

WEGNER CPAS, LLP
2921 LANDMARK PL STE 300
MADISON, WI 53713-4236

UNITED WAY OF KENOSHA COUNTY, INC.
5500 6TH AVE, NO. 210
KENOSHA, WI 53140-3710



Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF KENOSHA COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5500 6TH AVE 210 City or town, state or province, country, and ZIP or foreign postal code KENOSHA, WI 53140-3710 F Name and address of principal officer: TARA PANASEWICZ SAME AS C ABOVE	D Employer identification number 39-0806285 E Telephone number 262-658-4104 G Gross receipts \$ 1,301,253. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.KENOSHAUNITEDWAY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1959		M State of legal domicile: WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF UNITED WAY OF KENOSHA COUNTY IS TO MOBILIZE THE CARING POWER OF COMMUNITY TO		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	7331
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,050,298.	1,282,344.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,796.	7,612.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,208.	11,297.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,071,302.	1,301,253.
14	Benefits paid to or for members (Part IX, column (A), line 4)	470,445.	421,673.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	186,231.	404,617.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,166.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	201,492.	166,644.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	858,168.	992,934.
19	Revenue less expenses. Subtract line 18 from line 12	213,134.	308,319.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,465,912.	1,799,380.
22	Net assets or fund balances. Subtract line 21 from line 20	52,377.	77,526.
22		1,413,535.	1,721,854.

Part II Signature Block

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

Sign Here	Signature of officer TARA PANASEWICZ, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JENNY TARKOWSKI, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00634290
	Firm's name ▶ WEGNER CPAS, LLP Firm's address ▶ 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236	Firm's EIN ▶ 39-0974031 Phone no. 608-274-4020

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY OF KENOSHA COUNTY IS TO MOBILIZE THE CARING POWER OF COMMUNITY TO ADVANCE THE COMMON GOOD.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 449,070. including grants of \$ 332,178.) (Revenue \$) COMMUNITY IMPACT - AT UNITED WAY OF KENOSHA COUNTY (UWKC) WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTORS AND WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY. WE ENVISION A COMMUNITY WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE THEIR FULL POTENTIAL THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES. UWKC IMPACTS INDIVIDUALS AND FAMILIES IN OUR LOCAL COMMUNITY BY INVESTING IN VARIOUS PROGRAMS AT OUR PARTNER PROVIDER AGENCIES THAT PROVIDE COMMUNITY SOLUTIONS AND DELIVER MEASURABLE RESULTS. UWKC IS GUIDED BY DIVERSE GROUPS OF VOLUNTEERS WHO ARE RESPONSIBLE FOR GOVERNANCE, OVERSEEING OPERATIONS AND THE ANNUAL COMMUNITY INVESTMENT PROCESS. THE KEY FOCUS AREAS FOR UWKC, BOTH LOCALLY AND NATIONALLY ARE EDUCATION, HEALTH AND

4b (Code:) (Expenses \$ 216,423. including grants of \$) (Revenue \$) BUILDING OUR FUTURE INITIATIVE IS AN EDUCATIONAL "CRADLE TO CAREER" INITIATIVE THAT REQUIRES COMMUNITIES TO WORK COLLECTIVELY BY IDENTIFYING AREAS OF WEAKNESS, MARSHALLING RESOURCES TO SOLVE PROBLEMS AND USING DATA TO DRIVE ACTION AND DECISION MAKING TO IMPROVE OUTCOMES FOR STUDENTS OF ALL AGES. UWKC ACTS AS THE FINANCIAL BACKBONE AND FACILITATOR OF BUILDING OUR FUTURE.

4c (Code:) (Expenses \$ 89,495. including grants of \$ 89,495.) (Revenue \$) WE PROCESSED \$89,495 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 \$ 40,755. including grants of \$) (Revenue \$)

4e Total program service expenses 795,743.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
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>		X
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 "Yes," complete Schedule L, Part II</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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, address, and telephone number of the person who possesses the organization's books and records: SHERRY WESTHOFF - 262-671-2215 5500 6TH AVE STE 210, KENOSHA, WI 53140-3710

