

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**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

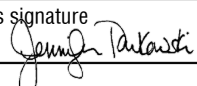
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF KENOSHA COUNTY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5500 6TH AVE 210</b> City or town, state or province, country, and ZIP or foreign postal code <b>KENOSHA, WI 53140-3710</b>	<b>D</b> Employer identification number <b>39-0806285</b>  <b>E</b> Telephone number <b>262-658-4104</b>
<b>I</b> 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		<b>G</b> Gross receipts \$ <b>1,299,788.</b>
<b>J</b> Website: ▶ <b>WWW.KENOSHAUNITEDWAY.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1959</b> <b>M</b> State of legal domicile: <b>WI</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF UNITED WAY OF KENOSHA COUNTY IS TO MOBILIZE THE CARING POWER OF COMMUNITY TO</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>12</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2790</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,204,543.</b>	<b>1,275,023.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>40,138.</b>	<b>15,551.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,674.</b>	<b>2,050.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,936.</b>	<b>5,411.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,264,291.</b>	<b>1,298,035.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>421,615.</b>	<b>273,684.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>606,432.</b>	<b>462,393.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>52,651.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>148,670.</b>	<b>179,395.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,176,717.</b>	<b>915,472.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>87,574.</b>	<b>382,563.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>2,026,522.</b>	<b>2,293,138.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>183,479.</b>	<b>67,532.</b>
<b>22</b>		<b>1,843,043.</b>	<b>2,225,606.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CAROLYNN FRIESCH, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNY TARKOWSKI, CPA</b>	Preparer's signature 	Date <b>11/22/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00634290</b>
	Firm's name ▶ <b>WEGNER CPAS, LLP</b>	Firm's EIN ▶ <b>39-0974031</b>			
	Firm's address ▶ <b>2921 LANDMARK PL STE 300 MADISON, WI 53713-4236</b>	Phone no. <b>608-274-4020</b>			

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 \$ 338,554. including grants of \$ 230,950. ) (Revenue \$ 2,104. ) COMMUNITY IMPACT - AT UNITED WAY OF KENOSHA COUNTY (HENCEFORTH KNOWN AS UWKC), WE BELIEVE IN THE POWER OF MAXIMIZING COMMUNITY IMPACT BY MOBILIZING THE CARING POWER OF INDIVIDUALS 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 A VARIETY OF LOCAL, STATE, NATIONAL UNITED WAY INITIATIVES, AS WELL AS VARIOUS PROGRAMS AT OUR PARTNER PROVIDER AGENCIES. THESE COMBINED EFFORTS PROVIDE COMMUNITY SOLUTIONS AND

4b (Code: ) (Expenses \$ 336,238. including grants of \$ 0. ) (Revenue \$ 15,551. ) BUILDING OUR FUTURE IS AN EDUCATIONAL "CRADLE TO CAREER" INITIATIVE THAT REQUIRES COMMUNITIES TO WORK COLLECTIVELY TO IDENTIFY AREAS OF WEAKNESS, MARSHAL RESOURCES TO SOLVE PROBLEMS, AND USE DATA TO DRIVE ACTION AND DECISION MAKING THAT WILL LEAD TO IMPROVED OUTCOMES FOR STUDENTS OF ALL AGES. UWKC ACTS AS THE FINANCIAL BACKBONE AND FISCAL SPONSOR OF BUILDING OUR FUTURE.

4c (Code: ) (Expenses \$ 27,734. including grants of \$ 27,734. ) (Revenue \$ 3,307. ) WE PROCESSED \$27,734 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 on Schedule O.) (Expenses \$ 19,028. including grants of \$ 15,000. ) (Revenue \$ 0. )

4e Total program service expenses 721,554.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

	Yes	No
<b>22</b> 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
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, 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 on 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 (15); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 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, 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 on 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 (1024 or 1024-A, 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 on Schedule O)
19 Describe on 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 CAROLYNN FRIESCH - 262-658-4104 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. See instructions for the order in which to list the persons above.

