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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

C Name of organization
UNITED WAY OF KENOSHA COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5500 - 6TH AVE SUITE 210

City or town, state or country, and ZIP + 4
KENOSHA, WI 53140

D Employer identification number
39-0806285

E Telephone number
(262)658-4104

G Gross receipts $ 781,588

F Name and address of principal officer
TRACY NIELSEN
5500 - 6TH AVENUE STE 210
KENOSHA, WI 53140

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW KENOSHAUNITEDWAY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1959 | **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF UNITED WAY OF KENOSHA COUNTY (UWKC) IS TO MOBILIZE THE CARING POWER OF OUR COMMUNITY AND RESOURCES TO ADDRESS PRIORITY NEEDS IN KENOSHA COUNTY BY MAKING LASTING IMPROVEMENTS ON HUMAN CARE ISSUES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	13
6	Total number of volunteers (estimate if necessary)	**6**	517
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	955,375	765,731
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,176	6,290
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,461	8,479
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	989,012	780,500
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	693,009	544,435
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	254,103	341,030
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶63,929		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	144,651	128,329
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,091,763	1,013,794
	19 Revenue less expenses Subtract line 18 from line 12	-102,751	-233,294

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,408,263	1,214,679
	21 Total liabilities (Part X, line 26)	72,768	112,478
	22 Net assets or fund balances Subtract line 21 from line 20	1,335,495	1,102,201

Part II Signature Block

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

Sign Here

****** | 2013-01-07
Signature of officer | Date

TRACY NIELSEN CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: KIMBERLY ANDERSON CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00188889

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTONLARSONALLEN LLP, PO BOX 1347, RACINE, WI 534011347 | EIN ▶ 41-0746749 | 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

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

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

4a (Code) (Expenses $ 594,780 including grants of $ 454,302) (Revenue $)

