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Part III Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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 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 \$ 508,774 including grants of \$ 396,890) (Revenue \$)
	COMMUNITY IMPACTAT UNITED WAY OF KENOSHA COUNTY WE BELIEVE THAT EVERYONE DESERVES OPPORTUNITIES FOR A GOOD LIFE THAT LEADS TO A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT AND GOOD HEALTH UNITED WAY OF KENOSHA COUNTY (UWKC) IS COMMITTED TO SUPPORTING PROGRAMS AND INITIATIVES THAT PROVIDE COMMUNITY SOLUTIONS AND DELIVER MEASURABLE RESULTS OUR GOALS AND OUTCOMES ARE GENERATED THROUGH THE ANALYSIS OF COMMUNITY NEED THROUGH THE PRODUCTION OF AN ANNUAL COMMUNITY SNAPSHOT, WHICH OUTLINES THE CURRENT COMMUNITY CONDITIONS, THROUGH THE DETAILED ANALYSIS OF LOCAL COMMUNITY PLANS, AND THROUGH THE LEADERSHIP OF UNITED WAY IN FORESIGHT 20/20, A COMMUNITY VISIONING PROCESS THAT IDENTIFIES KEY COUNTY-WIDE PRIORITIES UNITED WAY IS GUIDED BY DIVERSE GROUPS OF VOLUNTEERS WHO ARE RESPONSIBLE FOR OVERSEEING UNITED WAY’S OPERATIONS AND THE ANNUAL INVESTMENT PROCESS THE KEY FOCUS AREAS FOR UNITED WAY, BOTH LOCALLY AND NATIONALLY ARE EDUCATION, INCOME AND HEALTH THE UNITED WAY OF KENOSHA COUNTY ADDRESSES THESE AREAS IN THE FOLLOWING WAYS EDUCATION FOCUS AREAHELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIALGOALS - CHILDREN/YOUTH IMPROVE ACADEMIC ACHIEVEMENT - CHILDREN/YOUTH DEMONSTRATE POSITIVE ENGAGEMENT AT SCHOOL AND IN THEIR COMMUNITY EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS BUT WITH MORE THAN 1 2 MILLION CHILDREN DROPPING OUT EACH YEAR, AMERICA FACES AN EDUCATION CRISIS THE COST? MORE THAN \$312 BILLION IN LOST WAGES, TAXES AND PRODUCTIVITY OVER THEIR LIFETIMES THESE TRENDS ARE REVERSIBLE, BUT ONLY WHEN COMMUNITIES AND PUBLIC, PRIVATE AND NONPROFIT SECTORS WORK TOGETHER UNITED WAY OF KENOSHA COUNTY WORKS TO ACHIEVE EDUCATION GOALS BY TAKING A LEADERSHIP ROLE IN YOUTH AS RESOURCES (YAR)KENOSHA COUNTY YOUTH AS RESOURCES (YAR) IS 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 THE YAR BOARD READS ALL APPLICATIONS AND INVITES YOUTH GROUPS TO PRESENT THEIR PROPOSALS DIRECTLY TO THE BOARD KENOSHA COUNTY YOUTH AS RESOURCES (YAR) WAS DEVELOPED OUT OF A NEED A NEED TO MAKE THE YOUTH OF KENOSHA COUNTY FEEL MORE CONNECTED TO THEIR COMMUNITY ACCORDING TO RESULTS FROM A 2010 SEARCH INSTITUTE SURVEY OF KENOSHA COUNTY YOUTH, ONLY 27% FEEL THAT THEY ARE GIVEN USEFUL ROLES IN THE COMMUNITY AN EVEN LOWER 25% OF YOUTH FEEL THAT ADULTS VALUE THEM KENOSHA COUNTY YOUTH AS RESOURCES (YAR) IS A PROGRAM OF UNITED WAY OF KENOSHA COUNTY IN PARTNERSHIP WITH KENOSHA COUNTY UNIVERSITY OF WISCONSIN - EXTENSION DURING THE 2012-2013 PROGRAM YEAR, YAR FUNDED 12 GRANTS, DISTRIBUTED \$4,600 AND HAD 311 YOUTH PARTICIPANTS SINCE THE PROGRAM'S