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) TARA PANASEWICZ CHIEF EXECUTIVE OFFICER THRU JAN	40.00			X				79,052.	0.	11,408.
(2) SHERRY WESTHOFF FINANCE MANAGER	29.00			X				40,566.	0.	2,811.
(3) JP MORAN DIRECTOR/PRESIDENT THRU MARCH	1.00	X						0.	0.	0.
(4) JEFF HILL TREASURER	1.00	X		X				0.	0.	0.
(5) PATRICIA DEMOS CIC CHAIR	1.00	X		X				0.	0.	0.
(6) KIMBERLIE GOLDSBERRY, PHD DIRECTOR/AUDIT CHAIR	1.00	X		X				0.	0.	0.
(7) PETE SINISKY DIRECTOR THRU MARCH	1.00	X						0.	0.	0.
(8) JERRY HARRIED DIRECTOR	1.00	X						0.	0.	0.
(9) JORDANIA LEON-JORDON DIRECTOR	1.00	X						0.	0.	0.
(10) VICTORIA ALIA DIRECTOR	1.00	X						0.	0.	0.
(11) NIKKI PAYNE DIRECTOR	1.00	X						0.	0.	0.
(12) NICHOLAS SMITH PRESIDENT STARTING MARCH	1.00	X		X				0.	0.	0.
(13) TERRI WRUCK DIRECTOR	1.00	X						0.	0.	0.
(14) NINA TAYLOR SECRETARY STARTING MARCH	1.00	X		X				0.	0.	0.
(15) JAKE JONES DIRECTOR THRU MARCH	1.00	X						0.	0.	0.
(16) ROB HOGAN DIRECTOR	1.00	X						0.	0.	0.
(17) JACQUELINE MORRIS 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) CHRIS TERRY DIRECTOR/SECRETARY THRU MARCH	1.00	X						0.	0.	0.
(19) HEATHER IVERSON DIRECTOR	1.00	X						0.	0.	0.
(20) DEZARREA JOHNSON-KINDLE DIRECTOR	1.00	X						0.	0.	0.
(21) CAROLYNN FRIESCH CHIEF EXECUTIVE OFFICER STARTED MAY	40.00			X				0.	0.	0.
<b>1b Subtotal</b>								119,618.	0.	14,219.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								119,618.	0.	14,219.

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	131,119.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,143,904.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f			1,275,023.				
<b>Program Service Revenue</b>	<b>2 a</b> BIRTH-8 NETWORK FACILI	<b>Business Code</b>	900099	15,551.	15,551.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			15,551.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,050.			2,050.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>						
	<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)								
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>							
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			3,857.				
				1,753.				
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory				2,104.	2,104.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> COST RECOVERY FEES	<b>Business Code</b>	900099	2,493.	2,493.			
	<b>b</b> SERVICE FEES		900099	814.	814.			
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d				3,307.			
<b>12 Total revenue.</b> See instructions				1,298,035.	20,962.	0.	2,050.	

**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	273,684.	273,684.		
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	105,727.	31,085.	51,187.	23,455.
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	294,011.	254,051.	27,403.	12,557.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,957.	28,141.	2,617.	1,199.
10 Payroll taxes	30,698.	21,684.	6,210.	2,804.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,019.		14,019.	
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.)	65,111.	43,370.	21,541.	200.
12 Advertising and promotion	6,568.	4,346.	884.	1,338.
13 Office expenses	15,040.	9,474.	3,997.	1,569.
14 Information technology	21,959.	10,934.	5,565.	5,460.
15 Royalties				
16 Occupancy	32,100.	23,833.	5,669.	2,598.
17 Travel	500.	500.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,663.	1,188.		475.
20 Interest				
21 Payments to affiliates	7,110.	5,279.	1,256.	575.
22 Depreciation, depletion, and amortization	734.	734.		
23 Insurance	3,073.	2,281.	543.	249.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COMMUNITY EVENTS</b>	9,391.	9,391.		
b <b>DUES</b>	2,127.	1,579.	376.	172.
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	915,472.	721,554.	141,267.	52,651.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	760.	<b>1</b>	369.
	<b>2</b> Savings and temporary cash investments .....	1,796,622.	<b>2</b>	2,110,027.
	<b>3</b> Pledges and grants receivable, net .....	217,117.	<b>3</b>	164,831.
	<b>4</b> Accounts receivable, net .....	1,554.	<b>4</b>	17.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,612.	<b>9</b>	17,771.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,124.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 28,001.	<b>10c</b>	123.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,026,522.	<b>16</b>	2,293,138.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,201.	<b>17</b>	67,392.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	29,278.	<b>19</b>	140.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	87,000.	<b>24</b>	0.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	183,479.	<b>26</b>	67,532.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	345,169.	<b>27</b>	465,589.
	<b>28</b> Net assets with donor restrictions .....	1,497,874.	<b>28</b>	1,760,017.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,843,043.	<b>32</b>	2,225,606.
<b>33</b> Total liabilities and net assets/fund balances .....	2,026,522.	<b>33</b>	2,293,138.	

