATION AND THE PROVISION OF ACCESSIBLE,  
AFFORDABLE PREVENTIVE AND RESPONSIVE HEALTH CARE SERVICES. THE THREE  
PRIMARY AREAS OF CONCENTRATION INCLUDE: ELIMINATING HEALTH  
DISPARITIES; ENSURING THAT THE UNDERSERVED RESIDENTS IN KENOSHA COUNTY  
HAVE ACCESS TO A PRIMARY CARE MEDICAL, DENTAL OR MENTAL HEALTH  
PROVIDERS; AND ENSURING THAT ALL RESIDENTS OF KENOSHA COUNTY LIVE  
LONGER, HEALTHIER LIVES WITH SPECIAL CONSIDERATION TO THE PHYSICALLY  
AND MENTALLY CHALLENGED. UNITED WAY SUPPORTS AND FUNDS HEALTHY PEOPLE  
PROGRAMS FOR LOW-INCOME AND AT-RISK YOUTH AND FAMILIES THAT ADDRESS THE  
FOLLOWING OBJECTIVES:

HEALTH DISPARITIES

OBJECTIVE: TO DECREASE BARRIERS AND HEALTH DISPARITIES BETWEEN  
SOCIO-ECONOMIC, ETHNIC AND UNDERSERVED GROUPS

ACCESS TO HEALTHCARE

OBJECTIVE: INCREASE ACCESS TO PRIMARY MEDICAL (INCLUDING PRENATAL  
CARE), DENTAL AND MENTAL HEALTH CARE SERVICES TO UNDERINSURED AND

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

Schedule O (Form 990) 2009

932211  
02-03-10



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

UNDERSERVED POPULATIONS WITH AN EMPHASIS ON UNINSURED, LOW-INCOME, AND  
AT-RISK GROUPS

**MAXIMIZING INDEPENDENCE**

OBJECTIVE: PROVIDE ACCESS TO PROGRAMMING THAT WILL ASSIST PHYSICALLY  
AND MENTALLY CHALLENGED INDIVIDUALS TO LIVE LONGER AND HEALTHIER LIVES  
WHILE LIVING IN THE LEAST RESTRICTIVE ENVIRONMENT POSSIBLE

THE SPECIAL INITIATIVE FOR THE HEALTHY PEOPLE FOCUS AREA IS INFANT  
MORTALITY. KENOSHA COUNTY HAS ONE OF THE HIGHEST RATIO RATES OF INFANT  
MORTALITY BETWEEN AFRICAN AMERICAN AND WHITE INFANT DEATHS. IN 2008,  
UWKC FORMED THE KENOSHA INFANT MORTALITY DELEGATION. MEMBERS OF 14  
LOCAL NONPROFITS SERVE ON THE DELEGATION. 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 BASIC NEEDS FOCUS AREA WAS ORGANIZED TO SUPPORT PROGRAMS AND  
SERVICES FOR INDIVIDUALS AND FAMILIES THAT WILL HELP THEM TO MEET  
LIFE'S BASIC NEEDS (SHELTER, FOOD, CLOTHING, AND TRANSPORTATION), AND  
GAIN ECONOMIC STABILITY THROUGH EDUCATION, JOB TRAINING, PERMANENT  
HOUSING AND BASIC SUPPORTIVE SERVICES THAT WILL ULTIMATELY PROMOTE  
SELF-SUFFICIENCY. UNITED WAY SUPPORTS PROGRAMS FOR PEOPLE LIVING IN  
POVERTY, THE "WORKING POOR" AND SURVIVORS OF VIOLENCE OR DISASTER.

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number  
39-0806285

UWKC SUPPORTS AND FUNDS BASIC NEEDS PROGRAMS FOR LOW-INCOME AND AT-RISK  
YOUTH AND FAMILIES THAT ADDRESS THE FOLLOWING OBJECTIVES

**EMERGENCY SERVICES**

OBJECTIVE: PROVIDE ACCESS TO PROGRAMS THAT HELP INDIVIDUALS AND  
FAMILIES IN CRISIS THAT WORK TO ENSURE THAT BASIC NEEDS ARE MET

