

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

UNITED WAY OF KENOSHA COUNTY, INC.  
5500 6TH AVE, 210  
KENOSHA, WI 53140



PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2390-800  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**  
 Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<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</b> <b>F</b> Name and address of principal officer: <b>CAROLYNN FRIESCH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>39-0806285</b> <b>E</b> Telephone number <b>262-658-4104</b> <b>G</b> Gross receipts \$ <b>1,265,670.</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>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>J</b> Website: <b>WWW.KENOSHAUNITEDWAY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1959</b> <b>M</b> State of legal domicile: <b>WI</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF UNITED WAY OF KENOSHA COUNTY IS TO CONNECT CARING VOICES AND MAXIMIZE RESOURCES 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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>507</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>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 577,934.
<b>9</b>		Program service revenue (Part VIII, line 2g)	422,275.	280,637.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,231.	24,755.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,471.	46,282.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,071,911.	1,191,750.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	187,237.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	671,787.	658,079.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	56,349.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	222,171.	271,786.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,081,195.	1,123,686.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-9,284.	68,064.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 1,278,355.	<b>End of Year</b> 1,340,388.
	<b>21</b>	Total liabilities (Part X, line 26)	165,193.	159,162.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,113,162.	1,181,226.

**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>	Preparer's name <b>JENNY TARKOWSKI, CPA</b>	Preparer's signature <b>JENNY TARKOWSKI, CPA</b>
	Date <b>12/01/25</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. (608) 274-4020

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY OF KENOSHA COUNTY IS TO CONNECT CARING VOICES AND MAXIMIZE RESOURCES TO COLLECTIVELY STRENGTHEN AND UPLIFT KENOSHA COUNTY. WE ENVISION A KENOSHA COUNTY WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED, AND ECONOMICALLY STABLE.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 415,269. including grants of \$ 155,000. ) (Revenue \$ 0. ) 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 COLLABORATION WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY. WE ENVISION A KENOSHA COUNTY WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED, AND ECONOMICALLY STABLE.

UWKC IMPACTS INDIVIDUALS AND FAMILIES IN OUR LOCAL COMMUNITY BY INVESTING IN A VARIETY OF LOCAL, STATE, AND NATIONAL UNITED WAY INITIATIVES, AS WELL AS VARIOUS PROGRAMS AT OUR PARTNER PROVIDER AGENCIES. THESE COMBINED EFFORTS PROVIDE COMMUNITY SOLUTIONS AND DELIVER MEASURABLE RESULTS.

4b (Code: ) (Expenses \$ 367,506. including grants of \$ 17,996. ) (Revenue \$ 291,837. ) 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 TRANSFERRED FISCAL SPONSORSHIP OF THIS PROGRAM TO THE KABA FOUNDATION AS OF JANUARY 1, 2023. UWKC CONTINUES TO SUPPORT THIS INITIATIVE BY SERVING AS THE EMPLOYER OF RECORD AND THROUGH COLLABORATION, HUMAN RESOURCES, AND ADMINISTRATIVE SUPPORT.

4c (Code: ) (Expenses \$ 86,444. including grants of \$ 5,000. ) (Revenue \$ 0. ) 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. TO SOURCE AND PUBLICIZE VOLUNTEER OPPORTUNITIES, UWKC UTILIZES A WEB-BASED PLATFORM CALLED VOLUNTEER WISCONSIN. NONPROFITS, GOVERNMENT

4d Other program services (Describe on Schedule O.) (Expenses \$ 70,158. including grants of \$ 15,825. ) (Revenue \$ 2,329. )

4e Total program service expenses 939,377.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 17 regarding employee counts, tax returns, gross 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 (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 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 on 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 on 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 on 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