**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	1,298,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	915,472.
3	Revenue less expenses. Subtract line 2 from line 1	3	382,563.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,843,043.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,225,606.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1050298.	1282344.	1048990.	1204543.	1275023.	5861198.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1050298.	1282344.	1048990.	1204543.	1275023.	5861198.
<b>5</b> 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) .....						841,162.
<b>6 Public support.</b> Subtract line 5 from line 4.						5020036.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	1050298.	1282344.	1048990.	1204543.	1275023.	5861198.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,796.	7,612.	16,901.	12,674.	2,050.	42,033.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						5903231.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	136,776.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	85.04 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	85.08 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in line 2, above, 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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>b</b> Did the activities described in line 2a, above, 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.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization  <b>UNITED WAY OF KENOSHA COUNTY, INC.</b>	Employer identification number  <b>39-0806285</b>
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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	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>44,119.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>89,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF KENOSHA COUNTY, INC.</b>	Employer identification number  <b>39-0806285</b>
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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/>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 125,000.	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/>	\$ 87,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY OF KENOSHA COUNTY, INC.</b>	Employer identification number  <b>39-0806285</b>
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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  <b>UNITED WAY OF KENOSHA COUNTY, INC.</b>	Employer identification number  <b>39-0806285</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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 (for example, 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? .....

Yes  No

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)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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) 2020

**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 make 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 program
  - 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 Term 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		14,678.	14,555.	123.
e Other		7,934.	7,934.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				123.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,275,703.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	19,200.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	19,200.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,256,503.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	41,532.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	41,532.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,298,035.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	893,140.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	19,200.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,753.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	20,953.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	872,187.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	43,285.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	43,285.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	915,472.

**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	27,734.
BIRTH-8 NETWORK FACILITATION	15,551.
COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B	-1,753.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	41,532.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B	1,753.
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**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 27,734.

BIRTH-8 NETWORK FACILITATION 15,551.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 43,285.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 S LAKE DR - MILWAUKEE, WI 53235-0900	39-0806321	501(C)(3)	9,750.	0.			(DD)(G)-BEHAVIORAL HEALTH AND COUNSELING SERVICES PROGRAM, COVID-19 GRANT
CHILDREN'S SERVICE SOCIETY OF WISCONSIN - 620 S 76TH ST STE 120 - MILWAUKEE, WI 53214-1599	39-0806380	501(C)(3)	15,800.	0.			(G)-CHILD AND FAMILY COUNSELING PROGRAM, COVID-19 GRANT
FOCUS ON FAMILY 510 COLLEGE AVENUE RACINE, WI 53403-1058	39-1369356	501(C)(3)	7,500.	0.			(G)-S.C.A.N. - STOP CHILD ABUSE AND NEGLECT
KENOSHA ACHIEVEMENT CENTER, INC. 1218 79TH ST KENOSHA, WI 53143-6111	39-1399101	501(C)(3)	9,109.	0.			(DD)(G)-EARLY INTERVENTION, COVID-19 GRANT
KENOSHA AREA FAMILY AND AGING SERVICES, INC. - 7730 SHERIDAN RD - KENOSHA, WI 53143-1518	39-1132382	501(C)(3)	14,175.	0.			(DD)(G)-MEALS ON WHEELS PROGRAM, COVID-19 GRANT
KENOSHA HUMAN DEVELOPMENT SERVICES, INC. - 5407 8TH AVE - KENOSHA, WI 53140-3715	39-1200678	501(C)(3)	40,885.	0.			(DD)(G)-TRANSITIONAL HOUSING FOR HOMELESS YOUTH AND ADULTS AND JUVENILE CRISIS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.

