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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30 , 2009

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

Please use IRS label or print or type. See Specific Instruc- tions.

C
CROW WING COUNTY UNITED WAY, INC.
P.O. BOX 381
BRAINERD, MN 56401

D Employer identification number
41-0950452

E Telephone number
218-829-2619

F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► N/A

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — ☒ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 294,220.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	294,001.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	-18,096.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a 18,315.		
	b	Less: direct expenses other than fundraising expenses 6b 5,316.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12,999.
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	288,904.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	117,832.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	108,632.
	13	Professional fees and other payments to independent contractors	13	7,340.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,215.
	16	Other expenses (describe ► SEE STATEMENT 2	16	126,699.
	17	**Total expenses** (add lines 10 through 16) ►	17	363,718.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-74,814.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	460,643.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	27,589.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	413,418.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	250,873.	22	253,730.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 4)	362,517.	24	301,039.
25	**Total assets**	613,390.	25	554,769.
26	**Total liabilities** (describe ► SEE STATEMENT 5)	152,747.	26	141,351.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	460,643.	27	413,418.

69 25

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? RAISING FUNDS FOR AREA CHARITIES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	SEE STATEMENT 6		
	(Grants $ 117,832.) If this amount includes foreign grants, check here. ▶ ☐	28a	254,749.
29			
	(Grants $) If this amount includes foreign grants, check here. ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here. ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here. ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	254,749.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
HEIDI FUNK 26877 NORTH STAR LANE PEQUOT LAKES, MN 56472	EXECUTIVE DIREC 40.00	43,897.	5,700.	1,200.
VANESSA FORDYCE P.O. BOX 520 DEERWOOD, MN 56444	BOARD MEMBER 1.00	0.	0.	0.
STEPHANIE FERGUSON 1801 MILL AVENUE BRAINERD, MN 56401	BOARD MEMBER 1.00	0.	0.	0.
STEVE LACHNER 1021 MADISON ST. BRAINERD, MN 56401	BOARD MEMBER 1.00	0.	0.	0.
VERONICA JENSEN 7558 DESIGN ROAD BAXTER, MN 56425	BOARD MEMBER 1.00	0.	0.	0.
KRIS NEFF 320 E MAIN STREET CROSBY, MN 56441	BOARD MEMBER 1.00	0.	0.	0.
SARAH NELSON 14275 GOLF COURSE DRIVE BAXTER, MN 56425	BOARD MEMBER 1.00	0.	0.	0.
RUSS HALE P.O. BOX 500 NISSWA, MN 56468	BOARD MEMBER 1.00	0.	0.	0.
TOM NORMAN 320 S. 6TH ST. BRAINERD, MN 56401	BOARD MEMBER 1.00	0.	0.	0.
JOE VREELAND 1507 S 6TH STREET BRAINERD, MN 56401	BOARD MEMBER 1.00	0.	0.	0.
KRISIT WESTBROCK 1102 MADISON STREET BRAINERD, MN 56401	BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed ► MN			

42a The books are in care of ► HEIDI FUNK Telephone no. ► 218-829-2619

Located at ► 424 NORTHWEST 3RD STREET BRAINERD MN ZIP + 4 ► 56401

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VII **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 7

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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.

► Heidi M. Fuhl — Signature of officer — Date 3/17/10

► Heidi M. Fuhl — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date 3/16/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► SCEARCY & ASSOCIATES, P.A. 422 JAMES STREET BRAINERD, MN 56401		EIN ► N/A	
		Phone no ► (218) 828-8480	

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

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: CROW WING COUNTY UNITED WAY, INC.

Employer identification number: 41-0950452

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☒ Type III – Functionally integrated d ☐ Type III– Other

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

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

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

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

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S ? Yes	(vi) No	(vii) Amount of Support
SEE PART IV									
Total									117,832.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CROW WING COUNTY UNITED WAY, INC.

Employer identification number

41-0950452

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ... ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPECIAL EVENTS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col. (c))
REVENUE	1 Gross receipts	18,315.			18,315.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	18,315.			18,315.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	5,316.			5,316.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				5,316.
	9 Net income summary. Combine lines 3 and 8 in column (d)				12,999.