BEGINNING IN 2005, YAR HAS FUNDED 98 GRANTS, DISTRIBUTED \$35,520 AND ENGAGED MORE THAN 3,570 YOUTH READERS ARE LEADERS PROGRAMEACH YEAR AS PART OF THE NATIONAL "READ ACROSS AMERICA" EVENT THAT CELEBRATES THE BIRTHDAY OF DR SEUSS IN MARCH, UNITED WAY OF KENOSHA COUNTY ORGANIZES "READERS ARE LEADERS" TO SHARE THE JOY OF READING WITH LOCAL ELEMENTARY SCHOOL STUDENTS IN 2014, THE SIXTH YEAR OF THE PROGRAM, 230 LOCAL COMMUNITY LEADERS VOLUNTEERED THEIR TIME TO READ AT 28 ELEMENTARY SCHOOLS, REPRESENTING 4 SCHOOL DISTRICTS, IN 250 CLASSROOMS ACROSS KENOSHA COUNTY, IMPACTING 7,500 CHILDREN ADDITIONALLY, THROUGH A VOLUNTEER-LED REVIEW PROCESS, UNITED WAY OF KENOSHA COUNTY INVESTS IN PROGRAMS SUCH AS - ELCA OUTREACH CENTER'S SUMMER CAMP- KENOSHA YMCA'S FRANK NEIGHBORHOOD PROJECT- KENOSHA ACHIEVEMENT CENTER'S HANEN PROGRAM- BOYS AND GIRLS CLUB'S YOUTH EMPOWERMENT PROGRAM- WOMEN AND CHILDREN'S HORIZONS' CHILDREN'S SERVICES- SHALOM CENTER'S EMERGENCY FAMILY SHELTERINCOME FOCUS AREAPROMOTING FINANCIAL STABILITY AND INDEPENDENCEGOALS - INDIVIDUALS IMPROVE LIVING AND EMPLOYABILITY SKILLS- INDIVIDUALS DEMONSTRATE MANAGEMENT AND ACQUISITION OF ASSETSAS MANY AS ONE-THIRD OF WORKING AMERICANS DO NOT EARN ENOUGH MONEY TO MEET THEIR BASIC NEEDS WAGES HAVE NOT KEPT PACE WITH THE RISING COST OF HOUSING, HEALTHCARE, AND EDUCATION AND CURRENTLY, 40 MILLION AMERICANS ARE WORKING IN LOW-PAYING JOBS WITHOUT BASIC HEALTH AND RETIREMENT BENEFITS FOR FAMILIES WALKING A FINANCIAL TIGHTROPE, UNABLE TO SAVE FOR COLLEGE, A HOME, OR RETIREMENT, UNITED WAY IS HERE TO HELP UNITED WAY OF KENOSHA COUNTY WORKS TO ACHIEVE INCOME GOALS BY TAKING A LEADERSHIP ROLE IN VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)IN AN EFFORT TO PROMOTE FINANCIAL STABILITY AND ASSET BUILDING IN OUR COMMUNITY, THE KENOSHA VITA COALITION (UNITED WAY OF KENOSHA COUNTY, THE KENOSHA COUNTY JOB CENTER AND CARTHAGE COLLEGE) TOGETHER WITH IRS-CERTIFIED VOLUNTEERS ARE PROVIDING FREE INCOME TAX PREPARATION ASSISTANCE TO LOW-TO-MODERATE INCOME FAMILIES PROGRAM GOALS 1 TO HELP LOW-TO-MODERATE INCOME FAMILIES (UP TO \$51,000) WITH TAX PREPARATION TAXPAYERS ARE ASSISTED WITH RECEIVING TAX CREDITS SUCH AS THE EARNED INCOME TAX CREDIT (EITC), A COMMONLY-OVERLOOKED CREDIT THAT MAY ADD MORE THAN A MONTH'S WORTH OF SALARY TO THE INDIVIDUAL OR FAMILY'S ANNUAL INCOME 2 TO PROVIDE FINANCIAL LITERACY EDUCATION TO KENOSHA COUNTY RESIDENTS TO PROMOTE SELF-SUFFICIENCY THROUGH WEALTH BUILDING AND DEBT-REDUCTION OUTREACH PROGRAMS FOR THOSE OUTSIDE THE FINANCIAL MAINSTREAM ASSETS GIVE PEOPLE A STAKE IN THEIR FUTURE AND IN THEIR COMMUNITY IN 2014 (THE 2013 TAX SEASON) THE KENOSHA COUNTY VITA PROGRAM ENGAGED 89 INDIVIDUALS AS TAX PREPARERS, HELPED FILE 2,388 TAX RETURNS, AND HELPED RESIDENTS OBTAIN \$1 745 MILLION IN REFUNDS MONEY SMART WEEKMONEY SMART WEEK IS A PUBLIC AWARENESS CAMPAIGN