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

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 LITERACY COUNCIL, INC. 2419 63RD ST KENOSHA, WI 53143-4331	39-1601969	501(C)(3)	17,675.	0.			(G)-LITERACY FOR ADULTS PROGRAM, COVID-19 GRANT
SHALOM CENTER OF INTERFAITH HUMAN CONCERNS NETWORK OF KENOSHA COUNTY, INC. - 4314 39TH AVE - KENOSHA, WI 53144-1962	39-1480124	501(C)(3)	31,345.	0.			(DD)(G)-HOMELESS SHELTER, COVID-19 GRANT
WOMEN AND CHILDREN'S HORIZONS, INC. - 2525 63RD ST - KENOSHA, WI 53143-4333	39-1278299	501(C)(3)	30,435.	0.			(DD)(G)-CHILDREN'S SERVICES & LEGAL ADVOCACY PROGRAMS, COVID-19 GRANT
KENOSHA YMCA 7101 53RD ST KENOSHA, WI 53144-7848	39-0826296	501(C)(3)	8,700.	0.			(G)-LEARN TO SWIM/SAFETY AROUND WATER, LINCOLN MS TEENS, AND LIVESTRONG PROGRAMS, COVID-19 GRANT
BOYS AND GIRLS CLUB KENOSHA 1130 52ND ST KENOSHA, WI 53140-3715	39-1732935	501(C)(3)	12,405.	0.			(DD)(G)-YOUTH EMPOWERMENT, COVID-19 GRANT
SHARING CENTER INC. 25700 WILMOT RD TREVOR, WI 53179-9215	39-1502706	501(C)(3)	12,455.	0.			(DD)(G)-NUTRITION PROGRAM, COVID-19 GRANT
RACINE VOCATIONAL MINISTRY 214 SEVENTH ST RACINE, WI 53403-1219	71-0894219	501(C)(3)	7,950.	0.			(G)-VOCATIONAL MINISTRY, COVID-19 GRANT
IMPACT ALCOHOL AND OTHER DRUGS 6737 W WASHINGTON ST STE 2225 MILWAUKEE, WI 53214-1599	39-0988784	501(C)(3)	15,000.	0.			(G)-211 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 YOUTH AND ADULTS AND JUVENILE CRISIS INTERVENTION PROGRAMS, COVID-19 GRANT

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 \$40,500 CASH GRANTS.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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:

DELIVER MEASURABLE RESULTS.

DURING COVID-19, UWKC ESTABLISHED OUR COVID-19 RELIEF FUND,

DISTRIBUTING OVER \$140,000 TO LOCAL NONPROFITS WHO CONTINUED TO PROVIDE

DIRECT RELIEF TO VULNERABLE COMMUNITY MEMBERS.

SEE PAGE 44 FOR CONTINUATION

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, FINANCIAL STABILITY, AND HEALTH. 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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

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:

KENOSHA COUNTY 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 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 2020-21 PROGRAM YEAR, DUE TO COVID-19 PANDEMIC, YAR WAS



Name of the organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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SUSPENDED FOR THE SEASON. SINCE ITS INCEPTION, THE KENOSHA YAR PROGRAM HAS FUNDED OVER 200 GRANTS, DISTRIBUTED OVER \$73,000 AND HAD ROUGHLY 8,500 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 2020, DUE TO COVID-19 PANDEMIC, UNITED WAY OF KENOSHA COUNTY WAS NOT ABLE TO HOLD THIS EVENT.

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 2020-21 SCHOOL YEAR; DUE TO COVID-19 PANDEMIC, THE PROGRAM WAS SUSPENDED FOR THE SCHOOL YEAR. SINCE THE PROGRAM BEGAN, TUTORS HAVE GIVEN OVER 9,000 HOURS TO HELP CHILDREN BUILD CRITICAL SKILLS FOR READING PROFICIENCY.

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

- BOYS AND GIRLS CLUB YOUTH EMPOWERMENT PROGRAM

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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- KENOSHA LITERACY COUNCIL LITERACY FOR LIFE ADULT LITERACY EDUCATION PROGRAM
- KENOSHA ACHIEVEMENT CENTER EARLY INTERVENTION PROGRAM
- KENOSHA YMCA LINCOLN MIDDLE SCHOOL TEENS

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:

SINGLECARE (FORMERLY FAMILYWIZE) DISCOUNT PRESCRIPTION PROGRAM

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

NEARLY 1,000 UNITED WAYS ARE PARTNERED WITH SINGLECARE (FORMERLY 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 DOES NOT MAKE THE MEDICINE FREE, BUT WITH SAVINGS UP TO 75%, IT IS REAL HELP, RIGHT NOW.

IN 2020 THE SINGLECARE PRESCRIPTION PROGRAM HELPED 1,549 PEOPLE IN KENOSHA COUNTY SAVE \$195,881 FOR AN AVERAGE SAVINGS OF 47%. SINCE LAUNCHING THE FAMILYWIZE PRESCRIPTION PROGRAM IN 2007 KENOSHA COUNTY - IT HELPED OVER 20,000 PEOPLE HAVE SAVE OVER \$2.6 MILLION.