**TRANSITIONAL SUPPORT**

OBJECTIVE: INCREASE ACCESS TO PROGRAMS AND SERVICES THAT PROVIDE  
QUALITY COMPREHENSIVE SOCIAL SERVICES AND CASE MANAGEMENT THAT WORK TO  
MOVE INDIVIDUALS AND FAMILIES TOWARD SELF-SUFFICIENCY

**SELF SUFFICIENCY**

OBJECTIVE: INCREASE ACCESS TO PROGRAMS AND SERVICES THAT STRIVE TO  
ENABLE AT-RISK AND LOW-INCOME INDIVIDUALS AND FAMILIES TO INCREASE  
INCOME, GAIN EMPLOYMENT AND INCREASE THE OPPORTUNITY TO OBTAIN  
PERMANENT, SAFE HOUSING.

FINANCIAL STABILITY PARTNERSHIP (FSP) IS THE SPECIAL INITIATIVE FOR THE  
BASIC NEEDS FOCUS AREA. THE FSP MODEL INVOLVES A THREE ROLL-OUT PERIOD.  
THE FIRST STAGE SUCCESSFULLY IMPLEMENTED THE VOLUNTEER INCOME TAX  
ASSISTANCE (VITA) PROGRAM. VITA PROVIDES FREE INCOME TAX PREPARATION  
SERVICES TO LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES. THIS PAST  
YEAR THE PROGRAM SERVED OVER 700 CLIENTS, SAVED OVER \$130,000 IN TAX  
PREP FEES AND THE COMBINED TOTAL OF FEDERAL AND STATE REFUNDS WAS OVER  
\$1 MILLION. THE NEXT PHASE WILL INCLUDE A FINANCIAL LITERACY COMPONENT

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

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 THROUGH CREATING ORGANIZATIONAL WELLNESS SERIES (COWS). COWS  
IS OFFERED THROUGH A JOINT PARTNERSHIP BETWEEN UWKC AND KENOSHA COUNTY  
UW-EXTENSION. EACH WORKSHOP INCLUDES A FREE LUNCH PROVIDED THROUGH AN  
IN-KIND DONATION FROM NORTH AND SOUTH SUBWAYS IN KENOSHA. THIS IS YEAR  
FOUR 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. UNITED WAY  
UTILIZES VOLUNTEERS THROUGHOUT THE ORGANIZATION AND VALUES AND REALIZES  
HOW 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

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number  
39-0806285

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.

UWKC ANNUAL HOSTS DAYS OF ACTION DURING THE MONTH OF SEPTEMBER. CONCENTRATED ONE, TWO OR THREE DAYS OF VOLUNTEER OPPORTUNITIES ARE AVAILABLE TO INDIVIDUALS AND GROUPS. LOCAL NON-PROFITS SUBMIT PROJECTS AND UWKC MATCHES INDIVIDUALS/GROUPS WITH COMPATIBLE AGENCY AND PROJECT. OVER 150 PEOPLE PARTICIPATE ANNUALLY.

**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

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

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

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 \$97,720 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 THIS

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 \$ 97720. INCLUDING GRANTS OF \$ 97720. REVENUE \$ 0.

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

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

ONCE A YEAR.

FORM 990, PART VI, SECTION B, LINE 15A: MEMBERS OF THE HUMAN RESOURCES  
COMMITTEE AND THE BOARD PRESIDENT PERFORM AN ANNUAL REVIEW OF THE CEO'S  
COMPENSATION.

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

FORM 990, PART XI, LINE 2C

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

**2009 OVERHEAD CALCULATION**

$(\$103,529 + \$66,667) / \$1,049,953 = 16.2\%$

**OVERHEAD RATIO CALCULATION**

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

NOTE - OVERHEAD CALCULATION WAS TAKEN FROM "IMPLEMENTATION STANDARDS  
FOR MEMBERSHIP REQUIREMENT A - TAX EXEMPT STATUS & IRS FORM 990  
REPORTING REQUIREMENTS" DATED 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](http://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	Employer identification number
	<b>UNITED WAY OF KENOSHA COUNTY, INC.</b>	<b>39-0806285</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>3601 - 30TH AVENUE, NO. 202</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>KENOSHA, WI 53144</b>	

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, 2011**, 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, 2009**, and ending **JUN 30, 2010**

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

<b>3a</b> 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	<b>3a</b>	\$
<b>b</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	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> 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	<b>3c</b>	\$ <b>N/A</b>

**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

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

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