DESIGNED TO HELP CONSUMERS BETTER MANAGE THEIR PERSONAL FINANCES THIS IS ACHIEVED THROUGH THE COLLABORATION AND COORDINATED EFFORT OF HUNDREDS OF ORGANIZATIONS ACROSS THE COUNTRY INCLUDING BUSINESSES, FINANCIAL INSTITUTIONS, SCHOOLS, LIBRARIES, NONPROFITS, GOVERNMENT AGENCIES AND THE MEDIA THESE GROUPS COME TOGETHER ONCE A YEAR TO STRESS THE IMPORTANCE OF FINANCIAL LITERACY AND INFORM CONSUMERS ABOUT WHERE THEY CAN GET HELP THE EFFORT WAS CREATED BY THE FEDERAL RESERVE BANK OF CHICAGO IN 2002 MONEY SMART WEEK PARTNERS HOSTED THEIR EVENTS APRIL 5 - 12, 2014 MONEY SMART WEEK ALIGNS WITH UNITED WAY OF KENOSHA COUNTY’S DESIRED OUTCOME THAT CENTERS ON INDIVIDUALS DEMONSTRATING MANAGEMENT AND ACQUISITION OF ASSETS THIS WEEK ALSO NICELY CORRELATES TO THE WORK DONE THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM DURING MONEY SMART WEEK, UNITED WAY OF KENOSHA COUNTY HOSTED THE FINANCIAL FITNESS FAIR NEARLY 75 PARTICIPANTS VISITED THE FAIR TO LEARN INFORMATION ABOUT BUDGETING, DEBT, HEALTH CARE AND MANY MORE FINANCE RELATED TOPICS FROM 15 LOCAL ORGANIZATIONS FINANCIAL EDUCATION NETWORKIN 2013, UNITED WAY OF KENOSHA COUNTY FORMED THE FINANCIAL EDUCATION NETWORK THE NETWORK WAS CREATED AROUND THE IDEA OF PROMOTING A MORE FINANCIALLY STABLE KENOSHA COUNTY THROUGH COLLABORATION OF NON-PROFIT, BUSINESS, HEALTH, EDUCATION, GOVERNMENT AND FAITH-BASED SECTORS, THE FEN HOPES TO CREATE A ONE-STOP-SHOP FOR KENOSHA COUNTY RESIDENTS TO ACCESS RESOURCES ON FINANCIAL EDUCATION CURRENTLY MORE THAN 45 ORGANIZATIONS REPRESENTING A VARIETY OF SECTORS ARE INVOLVED IN THE NETWORK ADDITIONALLY, THROUGH A VOLUNTEER-LED REVIEW PROCESS, UNITED WAY OF KENOSHA COUNTY INVESTS IN PROGRAMS SUCH AS - KENOSHA HUMAN DEVELOPMENT SERVICES TRANSITIONAL HOUSING FOR HOMELESS YOUTH & ADULTS- KENOSHA LITERACY COUNCIL'S LITERACY FOR LIFE ADULT EDUCATION PROGRAM- SHALOM CENTER'S EMERGENCY FAMILY SHELTER PROGRAM- SHALOM CENTER'S INTERFAITH NETWORK NIGHTLY SHELTERHEALTH FOCUS AREAIMPROVING PEOPLE'S HEALTHGOALS - INDIVIDUALS DEMONSTRATE SKILLS FOR HEALTHY LIVING - INDIVIDUALS ACCESS HEALTH AND SAFETY RESOURCES WHETHER IT IS A NEIGHBOR WITHOUT HEALTH INSURANCE, A VICTIM OF ABUSE OR SOMEONE STRUGGLING WITH MENTAL ILLNESS OR AN ADDICTION, UNITED WAY IS WORKING TO ENSURE EVERYONE HAS ACCESS TO AFFORDABLE AND QUALITY CARE UNITED WAY OF KENOSHA COUNTY WORKS TO ACHIEVE HEALTH GOALS BY TAKING A LEADERSHIP ROLE IN FAMILYWIZE DISCOUNT PRESCRIPTION PROGRAMNEARLY 1,000 UNITED WAYS ARE PARTNERED WITH FAMILYWIZE IN ALL 50 STATES TO LOWER THE COST OF MEDICINE BY DISTRIBUTING FREE FAMILYWIZE PRESCRIPTION DRUG DISCOUNT CARDS THESE FREE DISCOUNT CARDS ARE FOR ALL EMPLOYEES, AS WELL AS THEIR FAMILY, FRIENDS AND NEIGHBORS IN OUR COMMUNITY AND ACROSS THE COUNTRY THE DISCOUNT CARD DOESN'T MAKE THE MEDICINE FREE, BUT SAVES UP TO 75%, IT'S REAL HELP, RIGHT NOW
















