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• 931 05/07/2010 9 40 AM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009 Open to Public Inspection

A	For the 20	09 calendar y	ear, or tax year beginning , and ending			
В	Check of applic		C Name of organization		D Employ	ver identification number
	Address chan	ige use iR	FOND DU LAC AREA UNITED WAI, INC.			
\Box	Name change	label o	David Burnary 4		39-	0806194
\equiv	-	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
\square	Initial return	See Specifi	74 SOUTH MAIN STREET		920	-921-7010
	Termination	Instruc	0.4 . 4 . 4 . 4 . 1710 . 4		G Gross receip	ots \$ 756,687
\bigcup	Amended retu	um tions	FOND DU LAC WI 54935			
\bigcap	Application pe	ending	ne and address of principal officer		H(a) Is this a	group return for
		_	INA POTTER		affiliates H(b) Are all a	
			SOUTH MAIN STREET		included	
			OND DU LAC WI 54935		If "No,"	attach a list (see instructions)
	Tax-exemp		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			
_	Website:		FDLUNITEDWAY.ORG		0.4.0	exemption number
	Type of organ			ear of formation	948	M State of legal domicile WI
<u> </u>	art I	Summa				
		•	the organization's mission or most significant activities			
e S			INDIVIDUALS AND ORGANIZATIONS IN A COLLABORATIVE			
пап			ECTIVE EFFORT TO MEET THE HUMAN SERVICE NEEDS OF	OUR		
Ver		COMMUNI:		-6.4		
8	2 Ch		If the organization discontinued its operations or disposed of more than 25%	or its net assets	3	27
Z	3 Nu		g members of the governing body (Part VI, line 1a)		4	27
æ	4 Nu		pendent voting members of the governing body (Part VI, line 1b)		5	6
€	5 101		employees (Part V, line 2a)		6	309
₹	72 To		volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12		7a	303
\Rightarrow	h No	•	usiness taxable income from Form 990-T, line 34		7b	0
CANNINED JULACIVE 2019 vernance	D IVE	t uniciated b	usiness taxable month offit 550-1, line 54	Pnor Yea		Current Year
IJ,	8 Co	ntributions a	nd grants (Part VIII, line 1h)	79	7,174	746,196
	9 Pro	ogram servic	e revenue (Part VIII, line 2g)			
See See	10 Inv	estment inco	me (Part VIII, column (A), lines 3, 4, and 7d)	1	2,966	7,450
∑ α	11 Otl	her revenue		-434	-2,482	
שי 	12 To	tal revenue -		9,706	751,164	
	13 Gr	ants and sim	lar amounts paid (Part IX, column (A), lines 1–3)	4,867	597,707	
	14 Be	nefits paid to	or for members (Part IX, column (A), line 4)			
S	15 Sa	laries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	9	0,947	95,990
penses			ndraising fees (Part IX, column (A), line 11e)			
Expe	b To	ital fundraisir	g expenses (Part IX, column (D): line (25) 66,729			
Ш	17 00	her expense	(Part IX, column (A) lines 142-140, 141-241)		2,729	46,250
			Add lines 13-16 (must equal Part IX, column (8), line 25)		8,543	739,947
	19 Re	evenue less e	xpenses Subtract line 18 from 18 27 10	1 Beginning of Cur		11,217 End of Year
Net Assets or	30 To	tal accete (B	art X, line 16)		7,651	1,035,802
Asse	20 TO	•	Part X, line 26) OGDEN LIT		7,573	21,279
Net.	21 10		and balances Subtract line 21 from line 20		0,078	1,014,523
	Part II		ure Block		0,0,0	
_	aitii		alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd statements, and	to the best of	f my knowledge
		and belief	it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which pre	parer has any	knowledge
Sig	an		- moraller		\downarrow C	5/12//0
He	_	Signa	ture of officer		Date	
		_	INA POTTER EXECU	TIVE DIE	RECTOR	,
		 	or print name and title			
_		Preparer's	Date.	, Check	ıf	Preparer's identifying number
Pa		signature	ann B. 7 5/11,	// self- employ	. [(see instructions) P00008943
	eparer's	s 	HUBERTY & ASSOCIATES, S.C.	Lemple	EIN D	39-1392227
Us	se Only	Firm's nar	14F G WARD GE		Phone	
		address,			920-923-8400	
Ma	v the IRS	discuss this	return with the preparer shown above? (see instructions)		1.10	Yes No

_Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ĺ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
. •	quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	l
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	1
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI			1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		'	1
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			l
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			l
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	_ X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 if "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l		.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ŀ		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		x	
	If "Yes," complete Schedule L, Part III	27	<u> </u>	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206	i	x
	Schedule L, Part IV	28b	<u> </u>	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		x
	Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
24	conservation contributions? If "Yes," complete Schedule M	-30	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	—	 	 -
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	"	 	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	-	 	
J4	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
33	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related		\vdash	T
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		†
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		†
JO	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	to treatment our document of combined of			

13 Enform the number reported in Box 3 of Form 1066, Annual Summary and Transmittal of U S. Information Returns. Enter 4-of froit applicable 14 0 Enformation Returns. Enter 4-of froit applicable 15 Enformation Returns. Enter 4-of froit applicable 16 Enformation Returns. Enter 4-of froit applicable 17 2 Enformation only with backup withholding rules for reportable syammer (as minding) without provide with minding and provided froit and the complex expended on Form W-3. Transmittal of Wage and Tax 28 Enform the number of employees reported on Form W-3. Transmittal of Wage and Tax 29 Statements, find off the bearders year ending with or which the year covered by this return 20 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 If we will return the state of the state of the lith site returns. (see instinctions) 30 If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 If Y'es, 1 has all field a Form 900-T for this year? If No., provide an explanation in Schedule O. 32 If Y'es, 1 has all field a Form 900-T for this year? If No., provide an explanation in Schedule O. 33 If Y is a field a Form 900-T for this year? If No., provide an explanation in Schedule O. 34 A Rary time during the calendar year, did the organization have an interest in. or a signature or other authority over, a financial recount in a formation of the state of t	Pa	T V Statements Regarding Other IRS Filings and Tax Compliance				
U.S. Information Returns Enter-O+ front applicable Differ the number of Forms W-25 included in line 1s. Enter-O+ front applicable Differ the number of Forms W-25 included in line 1s. Enter-O+ front applicable Differ the number of Forms W-25 included in line 1s. Enter-O+ front applicable payments to vendors and reportable gaming (gambing) wimmings to prize winners? 22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Red for the calendary were entering with or within the year covered by this return. Differ the organization have unrelated business gross income of \$1.000 or more during the year covered by the returns of the organization have unrelated business gross income of \$1.000 or more during the year covered by this return. Differ organization have unrelated business gross income of \$1.000 or more during the year covered by this return. All any time during the calendary year, dut the organization have an intensis in, or a significant or other authority over, a financial account in a fireign country level in the properties of the properties	12	Enter the number reported in Day 2 of Form 1000. Annual Summary and Transmittal of	1 1		Yes	No
be Enter the number of Forms W-2G meluted in line 1 a. Enter-0-d for applicable of the programation comply with backup withholding rules for reportable payments to vendors and reportable pamming (gambing) workings to prize wirnes? 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. Rule of the calentary vear ending with or within the year covered by this return. 8 If all least one is reported on line 22, did the organization file all required federal employment lax returns? 8 If Yes, 1 was on files 1 and 2 as a greater han 250, you may be required to effect this return, (see instructions) 9 If Yes, 1 was of filed a Form 990-T for this year? If Yes, 7 provide an explanation in Schedule O 4 A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account an efform groundry flux on a a bank account, securities account, or other financial accounts of engine country (such as a bank account, securities account, or other financial accounts of engine country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts of engine country (such as a bank account, securities account, or other financial accounts of engine country (such as a bank account, securities account, or other financial accounts of engine country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts and securities accounts and accounts and accounts and financial accounts and	ıa		12 0			
b Dit the organization comply with backup wethreding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Ends the number of employees reported on Form W-3, Transmittal of Wage and Tax Salatematis, fled for the calender year ending with or within the year covered by this return. 1a If all teast one is reported on the 2a, did the organization fle all required federal employment tax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to 4-file this return, (see instructions). 3b If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3c If the calendary the calendary required the calendary of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3c If the calendary the calendary required the development of the calendary over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial accountry in a prohibited tax shelter transaction and fining requirements for Form TD Figo-22.1, Report of Foreign Bank and Financial Accounts. 4a X 5b If the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Id any taxable party rule by the organization in fer form 2866-7, Disclosure by Tax-Exempt Ethips Regarding Prohibited Tax Shelter Transaction in fer form 2866-7, Disclosure by Tax-Exempt Ethips Regarding Prohibited Tax Shelter transactions and the organization and solicity and the calendary transport of the organization and solicity	b					
gaming (gambling) winnings to prize winners? 2					!	