COMMUNITY IMPACTUNITED WAY OF KENOSHA COUNTY (UWKC) 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 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 THE FOLLOWING THREE FOCUS AREAS STRONG FAMILIESTHE 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 AND FUNDS PROGRAMS FOR LOW-INCOME AND AT-RISK YOUTH AND FAMILIES THAT ADDRESS THE FOLLOWING OBJECTIVES YOUTH SERVICESOBJECTIVE 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-CHILDHOODOBJECTIVE 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 SPECIAL INITIATIVES FOR THE STRONG FAMILIES FOCUS AREA INCLUDE YOUTH AS RESOURCES (YAR), A GRANT-GIVING PROGRAM WHICH FUNDS YOUTH-DESIGNED, YOUTH-LED COMMUNITY SERVICE PROJECTS IN KENOSHA COUNTY YOUTH, WITH GUIDANCE FROM ADULTS, DETERMINE THE PROJECT THEY BELIEVE WILL ADDRESS A NEED IN THEIR COMMUNITY YOUTH GROUPS MAY APPLY TO KENOSHA COUNTY YOUTH AS RESOURCES (YAR) FOR SMALL GRANTS OF UP TO $500 WHICH MAY BE USED TO PURCHASE SUPPLIES FOR THE PROJECT, BUT MAY NOT BE USED TO PAY FOR VOLUNTEER TIME THIS INITIATIVE IS IN PARTNERSHIP WITH UW - EXTENSION ADDITIONALLY, FOR FOUR YEARS UNITED WAY OF KENOSHA COUNTY HAS OFFERED THE READERS ARE LEADERS PROGRAM AS PART OF THE NATIONAL EVENT READ ACROSS AMERICA THIS PROGRAM IS DESIGNED TO FACILITATE THE OPPORTUNITY FOR LOCAL LEADERS TO SHARE THEIR JOY OF READING WITH ELEMENTARY SCHOOL STUDENTS IN 2012 MORE THAN 70 VOLUNTEER LEADERS PARTICIPATED IN 12 ELEMENTARY SCHOOLS HEALTHY PEOPLETHE 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 DISPARITIESOBJECTIVE TO DECREASE BARRIERS AND HEALTH DISPARITIES BETWEEN SOCIO-ECONOMIC, ETHNIC AND UNDERSERVED GROUPSACCESS TO HEALTHCAREOBJECTIVE INCREASE ACCESS TO PRIMARY MEDICAL (INCLUDING PRENATAL CARE), DENTAL AND MENTAL HEALTH CARE SERVICES TO UNDERINSURED AND UNDERSERVED POPULATIONS WITH AN EMPHASIS ON UNINSURED, LOW-INCOME, AND AT-RISK GROUPSMAXIMIZING INDEPENDENCEOBJECTIVE 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 POSSIBLETHE 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 ANOTHER FOCUS OF UNITED WAY OF KENOSHA COUNTY IN THE AREA OF HEATH IS THE DISTRIBUTION OF FREE FAMILYWIZE DRUG DISCOUNT CARDS NO ONE SHOULD BE FORCED TO CHOOSE BETWEEN PAYING FOR FOOD, RENT OR MEDICINE BECAUSE OF THE HIGH COST OF PRESCRIPTIONS THE FAMILYWIZE CARD LOWERS THE COST OF MEDICINE BY AN AVERAGE OF 35% OR MORE FOR PEOPLE WITHOUT INSURANCE OR WHO TAKE MEDICATIONS NOT COVERED BY THEIR PLAN IT'S EASY IT'S JUST LIKE A COUPON YOU CAN KEEP USING EVERY TIME YOU NEED TO FILL A PRESCRIPTION ALL YOU HAVE TO DO IS PRESENT A FAMILYWIZE CARD AT A LOCAL PHARMACY TO GET THE SAVINGS THESE CARDS CAN BE USED BY EVERYONE IN THE COMMUNITY, NOT JUST PEOPLE WITHOUT INSURANCE THEY CAN EVEN BE USED BY PEOPLE WITH HEALTH BENEFITS, INCLUDING MEDICAID OR MEDICARE IN 2011, $203,896 WAS SAVED BY KENOSHA COUNTY PARTICIPANTS THROUGH 10,720 CLAIMS BASIC NEEDSTHE 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 UWKC SUPPORTS AND FUNDS BASIC NEEDS PROGRAMS FOR LOW-INCOME AND AT-RISK YOUTH AND FAMILIES THAT ADDRESS THE FOLLOWING OBJECTIVES EMERGENCY SERVICESOBJECTIVE PROVIDE ACCESS TO PROGRAMS THAT HELP INDIVIDUALS AND FAMILIES IN CRISIS THAT WORK TO ENSURE THAT BASIC NEEDS ARE MET TRANSITIONAL SUPPORTOBJECTIVE INCREASE ACCESS TO PROGRAMS AND SERVICES THAT PROVIDE QUALITY COMPREHENSIVE SOCIAL SERVICES AND CASE MANAGEMENT THAT WORK TO MOVE INDIVIDUALS AND FAMILIES TOWARD SELF-SUFFICIENCYSELF 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 DURING THIS YEAR'S TAX SEASON, 72 CERTIFIED VOLUNTEERS PREPARED 862 STATE AND FEDERAL TAX RETURNS RESULTING IN OVER $1 2 MILLION DOLLARS WORTH OF REFUNDS THE NEXT PHASE WILL INCLUDE A FINANCIAL LITERACY COMPONENT THAT WILL HELP TO PROVIDE INDIVIDUALS WITH THE SKILLS THEY NEED TO STAY OUT OF DEBT AND BUILD SAVINGS

4b (Code) (Expenses $ 120,588 including grants of $) (Revenue $)