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CAROLYNN FRIESCH CHIEF EXECUTIVE OFFICER	40.00			X				71,194.	0.	22,176.
(2) BETH GRIFFEN DIRECTOR OF FINANCE	40.00			X				58,791.	0.	10,979.
(3) TANYA RUDER PRESIDENT	1.00	X		X				0.	0.	0.
(4) ROB HOGAN TREASURER/FINANCE CHAIR	1.00	X		X				0.	0.	0.
(5) MARK HOLMES DIRECTOR/AUDIT CHAIR	1.00	X		X				0.	0.	0.
(6) ROBYN HEATHCOTE-DOERSCH DIRECTOR/CIC CHAIR (FROM MAR 2025)	1.00	X		X				0.	0.	0.
(7) JACQUELINE MORRIS PRESIDENT (THRU MAR 2025)	1.00	X		X				0.	0.	0.
(8) CYNDEAN JENNINGS DIRECTOR/CIC CHAIR (THRU MAR 2025)	1.00	X		X				0.	0.	0.
(9) KELSEY HUBELER SECRETARY (THRU MAY 2025)	1.00	X		X				0.	0.	0.
(10) DEZARREA JOHNSON-KINDLE DIRECTOR	1.00	X						0.	0.	0.
(11) MITCH FERRARO DIRECTOR	1.00	X						0.	0.	0.
(12) HORACE STAPLES DIRECTOR	1.00	X						0.	0.	0.
(13) WILLIAM ROBERTS DIRECTOR	1.00	X						0.	0.	0.
(14) KARIN GRAVES DIRECTOR	1.00	X						0.	0.	0.
(15) ERIC PETERSON DIRECTOR	1.00	X						0.	0.	0.
(16) DR. MICHELE HANCOCK DIRECTOR	1.00	X						0.	0.	0.
(17) MICHAEL BOND 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JAMICE GLASS DIRECTOR	1.00	X						0.	0.	0.
(19) LAVETTA ARRINGTON DIRECTOR	1.00	X						0.	0.	0.
(20) BETH GAROUTTE DIRECTOR (FROM MAR 2025)	1.00	X						0.	0.	0.
(21) DR. DOMINIQUE PRITCHETT DIRECTOR (FROM MAR 2025)	1.00	X						0.	0.	0.
(22) COLIN MURPHY DIRECTOR (FROM MAR 2025)	1.00	X						0.	0.	0.
(23) KAILA BINGEN DIRECTOR (FROM MAR 2025)	1.00	X						0.	0.	0.
(24) JENNIFER MAGGIO DIRECTOR (FROM MAR 2025)	1.00	X						0.	0.	0.
(25) LAUREN NERI DIRECTOR (THRU MAR 2025)	1.00	X						0.	0.	0.
(26) NIKKI PAYNE DIRECTOR (THRU MAR 2025)	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								129,985.	0.	33,155.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								129,985.	0.	33,155.