HEALTH RESOURCES

UNITED WAY OF KENOSHA COUNTY WORKS IN PARTNERSHIP WITH MULTIPLE COMMUNITY PARTNERS TO SHARE THE RESOURCES AVAILABLE IN OUR COMMUNITY: 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:

- CATHOLIC CHARITIES BEHAVIORAL HEALTH AND COUNSELING SERVICES
- CHILDREN'S HOSPITAL - COMMUNITY SERVICES CHILD AND FAMILY COUNSELING PROGRAM

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

- FOCUS ON COMMUNITY'S S.C.A.N. PROGRAM (STOP CHILD ABUSE AND NEGLECT)
- KENOSHA AREA FAMILY & AGING SERVICES' MEALS ON WHEELS PROGRAM
- KENOSHA HUMAN DEVELOPMENT SERVICES' JUVENILE CRISIS INTERVENTION
- RACINE KENOSHA COMMUNITY ACTION AGENCY SENIOR VEGGIE VOUCHER PROGRAM
- THE SHARING CENTER NUTRITIONAL PROGRAM
- WOMEN AND CHILDREN'S HORIZONS' LEGAL ADVOCACY AND CHILDREN'S SERVICES
- KENOSHA YMCA SAFETY AROUND WATER & LIVESTRONG

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)

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

TOGETHER WITH IRS-CERTIFIED VOLUNTEERS ARE PROVIDING FREE INCOME TAX PREPARATION ASSISTANCE TO LOW-TO-MODERATE INCOME FAMILIES.

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 CONVENOR

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 2018 UNITED WAY LAUNCHED FLIPCAUSE, 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 500 COMMUNITY MEMBERS HAVE SIGNED UP THROUGH THE WEBSITE.

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

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DAYS OF CARING

CORPORATE PARTNERS OR VOLUNTEER TEAMS ARE CONNECTED WITH LOCAL NONPROFIT ORGANIZATIONS TO ASSIST IN VOLUNTEER OPPORTUNITIES THAT RANGE FROM WORKING WITH SENIORS, TO PAINTING OR LANDSCAPING. DUE TO THE PANDEMIC, DAYS OF CARING WAS SUSPENDED FOR 2020-21.

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. TWO SCHOOL PLAYGROUNDS WERE COMPLETED DURING 2019-20 WITH 30 VOLUNTEERS PARTICIPATING. DUE TO THE PANDEMIC, DAYS OF ACTION WAS SUSPENDED FOR 2020-21.

COMMUNITY SERVICES

UWKC IS ACTIVELY ENGAGED WITH THE KENOSHA EMERGENCY SERVICES NETWORK TO STAY UP TO DATE ON THE SERVICES AVAILABLE IN THE COUNTY AND ACTS AS A REFERRAL SOURCE TO MANY NEEDING HELP IN OUR COMMUNITY. UWKC ALSO FUNDS IMPACT, INC.'S 2-1-1 CONFIDENTIAL HELPLINE AND ONLINE RESOURCE DIRECTORY.

COMMUNITY CONVENER

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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.

EXPENSES \$ 19,028. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0.

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

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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 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:

2020 OVERHEAD CALCULATION:

$(\$141,267 + \$52,651) / \$1,298,035 = 14.9\%$

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.



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FORM 990, PART IX:

PROGRAM GOALS:

- TO HELP LOW-TO-MODERATE INCOME FAMILIES (UP TO \$57,000) 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.

- TO PROVIDE FINANCIAL LITERACY EDUCATION TO KENOSHA COUNTY RESIDENTS TO PROMOTE SELF-SUFFICIENCY THROUGH WEALTH BUILDING AND DEBT-REDUCTION OUTREACH PROGRAMS FOR THOSE OUTSIDE THE FINANCIAL MAINSTREAM. ASSETS GIVE PEOPLE A STAKE IN THEIR FUTURE AND IN THEIR COMMUNITY.

IN 2021 (THE 2020 TAX SEASON) THE KENOSHA COUNTY VITA PROGRAM ENGAGED 35 INDIVIDUALS AS TAX PREPARERS, HELPED 913 RESIDENTS FILE TAX RETURNS AND OBTAIN OVER \$1.6 MILLION IN REFUNDS. SINCE THE PROGRAM'S INCEPTION IN 2009, MORE THAN \$19.75 MILLION HAS BEEN RECEIVED BACK INTO OUR COMMUNITY.

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.

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

- KENOSHA HUMAN DEVELOPMENT SERVICES TRANSITIONAL HOUSING FOR HOMELESS YOUTH
- KENOSHA KENOSHA LITERACY COUNCIL'S LITERACY FOR LIFE
- SHALOM CENTER HOMELESS SHELTER
- KENOSHA VOCATIONAL MINISTRY