4b	(Code) (Expenses \$ 62,857 including grants of \$) (Revenue \$)
	COMMUNITY SERVICES AND VOLUNTEERISMIN ADDITION TO LEADING INITIATIVES AND SUPPORTING PROGRAMS THROUGH THE INVESTMENT PROCESS, UNITED WAY OF KENOSHA COUNTY PLAYS A ROLE IN ENSURING THAT COMMUNITY MEMBERS ARE ALSO ABLE TO UTILIZE THEIR TIME AND TALENTS TO MAKE A DIFFERENCE WE DO SO IN THE FOLLOWING WAYS 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 THIS PAST YEAR UNITED WAY LAUNCHED GET CONNECTED, A WEB-BASED PLATFORM THAT ALLOWS AGENCIES TO POST VOLUNTEER OPPORTUNITIES, IN-KIND NEEDS, EMPLOYMENT OPPORTUNITIES AND UPCOMING EVENTS IT IS A PLACE WHERE INDIVIDUALS AND FAMILIES CAN EASILY SEARCH AND FIND OPPORTUNITIES TO UTILIZE THEIR INDIVIDUAL TALENTS AND MEET THEIR INTERESTS SINCE THE WEBSITE WENT PUBLIC, NEARLY 50 LOCAL AGENCIES/ORGANIZATIONS HAVE REGISTERED TO POST VOLUNTEER OPPORTUNITIES, AND OVER 800 COMMUNITY MEMBERS HAVE SIGNED UP ON THE WEBSITE IN ADDITION TO FOSTERING YEAR-ROUND VOLUNTEERISM THROUGH GET CONNECTED, UNITED WAY OF KENOSHA COUNTY ORGANIZES SEVERAL LARGE-SCALE VOLUNTEER EFFORTS EACH YEAR TO HELP CONNECT INDIVIDUALS AND EMPLOYEES WITH THE LOCAL COMMUNITY AND 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 ON SEPTEMBER 21, 2013, 200 VOLUNTEERS WORKED AT 25 DIFFERENT PROJECT SITES DAY OF ACTIONON JUNE 21, THE LONGEST DAY OF THE YEAR, UNITED WAY OF KENOSHA COUNTY WORKED TO PROVIDE PEOPLE IN THE COMMUNITY WITH THE BARE NECESSITIES SOCKS, UNDERWEAR, PAJAMAS, UNDERSHIRTS, ETC THERE WERE 5 COLLECTION SITES, 2,500 ITEMS WERE COLLECTED AND THEN DISTRIBUTED TO 5 KENOSHA COUNTY AGENCIES THESE ITEMS WERE IDENTIFIED BY LOCAL SERVICE AGENCIES AS ONE OF THE GREATEST NEEDS AND MOST UNDER-DONATED IN AN EFFORT TO PROMOTE COMMUNITY INVOLVEMENT AND TEAM BUILDING AND COLLABORATION, UNITED WAY PARTNERED WITH THE KENOSHA ART ASSOCIATION, DOWNTOWN KENOSHA TO BRING TOGETHER 40 VOLUNTEERS OF ALL AGES ON SATURDAY, JUNE 21ST TO HELP BEAUTIFY FRIENDSHIP PARK IN DOWNTOWN KENOSHA VOLUNTEERS REMOVED TRASH, PULLED WEEDS, PAINTED, CLEANED AND BROUGHT AWARENESS TO AN UNDERUSED AREA IN THE CITY COMMUNITY SERVICESTHE COMMUNITY SERVICES COMPONENT OF UNITED WAY OF KENOSHA COUNTY IS IN PLACE TO MEET UNITED WAY’S STRATEGIC GOALS AND TO HELP ADDRESS COMMUNITY NEEDS UNITED WAY WORKS HAND IN HAND WITH KENOSHA COUNTY’S DISLOCATED WORKERS PROGRAM TO ASSIST WORKERS WHO HAVE BEEN LAID OFF OR DISPLACED FROM THEIR UNEMPLOYMENT UNITED WAY IS ACTIVELY ENGAGED WITH THE KENOSHA EMERGENCY SERVICES NETWORK TO STAY UP-TO-DATE ON THE SERVICES AVAILABLE IN THE COUNTY AND ACTS AS A REFERRAL SOURCE TO MANY NEEDING HELP IN OUR COMMUNITY COMMUNITY CONVENERONE POWERFUL THING ABOUT UNITED WAY OF KENOSHA COUNTY IS THE FORMED RELATIONSHIPS WITH LOCAL BUSINESSES, EDUCATION, FAITH AND COMMUNITY-BASED ORGANIZATIONS, PHILANTHROPIC INSTITUTIONS, CIVIC LEADERS, LOCAL GOVERNMENT AND INSTITUTIONS IN THE PAST YEAR UNITED WAY TEAMED UP WITH UNIVERSITY OF WISCONSIN - EXTENSION TO BRING KNOWLEDGE ABOUT SERVICES BEING OFFERED IN WESTERN KENOSHA COUNTY BY HOSTING A NETWORKING BREAKFAST MADE UP OF SERVICE PROVIDERS, LOCAL GOVERNMENT OFFICIALS, SCHOOL COUNSELORS, AND OTHER RESOURCES ADDITIONALLY, UNITED WAY PARTNERED WITH THE KENOSHA AREA BUSINESS ALLIANCE AND KENOSHA COUNTY TO HOST FORESIGHT 20/20, AN ONGOING COMMUNITY CONVERSATION DEDICATED TO THE CREATION OF A COLLECTIVE VISION FOR KENOSHA COUNTY, WITH THE MAIN PURPOSE OF DIALOGUE ABOUT HOW WE CAN ENHANCE COLLABORATION TO ADDRESS COMPLEX COMMUNITY ISSUES AND HELP KENOSHA COUNTY REALIZE ITS FULL POTENTIAL