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 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) THOMAS MOORE DIRECTOR/PRESIDENT	1.00	X		X				0.	0.	0.
(2) JP MORAN DIRECTOR/VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) DANNY CARLSON DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(4) BILL AUBUCHON DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(5) PATRICIA DEMOS DIRECTOR/CIC CHAIR	1.00	X		X				0.	0.	0.
(6) TINA SCHMITZ DIRECTOR/AUDIT CHAIR	1.00	X		X				0.	0.	0.
(7) MARY BAUERSCHMIDT DIRECTOR	1.00	X						0.	0.	0.
(8) JERRY HARRIED DIRECTOR	1.00	X						0.	0.	0.
(9) MILES HARTLEY DIRECTOR	1.00	X						0.	0.	0.
(10) CYNTHIA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(11) THOMAS KELLEY DIRECTOR	1.00	X						0.	0.	0.
(12) JORDANIA LEON-JORDON DIRECTOR	1.00	X						0.	0.	0.
(13) RICHARD RODENBECK DIRECTOR	1.00	X						0.	0.	0.
(14) PETE SINISKY DIRECTOR	1.00	X						0.	0.	0.
(15) DR. JOHN THIBODEAU DIRECTOR	1.00	X						0.	0.	0.
(16) CHRIS TERRY DIRECTOR	1.00	X						0.	0.	0.
(17) NICK SMITH 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 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) KIMBERLIE GOLDSBERRY, PHD DIRECTOR	1.00	X						0.	0.	0.
(19) VICTORIA ALIA DIRECTOR	1.00	X						0.	0.	0.
(20) NAGENDRA GUDIPATI DIRECTOR	1.00	X						0.	0.	0.
(21) JEFF HILL DIRECTOR	1.00	X						0.	0.	0.
(22) DR. MICHELE HANCOCK DIRECTOR	1.00	X						0.	0.	0.
(23) LAWRENCE KIRBY, II DIRECTOR	1.00	X						0.	0.	0.
(24) CRAIG PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(25) SHERRY WESTHOFF FINANCE MANAGER	29.00			X				39,643.	0.	2,587.
(26) TARA PANASEWICZ CHIEF EXECUTIVE OFFICER	40.00			X				64,407.	0.	8,763.
1b Sub-total								104,050.	0.	11,350.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								104,050.	0.	11,350.

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

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

Section B. Independent Contractors

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

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

Part VIII Statement of Revenue

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	31,250.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,251,094.				
	g Noncash contributions included in lines 1a-1f: \$		18,318.				
	h Total. Add lines 1a-1f		1,282,344.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,612.			7,612.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a COST RECOVERY FEES		900099	9,179.	9,179.			
	b SERVICE FEES	900099	2,118.	2,118.			
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			11,297.			
12 Total revenue. See instructions.			1,301,253.	11,297.	0.	7,612.	

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 X

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 domestic organizations and domestic governments. See Part IV, line 21	421,673.	421,673.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,618.	37,567.	61,720.	28,331.
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	230,102.	196,444.	23,069.	10,589.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,600.	3,815.	538.	247.
9 Other employee benefits	17,110.	15,736.	942.	432.
10 Payroll taxes	25,187.	16,665.	5,841.	2,681.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,855.		9,855.	
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 Sch O.)	8,490.	6,429.	2,043.	18.
12 Advertising and promotion	21,001.	17,366.	21.	3,614.
13 Office expenses	20,241.	11,542.	5,909.	2,790.
14 Information technology	19,285.	8,769.	3,626.	6,890.
15 Royalties				
16 Occupancy	32,100.	20,335.	8,064.	3,701.
17 Travel	8,916.	8,278.	236.	402.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,709.	4,589.	8,589.	1,531.
20 Interest				
21 Payments to affiliates	8,938.	5,662.	2,245.	1,031.
22 Depreciation, depletion, and amortization	719.	291.	293.	135.
23 Insurance	2,798.	1,772.	703.	323.
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 COMMUNITY EVENTS	15,618.	15,618.		
b AWARDS AND RECOGNITIONS	2,656.	2,357.		299.
c DUES	1,318.	835.	331.	152.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	992,934.	795,743.	134,025.	63,166.
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 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,284.	1	2,697.
	2 Savings and temporary cash investments	1,076,755.	2	1,566,849.
	3 Pledges and grants receivable, net	376,258.	3	216,788.
	4 Accounts receivable, net	573.	4	679.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,323.	9	12,367.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,114.		
	b Less: accumulated depreciation	10b 33,114.	10c	0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,465,912.	16	1,799,380.	
Liabilities	17 Accounts payable and accrued expenses	52,377.	17	77,526.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	52,377.	26	77,526.
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	362,778.	27	375,494.
	28 Temporarily restricted net assets	1,050,757.	28	1,346,360.
	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	1,413,535.	33	1,721,854.	
34 Total liabilities and net assets/fund balances	1,465,912.	34	1,799,380.	