Part III Gaming. Complete if the organization answered 'Yes' to 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))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities:		
9a	Is the organization licensed to operate gaming activities in each of these states?		
b	If 'No,' Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If 'Yes,' Explain:		
11	Does the organization operate gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ►			
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____.			
c If 'Yes,' enter name and address:			
Name: ►			
Address: ►			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ► $_____			
Description of services provided: ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $			

SCHEDULE A, PART I, LINE 11H
NAME(S) OF SUPPORTED ORGANIZATION(S)

NAME OF SUPPORTING ORGANIZATION	FEDERAL EIN	TYPE OF ORGANIZATION	LISTED IN GOVERNING DOCUMENTS YES	LISTED IN GOVERNING DOCUMENTS NO	ORGANIZATION NOTIFIED OF YOUR SUPPORT YES	ORGANIZATION NOTIFIED OF YOUR SUPPORT NO	ORGANIZED IN THE U.S. YES	ORGANIZED IN THE U.S. NO	AMOUNT OF SUPPORT
CENTRAL MN COUNCIL ON AGING	36-3338395	11A		X	X		X		$ 3,000.
LAKES AREA SENIOR ACTIVITY CENTER	41-1360211	11A		X	X		X		2,000.
FOSTER GRANDPARENTS	41-0872993	11A		X	X		X		2,000.
LSS - FINANCIAL COUNSELING	41-0872993	5		X	X		X		1,000.
PILLAGER FAMILY COUNCIL	41-1811057	11A		X	X		X		8,000.
PINE RIVER BACKUS FAMILY CENTER	41-1851010	11A		X	X		X		5,000.
SKI GULL	36-3413178	11A		X	X		X		1,500.
CRISIS LINE & REFERRAL	41-1632978	11A		X	X		X		4,000.
BRIDGES OF HOPE	72-1538846	11A		X	X		X		7,000.
CROW WING COUNTY VICTIM SERVICES	41-1827519	11A		X	X		X		5,000.
NORTHERN PINES MENTAL HEALTH	41-0875464	11A		X	X		X		3,000.
LSS - HOPE HOUSING	41-0746749	5		X	X		X		1,000.
SEXUAL ASSAULT SERVICES	41-1643023	11A		X	X		X		10,000.
TIMBER BAY	23-7058853	11A		X	X		X		2,000.
PATH	23-7272195	12		X	X		X		2,500.
LSS - JOURNEY TRANSITIONAL LIVING	41-0872993	5		X	X		X		1,000.
PORT	41-1290254	11A		X	X		X		3,500.
KINSHIP PARTNERS	36-3477485	11A		X	X		X		9,000.

SCHEDULE A, PART I, LINE 11H (CONTINUED)
NAME(S) OF SUPPORTED ORGANIZATION(S)

NAME OF SUPPORTING ORGANIZATION	FEDERAL EIN	TYPE OF ORGANIZATION	LISTED IN GOVERNING DOCUMENTS YES	LISTED IN GOVERNING DOCUMENTS NO	ORGANIZATION NOTIFIED OF YOUR SUPPORT YES	ORGANIZATION NOTIFIED OF YOUR SUPPORT NO	ORGANIZED IN THE U.S. YES	ORGANIZED IN THE U.S. NO	AMOUNT OF SUPPORT
CUYUNA RANGE FOOD SHELF	41-1811512	11A		X	X		X		$ 1,500.
LAKES AREA RESTORATIVE JUSTICE PROJ	55-0903543	11A		X	X		X		5,000.
CUYUNA RANGE YOUTH CENTER	06-1778801	11A		X	X		X		5,500.
SALEM WEST	41-1463989	5		X	X		X		3,000.
GIRL SCOUTS	41-0877820	11A		X	X		X		2,700.
BOY SCOUTS	41-0693845	11A		X	X		X		2,400.
JUNIOR ACHIEVEMENT	41-1424988	11A		X	X		X		3,500.
BAY LAKE AREA LIONS CHARITIES	31-1744178	11A		X	X		X		2,000.
FAMILY SAFETY NETWORK	41-1725623	11A		X	X		X		3,000.
CONFIDENCE LEARNING CENTER	41-0985513	11A		X	X		X		3,000.
LAKES AREA FOOD SHELF	41-1715784	11A		X	X		X		1,500.
LEGAL AID	41-0958386	11A		X	X		X		2,000.
THE WAREHOUSE	41-1303842	11A		X	X		X		7,500.
ALLOCATIONS TO NON-UNITED WAY AGENC				X	X		X		4,732.
							TOTAL		$ 117,832.