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

	(Code) (Expenses \$ 73,819 including grants of \$ 73,819) (Revenue \$)
	WE PROCESSED \$73,819 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 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

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 73,819 including grants of \$ 73,819) (Revenue \$)
4e	Total program service expenses 645,450

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	5	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	9
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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" to line 3b, 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, securities account, or other financial 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 as charitable contributions?		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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the 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 or note to any line 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	23	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	23	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 Other (explain in Schedule O)
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 during the tax year
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 or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) BILL ROBERTS PRESIDENT ELECT THRU 3/14	1 00	X		X				0	0	0
(2) JENNIFER DOOLEY PRESIDENT/PAST PRESIDENT 3/14 ON	1 00	X		X				0	0	0
(3) LAURIE STAVES TREASURER THRU 3/14	1 00	X		X				0	0	0
(4) THOMAS KELLEY SECRETARY/PRESIDENT 3/14 ON	1 00	X		X				0	0	0
(5) TIM PEOPLES DIRECTOR/SECRETARY 3/14 ON	1 00	X		X				0	0	0
(6) DANNY CARLSON DIRECTOR/TREASURER 3/14 ON	1 00	X		X				0	0	0
(7) DR MICHELE HANCOCK DIRECTOR	1 00	X						0	0	0
(8) MILES HARTLEY DIRECTOR	1 00	X						0	0	0
(9) VINCE INCANDELA DIRECTOR	1 00	X						0	0	0
(10) LAWRENCE KIRBY II DIRECTOR	1 00	X						0	0	0
(11) ANNE KNAPP DIRECTOR	1 00	X						0	0	0
(12) PAUL MODICA DIRECTOR	1 00	X						0	0	0
(13) CHRIS OLSON DIRECTOR	1 00	X						0	0	0
(14) CRAIG PHILLIPS DIRECTOR	1 00	X						0	0	0
(15) JANE SCHAEFER DIRECTOR	1 00	X						0	0	0
(16) TERRY SIMMONS DIRECTOR	1 00	X						0	0	0
(17) DR GREGORY WOODWARD 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 (list any hours for related organizations below dotted line)	(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) BILL AUBUCHON DIRECTOR	1 00	X						0	0	0
(19) CYNTHIA JOHNSON DIRECTOR	1 00	X						0	0	0
(20) THOMAS MOORE DIRECTOR	1 00	X						0	0	0
(21) RICHARD RODENBECK DIRECTOR	1 00	X						0	0	0
(22) TINA SCHMITZ DIRECTOR	1 00	X						0	0	0
(23) DR JOHN THIBODEAU DIRECTOR	1 00	X						0	0	0
(24) TRACY NIELSEN CHIEF EXECUTIVE OFFICER	50 00			X				69,834	0	12,616
(25) SHERRY WESTHOFF FINANCE MANAGER	38 00			X				37,680	0	2,478
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								107,514	0	15,094

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization0

3Did 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

4For 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

5Did 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

1Complete 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

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a4,703			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e20,375			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f696,228			
	g	Noncash contributions included in lines 1a-1f \$	20,240			
	h	Total. Add lines 1a-1f		721,306		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,244		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
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				
Miscellaneous Revenue		Business Code				
11a	COST RECOVERY FEES	900099	11,790	11,790		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		11,790			
12	Total revenue. See Instructions		735,340	11,790	0	2,244

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).