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	1,301,253.
2	Total expenses (must equal Part IX, column (A), line 25)	2	992,934.
3	Revenue less expenses. Subtract line 2 from line 1	3	308,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,413,535.
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	1,721,854.

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		X
b 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? 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 _____		

Form 990 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	721,306.	796,739.	1069798.	1050298.	1282344.	4920485.
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	721,306.	796,739.	1069798.	1050298.	1282344.	4920485.
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)						626,970.
6 Public support. Subtract line 5 from line 4.						4293515.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	721,306.	796,739.	1069798.	1050298.	1282344.	4920485.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,244.	2,261.	2,067.	2,796.	7,612.	16,980.
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 VI.)						
11 Total support. Add lines 7 through 10						4937465.
12 Gross receipts from related activities, etc. (see instructions)					12	72,037.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	86.96 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	88.92 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 28,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 31,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 93,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 36,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 227,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC. **Employer identification number** 39-0806285

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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" on 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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

2 Provide the estimated percentage of the 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 on 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:

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

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" on 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.	5,512.	0.
d Equipment		19,668.	19,668.	0.
e Other		7,934.	7,934.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,231,081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	19,323.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	19,323.
3	Subtract line 2e from line 1		3	1,211,758.
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	89,495.	
c	Add lines 4a and 4b		4c	89,495.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,301,253.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	922,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	19,323.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	19,323.
3	Subtract line 2e from line 1		3	903,439.
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	89,495.	
c	Add lines 4a and 4b		4c	89,495.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	992,934.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 89,495.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 89,495.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF KENOSHA COUNTY, INC.** Employer identification number **39-0806285**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 820 N PLANKINTON AVE - MILWAUKEE, WI 53203-1802	39-1534049	501(C)(3)	9,620.	0.			(DD)(G)-HIV HEALTH CARE SERVICES PROGRAM
BOYS AND GIRLS CLUB OF KENOSHA, INC. - 1330 52ND ST - KENOSHA, WI 53140-3236	39-1732935	501(C)(3)	14,558.	70.	BOOK	TOYS	(DD)(G)-YOUTH EMPOWERMENT PROGRAM
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 S LAKE DR - MILWAUKEE, WI 53235-0900	39-0806321	501(C)(3)	10,598.	0.			(DD)(G)-BEHAVIORAL HEALTH AND COUNSELING SERVICES PROGRAM
CHILDREN'S SERVICE SOCIETY OF WISCONSIN - 620 S 76TH ST STE 120 - MILWAUKEE, WI 53214-1599	39-0806380	501(C)(3)	24,017.	70.	BOOK	TOYS	(DD)(G)-CHILD AND FAMILY COUNSELING PROGRAM
ELCA OUTREACH CENTER, INC. 6218 26TH AVE KENOSHA, WI 53143-4316	02-0638260	501(C)(3)	26,790.	50.	BOOK	TOYS	(DD)(G)-WESTERN KENOSHA COUNTY PRESCRIPTION VOUCHER & SUMMER CAMP PROGRAMS
KENOSHA ACHIEVEMENT CENTER, INC. 1218 79TH ST KENOSHA, WI 53143-6111	39-1399101	501(C)(3)	14,690.	0.			(DD)(G)-HANEN PROGRAM AND EMPLOYMENT OPTIONS PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **19.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENOSHA AREA FAMILY AND AGING SERVICES, INC. - 7730 SHERIDAN RD - KENOSHA, WI 53143-1518	39-1132382	501(C)(3)	21,128.	0.			(DD)(G)-MEALS ON WHEELS PROGRAM
KENOSHA COUNTY YOUTH AS RESOURCES 19600 75TH ST STE 2 BRISTOL, WI 53104-9542		UNIVERSITY WI SY	5,575.	0.			(DD)(G)-YOUTH DESIGNED AND LED COMMUNITY SERVICE PROJECTS GRANT GIVING PROGRAM
KENOSHA HUMAN DEVELOPMENT SERVICES, INC. - 5407 8TH AVE - KENOSHA, WI 53140-3715	39-1200678	501(C)(3)	67,312.	310.	BOOK	TOYS	(DD)(G)-TRANSITIONAL HOUSING FOR HOMELESS, CRISIS INTERVENTION & AFTER CARE FOR FOSTER
KENOSHA LITERACY COUNCIL, INC. 2419 63RD ST KENOSHA, WI 53143-4331	39-1601969	501(C)(3)	19,220.	0.			(DD)(G)-LITERACY FOR LIFE ADULT LITERACY PROGRAM
LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN, INC. - 647 W VIRGINA ST STE 300 - MILWAUKEE, WI 53204-1535	39-0816846	501(C)(3)	9,550.	0.			(DD)(G)-STOP CHILD ABUSE AND NEGLECT (S.C.A.N.) PROGRAM
RACINE/KENOSHA COMMUNITY ACTION AGENCY, INC. - 2113 N WISCONSIN ST - RACINE, WI 53402-4774	39-1087210	501(C)(3)	7,020.	50.	BOOK	TOYS	(DD)(G)-FATHER INVOLVEMENT PROGRAM
SHALOM CENTER OF INTERFAITH HUMAN CONCERNS NETWORK OF KENOSHA COUNTY, INC. - 4314 39TH AVE - KENOSHA, WI 53144-1962	39-1480124	501(C)(3)	45,304.	0.			(DD)(G)-INTERFAITH NETWORK NIGHTLY SHELTER PROGRAMS
UNITED WAY OF LAKE COUNTY, INC. 330 S GREENLEAF ST GURNEE, IL 60031-3389	36-2167949	501(C)(3)	10,031.	0.			(DD)
UNITED WAY OF NORTHERN OZAUKEE COUNTY, INC. - 1432 NORIDGE TRL - PORT WASHINGTON, WI 53074-1371	23-7084522	501(C)(3)	12,000.	0.			(DD)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF RACINE COUNTY, INC. 2000 DOMANIK DR RACINE, WI 53404-2910	39-0806349	501(C)(3)	9,975.	0.			(DD)
WOMEN AND CHILDREN'S HORIZONS, INC. - 2525 63RD ST - KENOSHA, WI 53143-4333	39-1278299	501(C)(3)	53,213.	70.	BOOK	TOYS	(DD)(G)-CHILDREN'S SERVICES & LEGAL ADVOCACY PROGRAMS
IMPACT, INC. 6737 W. WASHINGTON ST., SUITE 2225 MILWAUKEE, WI 53214-1599	39-0988784	501(C)(3)	10,000.	0.			(G)- 2-1-1 PROGRAM
KENOSHA YMCA 7101 53RD STREET KENOSHA, WI 53144	39-0826296	501(C)(3)	6,000.	0.			(G)-LEARN TO SWIM PROGRAM