**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
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	2,494.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	255,000.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	582,582.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			840,076.			
Program Service Revenue	<b>2 a</b>	BUILDING OUR FUTURE PROGRAM SERVI	<b>Business Code</b>	900099	280,637.	280,637.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			280,637.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			24,755.		24,755.	
	<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 \$ 2,494. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		106,673.				
				73,920.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....			32,753.		32,753.		
<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>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	ADMINISTRATIVE FEES	<b>Business Code</b>	900099	11,200.	11,200.		
	<b>b</b>	COST RECOVERY FEES		900099	1,574.	1,574.		
	<b>c</b>	SERVICE FEES		900099	755.	755.		
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			13,529.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			1,191,750.	294,166.	0.	57,508.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	193,821.	193,821.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	173,786.	135,811.	26,438.	11,537.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	402,602.	318,934.	58,249.	25,419.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,751.	6,083.	465.	203.
<b>9</b> Other employee benefits .....	34,765.	25,334.	6,566.	2,865.
<b>10</b> Payroll taxes .....	40,175.	33,772.	4,458.	1,945.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	11,600.		11,600.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	63,754.	54,583.	6,244.	2,927.
<b>12</b> Advertising and promotion .....	2,230.	1,866.	111.	253.
<b>13</b> Office expenses .....	52,577.	49,263.	2,224.	1,090.
<b>14</b> Information technology .....	21,730.	11,006.	3,709.	7,015.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	35,084.	29,702.	3,747.	1,635.
<b>17</b> Travel .....	1,334.	1,026.	214.	94.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	58,795.	57,992.	803.	
<b>20</b> Interest .....	373.	208.	115.	50.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	5,008.	2,786.	1,547.	675.
<b>23</b> Insurance .....	4,971.	4,194.	541.	236.
<b>24</b> 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.)				
<b>a</b> <b>DUES</b> .....	7,702.	6,368.	929.	405.
<b>b</b> <b>COMMUNITY EVENTS</b> .....	6,628.	6,628.		
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,123,686.	939,377.	127,960.	56,349.
<b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.
	<b>2</b> Savings and temporary cash investments .....	934,296.	<b>2</b>	1,029,756.
	<b>3</b> Pledges and grants receivable, net .....	150,232.	<b>3</b>	167,391.
	<b>4</b> Accounts receivable, net .....	70,160.	<b>4</b>	48,380.
	<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 .....	8,260.	<b>9</b>	17,271.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 36,240.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 32,723.	5,140.	<b>10c</b> 3,517.
	<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 .....	110,167.	<b>15</b>	73,973.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,278,355.	<b>16</b>	1,340,388.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	56,398.	<b>17</b>	85,914.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<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 .....		<b>24</b>	
	<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 .....	108,795.	<b>25</b>	73,248.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	165,193.	<b>26</b>	159,162.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	459,675.	<b>27</b>	462,334.
	<b>28</b> Net assets with donor restrictions .....	653,487.	<b>28</b>	718,892.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 .....	1,113,162.	<b>32</b>	1,181,226.
<b>33</b> Total liabilities and net assets/fund balances .....	1,278,355.	<b>33</b>	1,340,388.	

**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	1,191,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,123,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	68,064.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,113,162.
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	1,181,226.

**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 on 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
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1275023.	1214779.	572,883.	577,934.	840,076.	4480695.
<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 .....	1275023.	1214779.	572,883.	577,934.	840,076.	4480695.
<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) .....						647,586.
<b>6 Public support.</b> Subtract line 5 from line 4.						3833109.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	1275023.	1214779.	572,883.	577,934.	840,076.	4480695.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,050.	2,223.	6,946.	22,231.	24,755.	58,205.
<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						4538900.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,188,380.
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	84.45 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	83.07 %
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

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

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (UNITED WAY OF KENOSHA COUNTY, INC.) and Employer identification number (39-0806285)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] 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), 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), 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).

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>48,521.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>70,535.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>20,000.</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 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)**

(Rev. December 2024)

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

**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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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 in 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		22,794.	19,277.	3,517.
e Other		7,934.	7,934.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,517.

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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) <b>OPERATING LEASE RIGHT-OF-USE ASSET</b>	<b>65,533.</b>
(2) <b>FINANCE LEASE RIGHT-OF-USE ASSET</b>	<b>8,440.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>73,973.</b>

**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) <b>OPERATING LEASE LIABILITY</b>	<b>64,412.</b>
(3) <b>FINANCE LEASE LIABILITY</b>	<b>8,836.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>73,248.</b>

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>	1,281,556.
<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>	31,711.	
<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 2a through 2d	<b>2e</b>		31,711.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	1,249,845.
<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>	-58,095.	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		-58,095.
<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>	1,191,750.

**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>	1,213,492.
<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>	31,711.	
<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>	73,920.	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>		105,631.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	1,107,861.
<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>	15,825.	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		15,825.
<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>	1,123,686.

**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.

<b>PART XI, LINE 4B - OTHER ADJUSTMENTS:</b>	
DONOR DESIGNATIONS	15,825.
DIRECT FUNDRAISING EXPENSES INCLUDED ON PART VIII LINE 8B	-73,920.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-58,095.