Check if Schedule O contains a response or note to any line 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.	470,709	470,709		
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.	112,137	53,685	45,856	12,596
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.	67,751	40,456	21,413	5,882
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,843	2,319	1,980	544
9	Other employee benefits.	33,166	15,878	13,563	3,725
10	Payroll taxes.	13,412	7,028	5,008	1,376
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,277	10,720	16,293	264
12	Advertising and promotion.	1,112	1,112		
13	Office expenses.	2,166	1,789	302	75
14	Information technology.	12,463	7,310	1,888	3,265
15	Royalties.				
16	Occupancy.	30,000	16,433	10,502	3,065
17	Travel.	1,744	1,098	348	298
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,060	976	5	79
20	Interest.				
21	Payments to affiliates.	5,567	3,049	1,949	569
22	Depreciation, depletion, and amortization.	8,256	4,522	2,891	843
23	Insurance.	2,354	1,290	824	240
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	EQUIPMENT RENTAL AND MA	4,974	2,755	1,480	739
b	TELEPHONE	3,702	2,166	1,189	347
c	PRINTING AND PROMOTIONA	2,692			2,692
d	POSTAGE	1,588	369	1,030	189
e	All other expenses	2,834	1,786	823	225
25	Total functional expenses. Add lines 1 through 24e.	809,807	645,450	127,344	37,013
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		795,948	2	728,179
	3	Pledges and grants receivable, net		235,583	3	238,812
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		7,760	9	7,039
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a55,725			
	b	Less accumulated depreciation	10b40,326	23,655	10c	15,399
	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		297	15	302
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,063,343	16	989,831
Liabilities	17	Accounts payable and accrued expenses		50,302	17	50,257
	18	Grants payable			18	
	19	Deferred revenue		1,943	19	2,943
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		52,245	26	53,200
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		302,265	27	269,472
	28	Temporarily restricted net assets		708,833	28	667,159
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,011,098	33	936,631
	34	Total liabilities and net assets/fund balances		1,063,343	34	989,831

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	735,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	809,807
3	Revenue less expenses Subtract line 2 from line 1	3	-74,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,011,098
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	936,631

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,017,477	955,375	765,731	774,156	721,306	4,234,045
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	1,017,477	955,375	765,731	774,156	721,306	4,234,045
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)						497,511
6 Public support. Subtract line 5 from line 4						3,736,534

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,017,477	955,375	765,731	774,156	721,306	4,234,045
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,847	14,176	7,378	3,315	2,244	46,960
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	12,629	19,461	8,479	6,475	11,790	58,834
11 Total support (Add lines 7 through 10)						4,339,839
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 2013 (line 6, column (f) divided by line 11, column (f))	14	86 100 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	86 830 %
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization UNITED WAY OF KENOSHA COUNTY INC	Employer identification number 39-0806285
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

☐ Public exhibition

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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 5,512 | 2,756 | 2,756 |
| d Equipment | | 41,893 | 31,250 | 10,643 |
| e Other | | 8,320 | 6,320 | 2,000 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 15,399 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	680,462
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	18,941
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	18,941
3	Subtract line 2e from line 1	3	661,521
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	73,819
c	Add lines 4a and 4b	4c	73,819
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	735,340

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	754,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	18,941
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	18,941
3	Subtract line 2e from line 1	3	735,988
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	73,819
c	Add lines 4a and 4b	4c	73,819
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	809,807

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	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 2011, 2012, AND 2013 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.
PART XI, LINE 4B - OTHER ADJUSTMENTS	DESIGNATED PLEDGES 73,819
PART XII, LINE 4B - OTHER ADJUSTMENTS	DESIGNATED PLEDGES 73,819

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF KENOSHA COUNTY INC

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated 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 15