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

Part IV Supplemental Information

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 UWKC.

- THE ALIGNMENT OF PROGRAM OUTCOMES TO THE FOCUS AREA OUTCOMES AND

Part IV Supplemental Information

OBJECTIVES AS THEY RELATE TO UWKC FOCUS AREA OUTCOMES AND OBJECTIVES.

- THE SUCCESS OF THE PROGRAM IN ACHIEVING ITS OUTCOME(S) AND INDICATOR(S) RELATED TO UWKC 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 UWKC 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. UWKC RESERVES THE RIGHT UNDER SPECIAL CIRCUMSTANCES TO REQUIRE A FULL DISCLOSURE AUDIT.

Part IV Supplemental Information

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 UWKC FOR SIGNIFICANT CHANGES IN PROGRAM DIRECTION, LEVELS OF SERVICE AND CLIENT GROUPS FOR PROGRAMS RECEIVING UWKC SUPPORT. FAILURE TO DO SO MAY RESULT IN IMMEDIATE LOSS OF FUNDING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

KENOSHA HUMAN DEVELOPMENT SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: (DD)(G)-TRANSITIONAL HOUSING FOR HOMELESS, CRISIS INTERVENTION & AFTER CARE FOR FOSTER CARE YOUTH PROGRAMS

PART II, LINE 1, COLUMN (H):

(DD) - DONOR DESIGNATED PLEDGES REPORTED IN COLUMN (H) ARE UNRESTRICTED GRANTS MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF GENERAL OPERATING COSTS.

(G) - UWKC GRANT FUNDING.