<b>PART XII, LINE 2D - OTHER ADJUSTMENTS:</b>	
DIRECT FUNDRAISING EXPENSES INCLUDED ON PART VIII LINE 8B	73,920.

<b>PART XII, LINE 4B - OTHER ADJUSTMENTS:</b>	
DONOR DESIGNATIONS	15,825.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUS (event type)	RAINBOWS (event type)	NONE (total number)	
Revenue	1	Gross receipts	55,774.	53,393.	109,167.
	2	Less: Contributions	2,294.	200.	2,494.
	3	Gross income (line 1 minus line 2)	53,480.	53,193.	106,673.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,500.	2,500.	4,000.
	7	Food and beverages	7,556.	19,939.	27,495.
	8	Entertainment	350.		350.
	9	Other direct expenses	25,272.	16,803.	42,075.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			73,920.
11	Net income summary. Subtract line 10 from line 3, column (d)			32,753.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash 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)	7,280.	0.			(DD)(G) - BEHAVIORAL HEALTH AND COUNSELING SERVICES PROGRAM
KENOSHA LITERACY COUNCIL, INC. 2419 63RD ST KENOSHA, WI 53143-4331	39-1601969	501(C)(3)	19,130.	0.			(DD)(G) - LITERACY FOR LIFE PROGRAM
SHALOM CENTER OF INTERFAITH HUMAN CONCERNS NETWORK OF KENOSHA COUNTY, INC. - 4314 39TH AVE - KENOSHA, WI 53144-1962	39-1480124	501(C)(3)	17,000.	0.			(DD)(G) - HOMELESS SHELTER PROGRAM
WOMEN AND CHILDREN'S HORIZONS, INC. - 2525 63RD ST - KENOSHA, WI 53143-4333	39-1278299	501(C)(3)	17,650.	0.			(DD)(G) - CHILDREN'S SERVICES & LEGAL ADVOCACY PROGRAMS
KENOSHA YMCA 7101 53RD ST KENOSHA, WI 53144-7848	39-0826296	501(C)(3)	13,270.	0.			(DD)(G) - ABILITIES IN MOTION ADAPTIVE SPORTS PROGRAMS
SHARING CENTER INC. 25700 WILMOT RD TREVOR, WI 53179-9215	39-1502706	501(C)(3)	10,500.	0.			(DD)(G) - NUTRITION PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9.

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

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

Schedule I (Form 990) (Rev. 12-2024)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE - 6103 39TH AVE - KENOSHA, WI 53142	39-1098683	501(C)(3)	8,270.	0.			(DD)(G) - PARENTING TIME/SUPERVISED VISITATION
KENOSHA AREA FAMILY AND AGING SERVICES, INC. - 7730 SHERIDAN RD - KENOSHA, WI 53143-4331	39-1132382	501(C)(3)	37,740.	0.			(DD)(G) - MEALS ON WHEELS PROGRAM
BOYS AND GIRLS CLUB KENOSHA 1130 52ND ST KENOSHA, WI 53140-3715	39-1732935	501(C)(3)	6,225.	0.			(DD)(G) - YOUTH EMPOWERMENT

**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 FOUR FOCUS AREAS: EDUCATION, HEALTH, FINANCIAL STABILITY, AND BASIC NEEDS; PARTICIPATE IN A SITE VISIT; COMPLETE A MID-YEAR AND YEAR-END REPORT ON PROGRAM RESULTS THROUGH OUTCOME-BASED MEASUREMENT; AND ADDRESS AN IDENTIFIED PRIORITY NEED OR ISSUE IN THE COMMUNITY.

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

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

**AGENCY CRITERIA**

- AN AGENCY MUST BE AN IRS-CERTIFIED 501(C)(3) HEALTH AND HUMAN SERVICE PROVIDER AND A STATE-LICENSED ORGANIZATION THAT SERVES PEOPLE OF KENOSHA COUNTY IN WISCONSIN.