COMMUNITY SERVICESUNITED 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 NETWORKINGTHE 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, 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 THE NORTH SUBWAY IN KENOSHA THIS IS YEAR FOUR OF THE WORKSHOPS AND THE ATTENDANCE CONTINUES TO GROW THERE ARE A TOTAL OF 10 WORKSHOPS OFFERED WITH OVER 200 PROFESSIONALS PARTICIPATING EACH YEAR VOLUNTEER CENTERUNITED 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 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 UWKC ORGANIZES SEVERAL LARGE-SCALE VOLUNTEER EFFORTS EACH YEAR TO HELP CONNECT INDIVIDUALS AND EMPLOYEES WITH THE LOCAL COMMUNITY AND OUR LOCAL NONPROFIT ORGANIZATIONS DAY OF CARINGCORPORATE PARTNERS, FAMILIES AND INDIVIDUALS ARE INVITED TO JOIN US FOR ONE SATURDAY IN SEPTEMBER THAT HELPS CONNECT HUNDREDS OF VOLUNTEERS TO THE KEY NEEDS OF LOCAL NONPROFIT ORGANIZATIONS THIS EVENT OFFERS VOLUNTEER OPPORTUNITIES THAT RANGE FROM WORKING WITH SENIORS, TO PAINTING OR LANDSCAPING VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAMVITA PROVIDES FREE INCOME TAX PREPARATION SERVICES TO LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES DURING THIS YEAR'S TAX SEASON, 72 CERTIFIED VOLUNTEERS PREPARED 862 STATE AND FEDERAL TAX RETURNS RESULTING IN OVER $1 2 MILLION DOLLARS WORTH OF REFUNDS READERS ARE LEADERS PROGRAMEACH YEAR AS PART OF "READ ACROSS AMERICA " AN EVENT THAT CELEBRATES THE BIRTHDAY OF DR SEUSS, UWKC ORGANIZES "READERS ARE LEADERS" TO SHARE THE JOY OF READING WITH LOCAL ELEMENTARY SCHOOL STUDENTS IN 2012, THE FOURTH YEAR OF THE PROGRAM, MORE THAN 70 LOCAL LEADERS VOLUNTEERED THEIR TIME TO READ AT 12 ELEMENTARY SCHOOLS ACROSS KENOSHA COUNTYLABOR COMMUNITY SERVICESTHE LABOR COMMUNITY SERVICES COMPONENT OF THE COMMUNITY SERVICES PROGRAM ALIGNS ITS GOALS AND OBJECTIVES WITH THE GOALS AND OBJECTIVES OF THE COMMUNITY SERVICES PROGRAM, THE COMMUNITY IMPACT MODEL AND THE NATIONAL AFL-CIO COMMUNITY SERVICES PROGRAM IT WAS DESIGNED TO PROMOTE, MOBILIZE AND BUILD LABOR SUPPORT AND INCREASE CAPACITY TO MEET UNITED WAY'S STRATEGIC PLAN GOALS AND TO HELP ADDRESS COMMUNITY NEEDS AFL-CIO COMMUNITY SERVICES LIAISON WORKS HAND AND HAND WITH KENOSHA COUNTY'S DISLOCATED WORKERS PROGRAM COORDINATOR IN HELPING WORKERS WHO HAVE BEEN LAID OFF OR DISPLACED FROM THEIR EMPLOYMENT 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 AND IT PROVIDES ONGOING COMMUNITY OUTREACH ACTIVITIES FOR WORKING AND NON-WORKING INDIVIDUALS AND FAMILIES

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

(Code) (Expenses $ 90,133 including grants of $ 90,133) (Revenue $)

WE PROCESSED $90,133 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

4d Other program services (Describe in Schedule O)

(Expenses $ 90,133 including grants of $ 90,133) (Revenue $)

4e **Total program service expenses** ▶ $ 805,501

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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

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

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

TRACY NIELSEN CEO
5500 - 6TH AVENUE STE 210
KENOSHA, WI 53140
(262) 658-4104

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN ALBRECHT PRESIDENT ELECT UNTIL 3/11	1 00	X		X				0	0	0
(2) JENNIFER DOOLEY DIRECTOR	1 00	X						0	0	0
(3) DR MICHELE HANCOCK DIRECTOR	1 00	X						0	0	0
(4) DOUG BAKER DIRECTOR	1 00	X						0	0	0
(5) JEN FISHER DIRECTOR	1 00	X						0	0	0
(6) VIRGIL GENTZ DIRECTOR	1 00	X						0	0	0
(7) LEN IAQUINTA SECRETARY	1 00	X		X				0	0	0
(8) AARON TRAUTWEIN DIRECTOR	1 00	X						0	0	0
(9) BILL ROBERTS DIRECTOR/PRESIDENT ELECT	1 00	X		X				0	0	0
(10) LAURIE STAVES TREASURER	1 00	X		X				0	0	0
(11) JOE GARCIA DIRECTOR	1 00	X						0	0	0
(12) VINCE INCANDELA DIRECTOR	1 00	X						0	0	0
(13) LAWRENCE KIRBY II DIRECTOR	1 00	X						0	0	0
(14) CHRIS OLSON DIRECTOR	1 00	X						0	0	0
(15) LOUISE PASKEY DIRECTOR	1 00	X						0	0	0
(16) CRAIG PHILLIPS DIRECTOR	1 00	X						0	0	0
(17) JANE SCHAEFER 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MILISAUSKAS INTERIM CHIEF EXECUTIVE OFFICER	40 00			X				0	0	0
(19) SHERRY WESTHOFF FINANCE MANAGER	25 00			X				26,060	0	735
(20) KATHERINE MARKS CHIEF EXECUTIVE OFFICER	50 00			X				71,128	0	16,983
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								97,188	0	17,718