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.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	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, PARTICIPATE IN A SITE VISIT, COMPLETE A MID-YEAR AND YEAR-END REPORT ON PROGRAM 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 EXPECTED TO SUBMIT ALL REQUIRED DOCUMENTATION ALL PROGRAMS RECEIVING FUNDING FROM UWKC ARE EXPECTED TO ABIDE BY THE SAME REQUIREMENTS AND SIGN A PARTNER PROVIDER 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'S ABILITY TO MEET CRITICAL COMMUNITY NEEDS IN EDUCATION, INCOME AND HEALTH AS IDENTIFIED BY UNITED WAY OF KENOSHA COUNTY - THE ALIGNMENT OF PROGRAM OUTCOMES TO THE FOCUS AREA OUTCOMES AND OBJECTIVES AS THEY RELATE TO UNITED WAY OF KENOSHA COUNTY FOCUS AREA OUTCOMES AND OBJECTIVES - THE SUCCESS OF THE PROGRAM IN ACHIEVING ITS OUTCOME(S) AND INDICATOR(S) RELATED TO UNITED WAY OF KENOSHA COUNTY TARGET OUTCOMES - THE ABILITY OF PARTNER PROVIDER REPRESENTATIVES TO CLEARLY COMMUNICATE PROGRAM RESULTS - THE INTEGRITY OF THE PARTNER PROVIDER'S FINANCIAL MANAGEMENT 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 PARTNER PROVIDER AGREES TO PROVIDE REQUIRED MID-YEAR AND YEAR-END PROGRAM REPORTS PERTAINING TO THE PROVISION OF SERVICES, CLIENT DEMOGRAPHICS, OUTCOMES AND ALL OTHER REQUIRED INFORMATION THESE REPORTS WILL BE DUE ANNUALLY ON FEBRUARY 1ST AND AUGUST 1ST B THE PARTNER PROVIDER FURTHER AGREES TO ADDRESS ANY CONCERNS AND MEET ANY CONDITIONS OF FUNDING SET FORTH BY UNITED WAY BY THE REQUIRED TIMELINES C THE PARTNER PROVIDER OR FISCAL AGENT MUST HAVE AN AUDIT COMPLETED ANNUALLY BY A CERTIFIED PUBLIC ACCOUNTANT (A FINANCIAL REVIEW MAY BE ACCEPTED IN LIEU OF AN AUDIT ONLY WITH PRIOR APPROVAL GRANTED BY THE COMMUNITY INVESTMENT COMMITTEE) THE AUDIT WITH THE MANAGEMENT LETTER MUST BE SUBMITTED TO UNITED WAY OF KENOSHA COUNTY NO MORE THAN SIX MONTHS AFTER THE CLOSE OF THE AGENCY'S FISCAL YEAR IF NO MANAGEMENT LETTER IS INCLUDED IN THE AUDIT, THE PARTNER PROVIDER'S BOARD OFFICER OR AUDITOR MUST NOTIFY UNITED WAY IN WRITING THAT NO LETTER WAS INCLUDED UNITED WAY OF KENOSHA COUNTY RESERVES THE RIGHT UNDER SPECIAL CIRCUMSTANCES TO REQUIRE A FULL DISCLOSURE AUDIT D AT THE TIME OF APPLYING, THE PARTNER PROVIDER SHALL PRESENT A PROGRAM BUDGET THAT HAS BEEN PREPARED AND APPROVED BY ITS BOARD OF DIRECTORS OR GOVERNING BODY THE PROGRAM BUDGET SUMMARY FORM AND BUDGET NARRATIVE MUST BE COMPLETED AS PART OF THE FUNDING APPLICATION E THE PARTNER PROVIDER SHALL OBTAIN PRIOR APPROVAL FROM UNITED WAY FOR SIGNIFICANT CHANGES IN PROGRAM DIRECTION, LEVELS OF SERVICE AND CLIENT GROUPS FOR PROGRAMS RECEIVING UNITED WAY SUPPORT FAILURE TO DO SO MAY RESULT IN IMMEDIATE LOSS OF FUNDING
PART II, LINE 1, COLUMN (H)	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 OPERTING COSTS NAME OF ORGANIZATION OR GOVERNMENT ELCA URBAN OUTREACH CENTER COLUMN (H) PURPOSE OF GRANT OR ASSISTANCE DONOR DESIGNATED (1) SUMMER CAMP AND WESTERN KENOSHA COUNTY PRESCRIPTION VOUCHER PROGRAM NAME OF ORGANIZATION OR GOVERNMENT KENOSHA HUMAN DEVELOPMENT SERVICES COLUMN (H) PURPOSE OF GRANT OR ASSISTANCE DONOR DESIGNATED (1) JUVENILE CRISIS INTERVENTION AND TRANSITIONAL HOUSING FOR HOMELESS YOUTH AND ADULTS GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS \$5,000 OR LESS AND THEREFORE NOT REPORTED SEPARATELY IN SCHEDULE I, PART II WERE \$33,139 CASH GRANTS AND \$16,390 NON-CASH ASSISTANCE