**Part IV Supplemental Information**

- AN AGENCY MUST HAVE WRITTEN BY-LAWS AND A COMMUNITY-BASED BOARD OF DIRECTORS, OR LOCAL ADVISORY COMMITTEE OF AT LEAST FIVE 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 BOARD OF DIRECTORS

**PROGRAM CRITERIA**

- THE PROGRAM'S ABILITY TO MEET CRITICAL COMMUNITY NEEDS IN EDUCATION, INCOME, HEALTH, AND BASIC NEEDS AS IDENTIFIED BY UWKC.

- THE PROGRAM OUTCOMES AND OBJECTIVES MUST ALIGN WITH THE 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.**

**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. A REVISED PROGRAM BUDGET SUMMARY FORM AND BUDGET NARRATIVE MUST BE COMPLETED IF FUNDED LEVEL IS DIFFERENT THAN THE AMOUNT REQUESTED IN THE FUNDING APPLICATION.**

**E. THE PARTNER PROVIDER SHALL OBTAIN PRIOR APPROVAL FROM UWKC FOR SIGNIFICANT CHANGES IN PROGRAM DIRECTION, LEVELS OF SERVICE AND CLIENT**

**Part IV Supplemental Information**

GROUPS FOR PROGRAMS RECEIVING UWKC SUPPORT. FAILURE TO DO SO MAY RESULT IN IMMEDIATE LOSS OF FUNDING.

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 \$56,756 CASH GRANTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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:  
COLLECTIVELY STRENGTHEN AND UPLIFT KENOSHA COUNTY. WE ENVISION A  
KENOSHA COUNTY WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED, AND  
ECONOMICALLY STABLE.

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

UWKC IS GUIDED BY 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 A SKILLED WORKFORCE  
THAT CAN COMPETE IN A GLOBAL ECONOMY. ACCORDING TO THE NATIONAL CENTER  
FOR EDUCATION STATISTICS, THERE WERE 2 MILLION SCHOOL DROPOUTS BETWEEN  
THE AGES OF 16-24 NATIONWIDE IN 2020. AMERICA, AND KENOSHA COUNTY, FACE  
AN EDUCATION CRISIS. IN KENOSHA COUNTY, TWO OUT OF THREE THIRD GRADERS  
CANNOT READ PROFICIENTLY, WHICH IS AN EARLY INDICATOR OF ABILITY TO  
SUCCEED IN SCHOOL. WHAT IS THE COST OF THIS ALARMING TREND? THE ANSWER,  
MORE THAN \$544 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 LEADING THE FOLLOWING  
COMMUNITY INITIATIVES:

**KENOSHA COUNTY YOUTH AS RESOURCES (YAR)**

KENOSHA COUNTY YOUTH AS RESOURCES (YAR) IS A GRANT-GIVING PROGRAM THAT  
FUNDS YOUTH-DESIGNED, YOUTH-LED COMMUNITY SERVICE PROJECTS. YOUTH, WITH  
GUIDANCE FROM ADULTS, DETERMINE AND PRIORITIZE 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. THE YAR BOARD INVITES YOUTH GROUPS TO PRESENT  
THEIR SERVICE PROJECT PROPOSALS DIRECTLY TO THE BOARD AT THREE TIME PER  
YEAR FOR REVIEW MEETINGS AND THEN ALLOCATES FUNDING AFTER REVIEWING ALL  
APPLICATIONS.

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
UNITED WAY OF KENOSHA COUNTY, INC.	39-0806285
PARTNERSHIP WITH UNIVERSITY OF WISCONSIN MADISON EXTENSION KENOSHA COUNTY.	