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 3,478				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 762,253				
	g	Noncash contributions included in lines 1a-1f $ 13,380				
	h	**Total.** Add lines 1a-1f . . . . . ▶	765,731			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	7,378			7,378
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses	1,088			
	c	Gain or (loss)	-1,088			
	d	Net gain or (loss) . . . . . ▶	-1,088			-1,088
	8a	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 . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	COST RECOVERY FEES 900099	8,407	8,407		
	b	MISCELLANEOUS 900099	72	72		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	8,479			
	12	**Total revenue.** See Instructions . . . ▶	780,500	8,479	0	6,290

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	544,435	544,435		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	137,765	79,003	41,276	17,486
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	139,092	79,763	41,674	17,655
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,946	2,178	1,242	526
9	Other employee benefits	39,232	21,657	12,345	5,230
10	Payroll taxes	20,995	12,022	6,303	2,670
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	21,391	5,630	14,691	1,070
12	Advertising and promotion	2,953	2,252	492	209
13	Office expenses	8,109	4,159	1,584	2,366
14	Information technology				
15	Royalties . .				
16	Occupancy	25,780	14,231	8,112	3,437
17	Travel	3,883	2,441	590	852
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,686	2,422	72	192
20	Interest				
21	Payments to affiliates	6,968	3,846	2,193	929
22	Depreciation, depletion, and amortization	5,408	2,985	1,702	721
23	Insurance	2,826	1,560	889	377
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT RENTAL AND MA	21,527	14,478	4,824	2,225
b	TELEPHONE	7,571	4,274	2,316	981
c	MOVING EXPENSE	7,302	4,031	2,298	973
d	PRINTING	5,613	918	52	4,643
e					
f	All other expenses	6,312	3,216	1,709	1,387
25	**Total functional expenses.** Add lines 1 through 24f	1,013,794	805,501	144,364	63,929
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		1,100,251	2	924,932
	3	Pledges and grants receivable, net		281,202	3	264,256
	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		10,548	9	6,293
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 54,503			
	b	Less accumulated depreciation	10b 36,645	14,842	10c	17,858
	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		1,320	15	1,240
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,408,263	16	1,214,679
Liabilities	17	Accounts payable and accrued expenses		72,768	17	112,478
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		72,768	26	112,478
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		546,648	27	378,608
	28	Temporarily restricted net assets		788,847	28	723,593
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,335,495	33	1,102,201
	34	Total liabilities and net assets/fund balances		1,408,263	34	1,214,679

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	780,500
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,013,794
3	Revenue less expenses Subtract line 2 from line 1	3	-233,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,335,495
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,102,201

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF KENOSHA COUNTY INC

Employer identification number
39-0806285

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,411,442	1,135,719	1,017,477	955,375	765,731	5,285,744
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,411,442	1,135,719	1,017,477	955,375	765,731	5,285,744
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)						344,708
6 **Public Support.** Subtract line 5 from line 4						4,941,036

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,411,442	1,135,719	1,017,477	955,375	765,731	5,285,744
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,699	18,096	19,847	14,176	7,378	98,196
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,183	1,809	12,629	19,461	8,479	45,561
11 **Total support** (Add lines 7 through 10)						5,429,501

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	91 000 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	90 860 %