PART II:

GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS \$5,000 OR LESS AND THEREFORE NOT REPORTED SEPARATELY ON SCHEDULE I, PART II WERE \$42,394 CASH GRANTS AND \$2,058 NON-CASH ASSISTANCE.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF KENOSHA COUNTY, INC.

Employer identification number

39-0806285

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

ADVANCE THE COMMON GOOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL STABILITY. UWKC ADDRESSES THESE AREAS IN THE FOLLOWING WAYS:

EDUCATION

HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL

GOALS:

- 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.

STRONG, PRODUCTIVE COMMUNITIES ARE DEPENDENT UPON SKILLED WORKFORCE

THAT CAN COMPETE IN A GLOBAL ECONOMY. BUT WITH MORE THAN 1.2 MILLION

CHILDREN DROPPING OUT EACH YEAR, AMERICA FACES AN EDUCATION CRISIS.

WHAT IS THE COST OF THIS ALARMING TREND? THE ANSWER, 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.

UWKC 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 PROJECTS THEY

BELIEVE WILL ADDRESS A NEED IN THEIR COMMUNITY. YOUTH GROUPS MAY APPLY

TO YAR FOR SMALL GRANTS OF UP TO \$500 WHICH MAY BE USED TO PURCHASE

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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SUPPLIES FOR A 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. 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. YAR IS A PROGRAM OF UWKC IN PARTNERSHIP WITH KENOSHA COUNTY UNIVERSITY OF WISCONSIN - EXTENSION.

DURING THE 2017-2018 PROGRAM YEAR, YAR FUNDED 15 GRANTS, DISTRIBUTED \$5,045 AND HAD 681 YOUTH PARTICIPANTS.

READERS ARE LEADERS EVENT

EACH YEAR AS PART OF THE NATIONAL "READ ACROSS AMERICA" EVENT THAT CELEBRATES THE BIRTHDAY OF DR. SEUSS IN MARCH, UWKC ORGANIZES "READERS ARE LEADERS" TO SHARE THE JOY OF READING WITH LOCAL ELEMENTARY SCHOOL STUDENTS. IN 2018, THE NINTH YEAR OF THE PROGRAM, 200 LOCAL COMMUNITY LEADERS VOLUNTEERED THEIR TIME TO READ AT 27 ELEMENTARY SCHOOLS, IN 210 CLASSROOMS ACROSS KENOSHA COUNTY, IMPACTING 5,200 CHILDREN.

READERS ARE LEADERS TUTORING PROGRAM

THE READERS ARE LEADERS TUTORING PROGRAM IS AN EARLY GRADE READING INITIATIVE THAT HELPS CHILDREN BUILD THE CRITICAL READING SKILLS NEEDED TO SUCCEED IN SCHOOL AND LIFE. THROUGH THIS TUTORING PROGRAM, UWKC RECRUITS, TRAINS AND PLACES COMMUNITY VOLUNTEERS IN LOCAL SCHOOLS. THE TUTOR WORKS ONE-ON-ONE WITH KINDERGARTEN THROUGH THIRD GRADE STUDENTS DURING THE SCHOOL DAY TO SUPPLEMENT THE WORK THEY ARE DOING IN THE CLASSROOM.

DURING THE 2017-2018 SCHOOL YEAR; 74 VOLUNTEER TUTORS WORKED WITH 57 STUDENTS. SINCE THE PROGRAM BEGAN, TUTORS HAVE GIVEN 2,783 HOURS TO

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HELP CHILDREN BUILD CRITICAL SKILLS FOR READING PROFICIENCY. STUDENTS WHO HAVE PARTICIPATED IN THE PROGRAM COLLECTIVELY IMPROVED 150 READING LEVELS.

ADDITIONALLY, THROUGH A VOLUNTEER-LED REVIEW PROCESS, UWKC INVESTS IN PROGRAMS SUCH AS:

BOYS AND GIRLS CLUB'S YOUTH EMPOWERMENT PROGRAM

BIG BROTHERS/BIG SISTERS MENTORING PROGRAM

ELCA OUTREACH'S YOUTH SUMMER PROGRAM

KENOSHA ACHIEVEMENT CENTER'S HANEN PROGRAM

GIRL SCOUTS OF WISCONSIN SOUTHEAST'S URBAN OUTREACH INITIATIVES

HEALTH

IMPROVING PEOPLE'S HEALTH

GOALS:

- INDIVIDUALS DEMONSTRATE SKILLS FOR HEALTHY LIVING.