DURING THE 2024-2025 PROGRAM YEAR, YOUTH AS RESOURCE, CONSISTING OF 8 HIGH SCHOOL MEMBERS AND THREE ADULT MEMBERS, AWARDED \$3,500 ACROSS 7 SERVICE PROJECTS

#### READ ACROSS KENOSHA: A COMMUNITY LITERACY EVENT

READ ACROSS KENOSHA: A COMMUNITY LITERACY EVENT TOOK PLACE ON THURSDAY, MARCH 6, 2025, IN PARTNERSHIP WITH KENOSHA UNIFIED SCHOOL DISTRICT, BRISTOL SCHOOL DISTRICT, RIVERVIEW ELEMENTARY, AND SALEM SCHOOL DISTRICT, AND IN CONJUNCTION WITH THE NATIONAL "READ ACROSS AMERICA" EVENT. THIS YEAR, 192 VOLUNTEERS READ WITH K-3RD GRADE CLASSROOMS. BOOKS FEATURED VARIOUS AUTHORS AND TITLES, GUIDED BY THE NATIONAL EDUCATION ASSOCIATION AND KUSD. SPONSORSHIPS AND COMMUNITY DONATIONS HELPED PROVIDE CHILDREN'S BOOKS TO EACH OF THE 200+ CLASSROOMS.

#### 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 2024-2025 SCHOOL YEAR, THE PROGRAM WAS IMPLEMENTED IN 6 KENOSHA UNIFIED SCHOOL DISTRICT ELEMENTARY SCHOOLS: GRANT, FOREST PARK, WHITTIER, PRAIRIE LANE, NASH, AND SOUTHPORT. OVER 100 STUDENTS RECEIVED LITERACY SUPPORT FROM 96 VOLUNTEER TUTORS. SINCE THE PROGRAM BEGAN, TUTORS HAVE GIVEN OVER 10,000 HOURS TO HELP CHILDREN BUILD CRITICAL SKILLS FOR READING PROFICIENCY.

#### BORN LEARNING TRAILS

CHILDREN ARE CONSTANTLY LEARNING, RIGHT FROM BIRTH. TO HELP ADULTS TURN A SIMPLE PARK VISIT INTO AN EARLY LEARNING OPPORTUNITY, BORN LEARNING TRAILS OFFER MULTIPLE ACTIVITY STATIONS WITH FUN, INTERACTIVE LEARNING GAMES THAT PARENTS, GRANDPARENTS AND CAREGIVERS CAN PLAY WITH YOUNG CHILDREN. THE TRAILS ARE AN EDUCATIONAL STRATEGY TO BOOST CHILDREN'S LANGUAGE AND LITERACY SKILLS A VALUABLE COMMUNITY RESOURCE FOR EARLY LEARNING. BORN LEARNING TRAILS ARE AT COLUMBUS PARK, FOX RIVER PARK, AND CHAVEZ LEARNING STATION.

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

BOYS AND GIRLS CLUB OF KENOSHA YOUTH EMPOWERMENT PROGRAM  
 KENOSHA LITERACY COUNCIL LITERACY FOR LIFE ADULT LITERACY EDUCATION PROGRAM  
 WOMEN AND CHILDREN'S HORIZONS CHILDREN'S SERVICES  
 KENOSHA YMCA ABILITIES IN MOTION ADAPTIVE SPORTS

#### HEALTH

IMPROVING PEOPLE'S HEALTH  
 GOALS:

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

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 LEADING THE FOLLOWING COMMUNITY INITIATIVES:

#### 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, AFFORDABLE CARE ACT INFORMATION 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  
KENOSHA AREA FAMILY & AGING SERVICES' MEALS ON WHEELS PROGRAM  
THE SHARING CENTER NUTRITIONAL PROGRAM  
WOMEN AND CHILDREN'S HORIZONS' LEGAL ADVOCACY  
KENOSHA YMCA HEALTHY EATING AND ACTIVE LIVING  
HOPE COUNCIL PARENTING TIME/SUPERVISED VISIT  
LGBT CENTER OF SE WI KENOSH LGBTQ+ YOUTH PROGRAM  
KENOSHA AREA FAMILY & AGING SERVICES VOLUNTEER TRANSPORTATION PROGRAM