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	BAY LAKE AREA LIONS CHARITIES		
CASH AMOUNT GIVEN:		$	2,000.
DONEE'S NAME:	BOY SCOUTS		
CASH AMOUNT GIVEN:		$	2,400.
DONEE'S NAME:	BRIDGES OF HOPE		
CASH AMOUNT GIVEN:		$	7,000.
DONEE'S NAME:	CENTRAL MN COUNCIL ON AGING		
CASH AMOUNT GIVEN:		$	3,000.
DONEE'S NAME:	CONFIDENCE LEARNING CENTER		
CASH AMOUNT GIVEN:		$	3,000.
DONEE'S NAME:	CRISIS LINE & REFERRAL SERVICE		
CASH AMOUNT GIVEN:		$	4,000.
DONEE'S NAME:	CROW WING COUNTY VICTIM SERVIC		
CASH AMOUNT GIVEN:		$	5,000.
DONEE'S NAME:	CUYUNA RANGE FOOD SHELF		
CASH AMOUNT GIVEN:		$	125.
DONEE'S NAME:	FOSTER GRAND PARENTS		
CASH AMOUNT GIVEN:		$	2,000.
DONEE'S NAME:	GIRL SCOUTS		
CASH AMOUNT GIVEN:		$	2,700.
DONEE'S NAME:	JUNIOR ACHIEVEMENT OF BRAINERD		
CASH AMOUNT GIVEN:		$	3,500.
DONEE'S NAME:	KINSHIP PARTNERS		
CASH AMOUNT GIVEN:		$	9,000.
DONEE'S NAME:	LAKES AREA FOOD SHELF		
CASH AMOUNT GIVEN:		$	1,500.
DONEE'S NAME:	LAKES AREA SENIOR ACTIVITY CEN		
CASH AMOUNT GIVEN:		$	2,000.
DONEE'S NAME:	LEGAL AID SERVICE OF NORTHEAST		
CASH AMOUNT GIVEN:		$	2,000.
DONEE'S NAME:	LSS - FINANCIAL SERVICES		
CASH AMOUNT GIVEN:		$	1,000.
DONEE'S NAME:	LSS - HOPE HOUSING		
CASH AMOUNT GIVEN:		$	1,000.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	LSS - JOURNEY TRANSITIONAL	
CASH AMOUNT GIVEN:		$ 1,000.
DONEE'S NAME:	NORTHERN PINES	
CASH AMOUNT GIVEN:		$ 3,000.
DONEE'S NAME:	PATH	
CASH AMOUNT GIVEN:		$ 2,500.
DONEE'S NAME:	PILLAGER FAMILY COUNCIL	
CASH AMOUNT GIVEN:		$ 8,000.
DONEE'S NAME:	PINE RIVER-BACKUS FAMILY CENTE	
CASH AMOUNT GIVEN:		$ 5,000.
DONEE'S NAME:	PORT	
CASH AMOUNT GIVEN:		$ 3,500.
DONEE'S NAME:	SALEM LUTHERAN CHURCH/SALEM WE	
CASH AMOUNT GIVEN:		$ 3,000.
DONEE'S NAME:	SEXUAL ASSAULT SERVICES, INC.	
CASH AMOUNT GIVEN:		$ 10,000.
DONEE'S NAME:	SKI GULL	
CASH AMOUNT GIVEN:		$ 1,500.
DONEE'S NAME:	LAKES AREA RESTORATIVE JUSTICE PROJECT	
CASH AMOUNT GIVEN:		$ 5,000.
DONEE'S NAME:	ALLOCATIONS TO NON-UNITED WAY	
CASH AMOUNT GIVEN:		$ 9,093.
DONEE'S NAME:	TIMBER BAY	
CASH AMOUNT GIVEN:		$ 2,000.
DONEE'S NAME:	CUYUNA RANGE YOUTH CENTER	
CASH AMOUNT GIVEN:		$ 5,500.
DONEE'S NAME:	FAMILY SAFETY NETWORK	
CASH AMOUNT GIVEN:		$ 3,000.
DONEE'S NAME:	THE WAREHOUSE	
CASH AMOUNT GIVEN:		$ 4,514.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