- INDIVIDUALS ACCESS HEALTH AND SAFETY RESOURCES.

GOOD HEALTH IS BOTH A COMMUNITY RESPONSIBILITY AND A COMMUNITY BENEFIT.

IT GOES BEYOND PERSONAL DIET, EXERCISE, AND MANY OTHER INDIVIDUAL

CHOICES WE MAKE. THE FOUNDATION FOR A HEALTHY LIFE IS IN THE

NEIGHBORHOODS WE BUILD AND THE ENVIRONMENTS WE INHABIT. WHEN PEOPLE

HAVE ACCESS TO PARKS, BIKE PATHS, SAFE PLAYGROUNDS, HEALTHY FOODS, AND

GOOD MEDICAL CARE, THEY ARE MORE LIKELY TO SUCCEED IN SCHOOL, WORK, AND

LIFE.

UWKC IS WORKING TO ENSURE EVERYONE HAS ACCESS TO AFFORDABLE AND QUALITY

CARE AND PARTNERS WITH AGENCIES TO PROVIDE HELP TO THOSE WITHOUT HEALTH

INSURANCE, A VICTIM OF ABUSE OR SOMEONE STRUGGLING WITH MENTAL ILLNESS

OR AN ADDICTION.

UWKC WORKS TO ACHIEVE HEALTH GOALS BY TAKING A LEADERSHIP ROLE IN:

FAMILYWISE DISCOUNT PRESCRIPTION PROGRAM

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NEARLY 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 WITH SAVINGS UP TO 75%, IT'S REAL HELP, RIGHT NOW. FAMILYWIZE PRESCRIPTION PROGRAM HAS HELPED 2,787 KENOSHA COUNTY RESIDENTS SAVE AN AVERAGE OF 32% ON PRESCRIPTION COSTS. \$282,309 WAS SAVED IN 2017 WITH MORE THAN \$1,881,802 SAVED SINCE 2007.

HEALTH RESOURCES

UNITED WAY OF KENOSHA COUNTY WORKS IN PARTNERSHIP WITH THE KENOSHA COUNTY DIVISION OF HEALTH TO SHARE THE RESOURCES AVAILABLE IN OUR COMMUNITY: NURSING SERVICES, CLINIC INFORMATION, FLU INFORMATION, MENTAL HEALTH RESOURCES, ENVIRONMENTAL HEALTH SERVICES, SUICIDE PREVENTION, COUNSELING SERVICES AND AFFORDABLE CARE ACT INFORMATION IN KENOSHA COUNTY AND FAMILY AND CHILD HEALTH PROGRAMS (PRENATAL CARE COORDINATION, SAFE SLEEP, WIC, CAR SEAT SAFETY). ADDITIONALLY, THROUGH A VOLUNTEER-LED REVIEW PROCESS, UWKC INVESTS IN PROGRAMS SUCH AS:

- AIDS RESOURCE CENTER OF WISCONSIN'S HIV HEALTH CARE SERVICES
- BOYS AND GIRLS CLUB'S YOUTH EMPOWERMENT PROGRAM
- CATHOLIC CHARITIES BEHAVIORAL HEALTH AND COUNSELING SERVICES
- CHILDREN'S HOSPITAL - COMMUNITY SERVICES CHILD AND FAMILY COUNSELING PROGRAM
- ELCA OUTREACH WESTERN KENOSHA COUNTY PRESCRIPTION PROGRAM
- KENOSHA ACHIEVEMENT CENTER'S HANEN PROGRAM
- KENOSHA AREA FAMILY & AGING SERVICES' MEALS ON WHEELS PROGRAM
- KENOSHA HUMAN DEVELOPMENT SERVICES' JUVENILE CRISIS INTERVENTION
- LUTHERAN SOCIAL SERVICES' S.C.A.N. PROGRAM

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RACINE KENOSHA COMMUNITY ACTION AGENCY'S FATHER INVOLVEMENT PROGRAM

SHALOM CENTER'S INNS PROGRAM

THE SHARING CENTER NUTRITION PROGRAM

WOMEN AND CHILDREN'S HORIZONS' LEGAL ADVOCACY AND CHILDREN'S SERVICES

FINANCIAL STABILITY

HELPING FAMILIES SAVE FOR THEIR FUTURE

GOALS:

- INDIVIDUALS IMPROVE LIVING AND EMPLOYABILITY SKILLS

- INDIVIDUALS DEMONSTRATE MANAGEMENT AND ACQUISITION OF ASSETS

APPROXIMATELY 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. 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, UWKC IS HERE TO HELP.