Additional Data

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 WI 820 N PLANKINTON AVENUE MILWAUKEE,WI 53203	39-1534049	501(C)(3)	10,520				DONOR DESIGNATED (1) HIV HEALTH CARE SERVICES

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
BOYS & GIRLS CLUB OF KENOSHA INC 1715 52ND STREET KENOSHA, WI 53140	39-1732935	501(C)(3)	35,535				DONOR DESIGNATED (1) YOUTH EMPOWERMENT

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
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207	39-0806321	501(C)(3)	9,083				DONOR DESIGNATED (1) BEHAVIORAL HEALTH AND COUNSELING SERVICES

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
CHILDREN'S SERVICE SOCIETY OF WISCONSIN 708 57TH STREET SUITE 200 KENOSHA,WI 53140	39-0806380	501(C)(3)	24,235	770	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) CHILD AND FAMILY COUNSELING

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
ELCA URBAN OUTREACH CENTER 2006 60TH STREET KENOSHA, WI 53140	02-0638260	501(C)(3)	23,388	770	BOOK	AMERICAN GIRL DOLLS	SEE PART IV SUPPLEMENTAL INFORMATION

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
KENOSHA ACHIEVEMENT CENTER INC 1218 79TH STREET KENOSHA, WI 53143	39-1399101	501(C)(3)	39,610				DONOR DESIGNATED (1) HANEN

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
KENOSHA AREA FAMILY & AGING SERVICES INC 7730 SHERIDAN ROAD KENOSHA, WI 53143	39-1132382	501(C)(3)	20,849				DONOR DESIGNATED (1) MEALS ON WHEELS

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
KENOSHA HUMAN DEVELOPMENT SERVICES 5407 8TH AVENUE KENOSHA, WI 53140	39-1200678	501(C)(3)	69,674				SEE PART IV SUPPLEMENTAL INFORMATION

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
KENOSHA LITERACY COUNCIL 2419 63RD STREET KENOSHA,WI 53143	39-1601969	501(C)(3)	20,918				DONOR DESIGNATED (1) LITERACY FOR LIFE ADULT EDUCATION PROGRAM

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
KENOSHA YMCA 7101 53RD STREET KENOSHA, WI 53144	39-0826296	501(C)(3)	12,555	770	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) FRANK NEIGHBORHOOD PROJECT

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
SHARING CENTER INC PO BOX 172 TREVOR,WI 53179	39-1502706	501(C)(3)	5,872				DONOR DESIGNATED (1) NUTRITION PROGRAM

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
WOMEN AND CHILDREN'S HORIZONS INC 2525 63RD STREET KENOSHA, WI 53143	39-1278299	501(C)(3)	58,878	770	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) LEGAL ADVOCACY AND CHILDREN'S SERVICES

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
KENOSHA COUNTY INTERFAITH HUMAN CONCERNS NETWORK 1713 62ND STREET KENOSHA,WI 53143	39-1480124	501(C)(3)	71,073	770	BOOK	AMERICAN GIRL DOLLS	DONOR DESIGNATED (1) EMERGENCY FAMILY SHELTER AND INTERFAITH NETWORK NIGHTLY SHELTER (INNS)

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
UNITED WAY OF LAKE COUNTY 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501(C)(3)	5,140				DONOR DESIGNATED (1)

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
UNITED WAY OF NORTHERN OZAUKEE COUNTY PO BOX 39 PORT WASHINGTON,WI 53074	23-7084522	501(C)(3)	10,000				DONOR DESIGNATED (1)

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF KENOSHA COUNTY INC

Employer identification number
39-0806285

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TOYS)	X	184	20,240	COST DONATED PROPERTY
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

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

30a

No

b

If "Yes," describe the arrangement in Part II

31

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

31

No

32a

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

32a

No

b

If "Yes," describe in Part II

33

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

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS FOR "TOYS" IS BASED ON THE NUMBER OF ITEMS DONATED

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
UNITED WAY OF KENOSHA COUNTY INC

Employer identification number

39-0806285

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE CONTINUED	
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 EXECUTIVE COMMITTEE PERFORM AN ANNUAL REVIEW OF THE CEO'S COMPENSATION
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON WEBSITE
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR
2013 OVERHEAD CALCULATION	<p>(\$127,344+\$37,013)/\$735,340=22.35% OVERHEAD RATIO CALCULATION PART IX, LINE 25, COLUMN C (M&G EXPENSE)+COLUMN D (FUNDRAISING EXPENSE)/ PART VIII, LINE 12, COLUMN A (TOTAL REVENUE)</p> <p>NOTE: OVERHEAD CALCULATION WAS TAKEN 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</p>