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZATIONS, SCHOOLS, CIVIC GROUPS, AND COMMUNITY COALITIONS POST VOLUNTEER OPPORTUNITIES, IN-KIND NEEDS, AND UPCOMING EVENTS. IT IS A PLACE WHERE INDIVIDUALS, FAMILIES, AND CORPORATE TEAMS CAN EASILY SEARCH AND FIND OPPORTUNITIES TO UTILIZE THEIR INDIVIDUAL TALENTS AND MEET THEIR INTERESTS WHILE MAKING A LOCAL IMPACT.

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

#### 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. IN 2025, DAY OF CARING WAS A TWO-DAY EVENT. BORN LEARNING TRAILS WERE INSTALLED AT FOX

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC. RIVER PARK AND CHAVEZ LEARNING STATION.	Employer identification number 39-0806285
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**DAYS OF ACTION SENSORY PLAYGROUND 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. 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. SIMILARLY, TO DAYS OF CARING, DAYS OF ACTION HAS NOT FORMALLY TAKEN PLACE SINCE 2019. SCHOOLS, HOWEVER, HAVE BEEN ABLE TO UTILIZE AVAILABLE STENCILS AS REQUESTED. RECENTLY, FOREST PARK, ROOSEVELT, AND WHITTIER SCHOOLS HAVE COMPLETED THEIR SENSORY PLAYGROUNDS.

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 - 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.

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

MAHONE FOUNDATION THE MARY LOU AND ARTHUR F. MAHONE FOUNDATION (MAHONE FOUNDATION) WAS FORMED TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR ECONOMICALLY AND ACADEMICALLY DESERVING YOUTH WHILE SUPPORTING HEALTHY LIFESTYLE INITIATIVES IN COMMUNITIES OF COLOR. AS OF FEBRUARY 2025, UNITED WAY OF KENOSHA COUNTY HAS AGREED TO BE THE FISCAL SPONSOR WHILE THE MAHONE FOUNDATION IS AWAITING THE FINAL DETERMINATION OF THEIR APPLICATION FOR 501(C)(3) STATUS FOR EXEMPTION FROM FEDERAL INCOME TAX UNDER THE INTERNAL REVENUE CODE IN ORDER TO SUPPORT THEIR GROWTH AND DEVELOPMENT AND PROVIDE FINANCIAL MANAGEMENT AND OVERSIGHT. EXPENSES \$ 54,333. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WE PROCESSED \$15,825 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. EXPENSES \$ 15,825. INCLUDING GRANTS OF \$ 15,825. REVENUE \$ 2,329.

**FORM 990, PART III:**

**FINANCIAL STABILITY**

HELPING FAMILIES SAVE FOR THEIR FUTURE

**GOALS:**

INDIVIDUALS IMPROVE LIVING AND EMPLOYABILITY SKILLS

INDIVIDUALS DEMONSTRATE MANAGEMENT AND ACQUISITION OF ASSETS

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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APPROXIMATELY 42 PERCENT 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. IN KENOSHA COUNTY, APPROXIMATELY 12 THOUSAND CHILDREN LIVE IN FAMILIES WHO DO NOT EARN ENOUGH MONEY TO MEET THEIR BASIC NEEDS THAT IS ABOUT 30% OF OUR COMMUNITY'S CHILDREN! FOR FAMILIES WALKING A FINANCIAL TIGHTROPE, AND UNABLE TO SAVE FOR COLLEGE, A HOME, OR RETIREMENT, UWKC IS HERE TO HELP.

UWKC WORKS TO ACHIEVE INCOME GOALS BY LEADING THE FOLLOWING COMMUNITY INITIATIVES:

**VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)**

IN AN EFFORT TO PROMOTE FINANCIAL STABILITY AND ASSET BUILDING IN OUR COMMUNITY, THE KENOSHA VITA COALITION (UWKC, THE KENOSHA COUNTY JOB CENTER, GATEWAY TECHNICAL COLLEGE, CARTHAGE COLLEGE AND THE IRS) TOGETHER WITH IRS-CERTIFIED VOLUNTEERS PROVIDE FREE INCOME TAX PREPARATION ASSISTANCE TO LOW-TO-MODERATE INCOME FAMILIES.