UWKC 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 (UWKC, THE KENOSHA COUNTY JOB

CENTER, GATEWAY TECHNICAL COLLEGE, CARTHAGE COLLEGE AND THE IRS)

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

\$54,000) 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

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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 2018 (THE 2017 TAX SEASON) THE KENOSHA COUNTY VITA PROGRAM ENGAGED 72 INDIVIDUALS AS TAX PREPARERS, HELPED FILE 2,878 TAX RETURNS, AND HELPED RESIDENTS OBTAIN \$2,023,303 MILLION IN REFUNDS.

SEE PAGE 44 FOR CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENT

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

COMMUNITY SERVICES AND VOLUNTEERISM

IN ADDITION TO LEADING INITIATIVES AND SUPPORTING PROGRAMS THROUGH THE INVESTMENT PROCESS, UWKC 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 CENTER

UWKC IS COMMITTED TO HELPING KENOSHA COUNTY RESIDENTS FIND ALTERNATIVE WAYS OF GIVING IN THE COMMUNITY. UWKC UTILIZES VOLUNTEERS THROUGHOUT THE ORGANIZATION AND VALUES AND REALIZES HOW IMPORTANT THE GIFT OF TIME CAN BE TO ANY NON-PROFIT ORGANIZATION. IN 2013 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, OVER 80 LOCAL AGENCIES/ORGANIZATIONS HAVE REGISTERED TO POST VOLUNTEER OPPORTUNITIES, AND OVER 2,500 COMMUNITY MEMBERS HAVE SIGNED UP THROUGH THE WEBSITE.

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IN ADDITION TO FOSTERING YEAR-ROUND VOLUNTEERISM THROUGH GET CONNECTED, UWKC ORGANIZES SEVERAL LARGE-SCALE VOLUNTEER EFFORTS EACH YEAR TO HELP CONNECT INDIVIDUALS AND EMPLOYEES WITH THE LOCAL COMMUNITY AND LOCAL NONPROFIT ORGANIZATIONS.

DAY OF CARING

CORPORATE 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 17, 2017, OVER 200 VOLUNTEERS WORKED AT 14 DIFFERENT PROJECT SITES AND ALSO PACKAGED 40,000 MEALS THAT WERE DISTRIBUTED TO 4 LOCAL FOOD PANTRIES FOR FAMILIES IN NEED.

DAYS OF ACTION - PLAYGROUND POWER-UP PROJECTS

THIS PROJECT BRINGS COMMUNITY VOLUNTEERS TO KENOSHA COUNTY SCHOOLS THROUGHOUT THE SUMMER MONTHS TO ADD BOTH EDUCATIONAL COMPONENTS AND ACTION STENCILS TO PROMOTE PHYSICAL ACTIVITY. CREATED IN PARTNERSHIP WITH FUEL UP TO PLAY60, THE STENCILS THAT VOLUNTEERS PAINT INSPIRE KIDS TO LEARN AND MOVE WHILE CREATING GAMES AROUND THE STENCILS. RESEARCH FINDS THAT ELEMENTARY SCHOOL CHILDREN SPEND MORE OF THEIR RECESS AND ACTIVITY TIME IN ACTIVE PLAY WHEN SCHOOLYARDS ARE ENHANCED WITH PLAYGROUND MARKINGS. ONE SCHOOL PLAYGROUND WAS COMPLETED IN SUMMER 2017 AND MORE THAN 40 VOLUNTEERS PARTICIPATED.

COMMUNITY SERVICES

THE COMMUNITY SERVICES COMPONENT OF UWKC IS IN PLACE TO MEET UNITED WAY'S STRATEGIC GOALS AND TO HELP ADDRESS COMMUNITY NEEDS. UWKC IS

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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. UWKC ALSO FUNDS IMPACT, INC.'S 2-1-1 CONFIDENTIAL HELPLINE AND ONLINE RESOURCE DIRECTORY.