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

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

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

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

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0806285
Name: UNITED WAY OF KENOSHA COUNTY INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 90,133 including grants of $ 90,133) (Revenue $)

WE PROCESSED $90,133 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF 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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,512	551	4,961
d Equipment		40,671	31,374	9,297
e Other		8,320	4,720	3,600
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				17,858

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

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

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	780,500
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,013,794
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-233,294
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-233,294

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	700,955
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	9,500		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	9,500
3	Subtract line **2e** from line **1**			3	691,455
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	89,045		
c	Add lines **4a** and **4b**			4c	89,045
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	780,500

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

1	Total expenses and losses per audited financial statements			1	934,249
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	9,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,088		
e	Add lines **2a** through **2d**			2e	10,588
3	Subtract line **2e** from line **1**			3	923,661
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	90,133		
c	Add lines **4a** and **4b**			4c	90,133
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,013,794

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AS PROVIDED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION, HAVING QUALIFIED FOR EXEMPTION UNDER PROVISIONS OF THE INTERNAL REVENUE CODE, IS ALSO EXEMPT FROM STATE INCOME TAXES THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
PART XII, LINE 4B - OTHER ADJUSTMENTS		DESIGNATED PLEDGES 90,133 LOSS ON DISPOSAL OF ASSETS NOT INCLUDED IN TOTAL REVENUE PER FINANCIALS -1,088
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF ASSETS NOT INCLUDED IN TOTAL EXPENSES 1,088
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DESIGNATED PLEDGES 90,133

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF 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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 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 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 - OPERATION BUDGET FOR THE MOST CURRENT FISCAL YEAR - AGENCY BOARD-APPROVED POLICIES FOR EQUAL OPPORTUNITY - CURRENT LIST OF THE BOD 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 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) 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, LINE 1, COLUMN (H) NAME OF ORGANIZATION OR GOVERNMENT CHILDREN'S SERVICE SOCIETY OF WISCONSIN (H) PURPOSE OF GRANT OR ASSISTANCE DONOR DESIGNATED (1) CHILD AND FAMILY COUNSELING AND CHILDREN'S MENTAL HEALTH SERVICES (WKC) NAME OF ORGANIZATION OR GOVERNMENT KENOSHA HUMAN DEVELOPMENT SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE DONOR DESIGNATED (1) JUVENILE CRISIS INTERVENTION AND TRANSISTIONAL HOUSING FOR HOMELESS YOUTH AND ADULTS GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS LESS THAN $5,000 AND THEREFORE NOT REPORTED SEPARATELY IN SCHEDULE I, PART II WERE $41,030 CASH GRANTS AND $5,600 NON-CASH ASSISTANCE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-0806285
Name: UNITED WAY OF KENOSHA COUNTY INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS RESOURCE CENTER OF WI820 N PLANKINTON AVENUE MILWAUKEE,WI 53203	39-1534049	501(C)(3)	10,593				DONOR DESIGNATED (1) HIV HEALTH CARE SERVICES
BIG BROTHERSBIG SISTERS OF RACINE AND KENOSHA COUNTY INC2302 DEKOVEN AVENUE SUITE B RACINE,WI 53403	39-1052882	501(C)(3)	16,333	500	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) ONE-TO-ONE OUTCOME BASED MENTORING

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BIRDS OF A FEATHER INC 6530 SHERIDAN ROAD SUITE 3 KENOSHA, WI 53143	82-0551269	501(C)(3)	11,995				DONOR DESIGNATED (1) FAMILY EMPOWERMENT PROGRAMS
BOYS & GIRLS CLUB OF KENOSHA INC 1715 52ND STREET KENOSHA, WI 53140	39-1732935	501(C)(3)	43,884				DONOR DESIGNATED (1) YOUTH EMPOWERMENT

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CHILDREN'S SERVICE SOCIETY OF WISCONSIN708 57TH STREET SUITE 200 KENOSHA,WI 53140	39-0806380	501(C)(3)	52,627	500	BOOK	AMERICAN GIRL DOLLS	SEE PART IV SUPPLEMENTAL INFORMATION
ELCA URBAN OUTREACH CENTER2006 60TH STREET KENOSHA,WI 53140	02-0638260	501(C)(3)	23,197	700	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) GRACE SAFE PLACE AND WKC PRESCRIPTION ASSISTANCE