211 EXPENSE	$ 1,500.
ADVERTISING AND PROMOTION	5,480.
BANK CHARGES	522.
CONFERENCES, CONVENTIONS, AND MEETINGS	7,368.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION	$ 904.
DUES & SUBSCRIPTIONS	1,812.
IMAGINATION LIBRARY EXPENSES	58,258.
INSURANCE	2,142.
MISCELLANEOUS	1,090.
RENT EXPENSE	9,815.
SUPPLIES	6,265.
TECHNOLOGY/SOFTWARE SUPPORT	1,435.
TRAVEL	2,350.
UNITED WAY MEMBERSHIP FEE	3,863.
UTILITIES	6,322.
VENTURE GRANT EXPENSES	13,043.
WOMENS WELLNESS EXPENSE	3,961.
YAR EXPENSES	569.
TOTAL	$ 126,699.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER IN OF YOUTH AS RESOURCES FUNDS	$ 27,589.
TOTAL	$ 27,589.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	$ 1,068.	$ 164.
INVESTMENT IN GRANTOR TRUST	217,281.	187,213.
PLEDGES AND GRANTS RECEIVABLE	143,115.	112,626.
PREPAID EXPENSES AND DEFERRED CHARGES	1,053.	1,036.
TOTAL	$ 362,517.	$ 301,039.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 2,879.	$ 9,074.
ACCRUED PAYROLL TAX EXPENSE	1,962.	2,064.
ACCRUED WAGES EXPENSE	2,928.	1,318.
GRANTS PAYABLE	144,978.	128,895.
TOTAL	$ 152,747.	$ 141,351.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION CONDUCTS A FUNDRAISING CAMPAIGN IN THE FALL OF EACH YEAR. AFTER DEDUCTING FUNDRAISING AND OPERATING EXPENSES, ALL MONIES ARE DONATED TO LOCAL CHARITABLE ORGANIZATIONS THAT MEET UNITED WAY REQUIREMENTS.

STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO

CROW WING COUNTY UNITED WAY, INC.
41-0950452
FORM 990-EZ
PART I LINE 4

DESCRIPTION	INVESTMENT INCOME
Interest Income	3,404
Change in Market Value of Investment	(21,500)
Total (Line 4)	(18,096)

Book Basis

CROW WING COUNTY UNITED WAY, INC.
Depreciation Schedule by Category
For the 12 Months Ended 06/30/09

03/04/10
12:40PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/08	Current Depreciation	Accum Depr 06/30/09
Uncategorized Assets									
1	AWNING FOR FRONT OF BUILDII	11/21/03	ST LINE	03/00	N	2,644 45	2,644.45	0.00	2,644 45
3	OFFICE FURNITURE	05/20/97	ST LINE	07/00	N	2,846 00	2,846 00	0 00	2,846 00
5	HP 1100AXI PRINTER/SCANNER	05/19/99	ST LINE	05/00	N	399.00	399 00	0 00	399 00
8	COMPUTER	07/26/02	ST LINE	05/00	N	1,502.73	1,502 73	0.00	1,502 73
9	HEIDI'S LAP TOP	01/21/04	ST LINE	05/00	N	1,557.99	1,402.20	155.79	1,557 99
10	REFRIGERATOR FOR OFFICE	09/03/03	ST LINE	07/00	N	359.99	248.58	51.43	300 01
12	DONATION TRACKER SOFTWAR	02/01/05	ST LINE	03/00	N	4,750.00	4,750.00	0.00	4,750 00
13	IKON COPY MACHINE	07/16/04	ST LINE	05/00	N	800.00	640 00	160.00	800 00
14	PATTY'S COMPUTER	01/31/05	ST LINE	05/00	N	1,049.93	734.96	209.99	944 95
15	CAMERA	08/01/05	ST LINE	03/00	N	447.27	380.04	67.23	447 27
16	COMPUTER	02/06/06	ST LINE	03/00	N	1,022.96	763.26	259 70	1,022 96
	Total for (Uncategorized Assets)					17,380.32	16,311.22	904.14	17,215.36
	Client Subtotal Before Sales					17,380.32	16,311.22	904.14	17,215.36
	Less Assets Sold					0.00			0.00
	Total					17,380.32	16,311.22	904.14	17,215.36

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing ***(e-file).*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print

File by the due date for filing your return. See instructions.

Name of Exempt Organization	Employer identification number
CROW WING COUNTY UNITED WAY, INC.	41-0950452

Number, street, and room or suite number. If a P.O. box, see instructions.
P.O. BOX 381

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
BRAINERD, MN 56401

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of. ► HEIDI FUNK

Telephone No. ► 218-829-2619 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ► [ ]. If it is for part of the group, check this box. ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

	Name of Exempt Organization	Employer identification number
Type or print	CROW WING COUNTY UNITED WAY, INC.	41-0950452
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P.O. box, see instructions SCEARCY & ASSOCIATES, P.A. 422 JAMES STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BRAINERD, MN 56401	

Check type of return to be filed (File a separate application for each return):

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► HEIDI FUNK
  Telephone No. ► 218-829-2619 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15 , 20 10.

5 For calendar year ____ , or other tax year beginning 7/01 , 20 08 , and ending 6/30 , 20 09.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 1/30/10