COMMUNITY CONVENER

ONE POWERFUL THING ABOUT UWKC IS THE RELATIONSHIPS WITH LOCAL BUSINESSES, EDUCATION, FAITH AND COMMUNITY-BASED ORGANIZATIONS, PHILANTHROPIC INSTITUTIONS, CIVIC LEADERS, LOCAL GOVERNMENT AND INSTITUTIONS.

UWKC CONTINUES TO COLLABORATE WITH UNIVERSITY OF WISCONSIN - EXTENSION TO QUANTIFY AND PUBLICIZE SERVICES BEING OFFERED IN WESTERN KENOSHA COUNTY.

EXPENSES \$ 40,755. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART III, LINE 4A (CONTINUED):

MONEY SMART WEEK

MONEY 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 ALIGNS WITH UWKC'S DESIRED OUTCOME

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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, UWKC TOGETHER WITH MEMBERS OF THE KENOSHA FINANCIAL EDUCATION NETWORK HOSTED THE 3RD ANNUAL YOUTH FINANCIAL LITERACY VIDEO CONTEST. STUDENTS IN GRADES 6-12 WERE INVITED TO SUBMIT A 90-SECOND VIDEO FOR CASH PRIZES.

FINANCIAL EDUCATION NETWORK

SINCE 2013, THE FINANCIAL EDUCATION NETWORK (FEN), A UWKC LEAD INITIATIVE HAS PROMOTED 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 30 ORGANIZATIONS REPRESENTING A VARIETY OF SECTORS ARE INVOLVED IN THE NETWORK.

ADDITIONALLY, THROUGH A VOLUNTEER-LED REVIEW PROCESS, UWKC INVESTS IN PROGRAMS SUCH AS:

KENOSHA ACHIEVEMENT CENTER'S EMPLOYMENT OPTIONS PROGRAM

KENOSHA HUMAN DEVELOPMENT SERVICES TRANSITIONAL HOUSING FOR HOMELESS YOUTH

KENOSHA LITERACY COUNCIL'S LITERACY FOR LIFE ADULT EDUCATION PROGRAM

SHALOM CENTER'S EMERGENCY FAMILY SHELTER PROGRAM

FORM 990, PART VI, SECTION A, LINE 2:

THOMAS KELLEY AND TARA PANASEWICZ HAVE A FAMILY RELATIONSHIP.

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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FORM 990, PART VI, SECTION A, LINE 6:

EVERY INDIVIDUAL LIVING IN, OR FIRM OR CORPORATION AS ESTABLISHED BY THE STATE OF WISCONSIN DOING BUSINESS IN, THE CITY OR COUNTY OF KENOSHA WHO IS A CONTRIBUTOR OF MONIES, GOODS OR SERVICES TO THIS CORPORATION AND THE SPOUSE OF SUCH PERSON, SHALL BE DESIGNATED AS A MEMBER OF THE CORPORATION FOR A PERIOD OF ONE YEAR FOLLOWING THAT CONTRIBUTION, PROVIDING THAT SUBSCRIPTION IS NOT IN DEFAULT.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AT THE ORGANIZATION'S ANNUAL MEETING.

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

THE PREPARED FORM 990 IS REVIEWED BY THE FINANCE MANAGER, CHIEF EXECUTIVE OFFICER, AUDIT COMMITTEE, AND THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE MEMBERS OF THE CEO SEARCH COMMITTEE DETERMINED THE CHIEF EXECUTIVE

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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OFFICER'S COMPENSATION USING DATA ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS IN SIMILAR COMMUNITIES FOR SIMILAR SERVICES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART IX:

2017 OVERHEAD CALCULATION:

$$(\$134,025 + \$63,166) / \$1,301,253 = 15.2\%$$

OVERHEAD RATIO CALCULATION

FORM 990, PART IX, LINE 25, COLUMN (C) (MANAGEMENT AND GENERAL EXPENSES) + COLUMN (D) (FUNDRAISING EXPENSES) / FORM 990, PART VIII, LINE 12, COLUMN (A) (TOTAL REVENUE)

NOTE: OVERHEAD CALCULATION WAS TAKEN FROM "IMPLEMENTATION STANDARDS FOR MEMBERSHIP REQUIREMENT A: TAX EXEMPT STATUS AND IRS FORM 990 REPORTING REQUIREMENTS" DATED SEPTEMBER 2008, REVISED MAY 2011 AND ISSUED BY UNITED WAY WORLDWIDE.