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GIRL SCOUTS OF SE WI131 S 69TH STREET MILWAUKEE,WI 53214	39-0892833	501(C)(3)	9,468				DONOR DESIGNATED (1) URBAN OUTREACH INITIATIVES
KENOSHA ACHIEVEMENT CENTER INC1218 79TH STREET KENOSHA,WI 53143	39-1399101	501(C)(3)	36,088				DONOR DESIGNATED (1) HANEN

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

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KENOSHA AREA FAMILY & AGING SERVICES INC7730 SHERIDAN ROAD KENOSHA,WI 53143	39-1132382	501(C)(3)	24,491				DONOR DESIGNATED (1) MEALS ON WHEELS AND EMERGENCY FOOD FRAIL & ELDERLY PERSONS(WKC)
RACINEKENOSHA COMMUNITY ACTION AGENCY2113 N WISCONSIN STREET RACINE,WI 53402	39-1087210	501(C)(3)	15,069				DONOR DESIGNATED (1) EMERGENCY RENTAL ASSISTANCE AND WKC SERVICE PROJECT

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

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KENOSHA HUMAN DEVELOPMENT SERVICES5407 8TH AVENUE KENOSHA,WI 53140	39-1200678	501(C)(3)	62,368				SEE PART IV SUPPLEMENTAL INFORMATION
KENOSHA LITERACY COUNCIL 2419 63RD STREET KENOSHA,WI 53143	39-1601969	501(C)(3)	20,184				DONOR DESIGNATED (1) LITERACY FOR LIFE ADULT EDUCATION PROGRAM

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KENOSHA YMCA 7101 53RD STREET KENOSHA,WI 53144	39-0826296	501(C)(3)	14,655	700	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) FRANK NEIGHBORHOOD PROJECT
WOMEN AND CHILDREN'S HORIZONS INC 2525 63RD STREET KENOSHA,WI 53143	39-1278299	501(C)(3)	55,480				DONOR DESIGNATED (1) LEGAL ADVOCACY AND CHILDREN'S SERVICES

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KENOSHA COUNTY INTERFAITH HUMAN CONCERNS NETWORK1713 62ND STREET KENOSHA,WI 53143	39-1480124	501(C)(3)	88,781				DONOR DESIGNATED (1) EMERGENCY FAMILY SHELTER AND INTERFAITH NETWORK NIGHTLY SHELTER (INNS)
IMPACT INC6737 W WASHINGTON ST SUITE 225 MILWAUKEE,WI 53214	39-0988784	501(C)(3)	10,192				DONOR DESIGNATED (1) 2-1-1 @ IMPACT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493007007943

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF KENOSHA COUNTY INC

Employer identification number
39-0806285

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE FINANCE MANAGER, CEO, FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING IT WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL STAFF AND BOARD OF DIRECTORS REVIEW AND SIGN THE CODE OF ETHICS UPON THEIR START WITH UNITED WAY OF KENOSHA COUNTY THE BOARD OF DIRECTORS ARE REQUIRED TO RESIGN THE POLICY ONCE A YEAR
	FORM 990, PART VI, SECTION B, LINE 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 AND ON WEBSITE
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR
	2011 OVERHEAD CALCULATION	($144,364+$63,929)/$780,500=26 7% 2011 OVERHEAD RATIO WITHOUT NON-RECURRING EXPENSES ($126,669+$56,433)/$780,500=23 5% OVERHEAD RATIO CALCULATION PART IX, LINE 25, COLUMN C (M&G EXPENSE)+COLUMN D (FUNDRAISING EXPENSE)/ PART VIII, LINE 12, COLUMN A (TOTAL REVENUE) NOTE OVERHEAD CALCULATION WAS TAKE FROM "IMPLEMENTATION STANDARDS FOR MEMBERSHIP REQUIREMENT A-TAX EXEMPT STATUS & IRS FORM 990 REPORTING REQUIREMENTS" DATED SEPTEMBER 2008, REVISED MAY 2011 AND ISSUED BY UNITED WAY WORLDWIDE