**PROGRAM GOALS:**

1. HELP LOW-TO-MODERATE INCOME FAMILIES (UP TO \$67,000) WITH TAX PREPARATION. TAXPAYERS RECEIVE ASSISTANCE WITH RECEIVING TAX CREDITS SUCH AS THE EARNED INCOME TAX CREDIT (EITC), WHICH IS A COMMONLY OVERLOOKED CREDIT THAT MAY ADD MORE THAN A MONTH'S WORTH OF SALARY TO THE INDIVIDUAL OR FAMILY'S ANNUAL INCOME.
2. 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 THE 2025 TAX SEASON THE KENOSHA COUNTY VITA PROGRAM ENGAGED 50 VOLUNTEER TAX PREPARERS, HELPED 796 RESIDENTS FILE TAX RETURNS AND OBTAIN OVER \$1.21 MILLION IN REFUNDS. SINCE THE PROGRAM'S INCEPTION IN 2009, MORE THAN \$23 MILLION IN TAX RETURNS HAVE BEEN BROUGHT BACK INTO KENOSHA AND INTO THE HANDS OF THOSE WHO NEED IT THE MOST.

**FINANCIAL EDUCATION NETWORK**

SINCE 2013, THE FINANCIAL EDUCATION NETWORK (FEN), A UWKC-LED INITIATIVE HAS PROMOTED A MORE FINANCIALLY STABLE KENOSHA COUNTY THROUGH COLLABORATION ACROSS THE NON-PROFIT, BUSINESS, HEALTH, EDUCATION, GOVERNMENT AND FAITH-BASED SECTORS; THE FEN HOPES TO CREATE A ONE-STOP-SHOP FOR KENOSHA COUNTY RESIDENTS TO ACCESS RESOURCES ON FINANCIAL EDUCATION. CURRENTLY MORE THAN 30 ORGANIZATIONS, REPRESENTING A VARIETY OF SECTORS, ARE INVOLVED IN THE NETWORK.

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

SHALOM CENTER HOMELESS SHELTER PROGRAMS  
ASSET BUILDERS OF AMERICA KENOSHA YOUTH POWER ACADEMY OF FINANCE  
KENOSHA VOCATIONAL MINISTRY

Name of the organization UNITED WAY OF KENOSHA COUNTY, INC.	Employer identification number 39-0806285
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FORM 990, PART VI, SECTION A, LINE 6:  
 EVERY INDIVIDUAL LIVING IN, OR FIRM OR CORPORATION AS ESTABLISHED BY THE STATE OF WISCONSIN DOING BUSINESS IN, THE CITY OR COUNTY OF KENOSHA WHO IS A CONTRIBUTOR OF MONIES, GOODS OR SERVICES TO THIS CORPORATION AND THE SPOUSE OF SUCH PERSON, SHALL BE DESIGNATED AS A MEMBER OF THE CORPORATION FOR A PERIOD OF ONE YEAR FOLLOWING THAT CONTRIBUTION, PROVIDING THAT SUBSCRIPTION IS NOT IN DEFAULT.

FORM 990, PART VI, SECTION A, LINE 7A:  
 THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AT THE ORGANIZATION'S ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:  
 THE PREPARED FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE, CHIEF EXECUTIVE OFFICER, AUDIT COMMITTEE, AND THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:  
 ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:  
 THE MEMBERS OF THE CEO SEARCH COMMITTEE DETERMINED THE CHIEF EXECUTIVE 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:  
 2024 OVERHEAD CALCULATION:  
 $(\$127,960 + \$56,349) / \$1,123,686 = 16.40\%$

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.