2a Effect the number of employees reported on Form W-3. Transmittal of Wage and Tax Sistlements, life for the calandary year ending with or within the year excered by this return. 1				1c		X
Siltements, filed for the calendary year ending with or within the year covered by this return. Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 A Alary time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in Series of exceptions and flining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 4 Did I 'I'es, 'enter the name of the foreign country (seath and Financial Accounts) 5 Was the organization a party to a prohibited tax sheller transaction and any time during the tax year? 5 Did any taxable party rothly the organization that it was or is a party to a prohibited tax sheller transaction? 5 Diversity of the prograzition that was or is a party to a prohibited tax sheller transaction? 5 Diversity of the prograzition that were not tax deductible? 6 Diversity of the organization that were not tax deductible? 6 Diversity of the organization that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diversity of the organization context were the value of the goods or services provided? 8 Diversity of the organization monthly the organization flee forms 889 as required to the organization of the payor? 9 Organizations that may receive deductible contributions under section 570 fleet promos	2a					
b. I all least one is reported on line 2a, did the organization flat air required federal employment tax returns? Note, if this sum of lines it and 2a is greater than 250, you may be required to e-file this return. (see instructions) 80. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 9a. I was not seen an expension of the second of the second of the second of the second of 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 accounts over, a financial account in a foreign country [such as a bank account, securities account, or other financial accounts are second organization and financial accounts of the foreign country [such as a bank account, securities account, or other financial accounts accounts of the foreign country [such as a bank account, securities account, or other financial accounts accounts of the foreign country [such as a bank account, securities account, or other financial accounts accounts are securities accounts of the foreign country [such as a bank account, securities account, or other financial accounts accounts accounts are securities accounts and financial accounts are securities accounts. I securities accounts accounts are securities accounts and financial a			2a 6			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," hast filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," hast filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," hast filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3count? 4 A Nary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a fill mentical account in Series of the organization as a bank account, securities account, or other filmanical accounts. 5 If "Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 If "Yes, I be not so the organization hat it was or is a partly to a prohibited tax sheller transaction? 5 If "Yes, I bline 5 aor 50, did the organization that it was or is a partly to a prohibited tax sheller transaction? 5 If "Yes, I bline 5 aor 50, did the organization that it was or is a partly to a prohibited tax sheller transaction? 5 If "Yes, I bline 5 aor 50, did the organization had a tween roll tax deductible? 5 If "Yes, I bline 5 aor 50, did the organization natural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that that were not tax deductible? 5 If "Yes, I bline for granization and develow every solicition an express statement that such contributions or granization statematic wave the very solicition an express statement that such contributions or granization and the surface of tangible personal property for which it was required to the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	b		?	2b	X	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 11**Tes,** has it filed a Form 990-T for this year? If *No,** provide an explanation in Schedule O 3b Direction of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, as a bank account, souther financial account in a foreign country tow has a bank account, souther financial accounts or the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 3b Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited fax shelter transaction? 5d If *Yes,** to line Sa or 5b, did the organization file Form 8886*. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If *Yes,** to line Sa or 5b, did the organization that was or is a party to a prohibited fax shelter transaction? 5c Organization solicit any contributions that were not tax deductible? 5d If *Yes,** did the organization include with every selectation an express statement that such contributions or girls were not tax deductible? 5d If *Yes,** did the organization include with every selectation an express statement that such contributions or girls were not tax deductible? 6d X 7d Organizations that many receive deductible contributions under section 170(c). 8d Did the organization endough the donor of the value of the goods or services provided? 7d Did the organization shall many receive deductible contributions under section 170(c). 8d Did the organization shall many receive deductible endough and services provided? 7d If Yes, ** did the organization on only the donor of the value of the goods or services provided? 7d Did the organization selection on only the donor of the value of the goods or services provided? 7d Did the o						
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	а	Did the organization make any taxable distributions under section 4966?		9a	L	<u>L</u>
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	10	Section 501(c)(7) organizations. Enter				
Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	а	Initiation fees and capital contributions included on Part VIII, line 12		1		
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	11		1 1			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		·				
			l l	12a	 	
	<u> </u>	res, enter the amount of tax-exempt interest received or accrued during the year	120		, 000	(2000)

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

	Schedule U. See Instructions.			
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body		Yes	No
b		-		
2	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
-	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	- -		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		_	
	of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X]
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)		_	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1		}
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14		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?	-		
а	The organization's CEO, Executive Director, or top management official	15a	ļ <u>-</u> -	X
b	Other officers or key employees of the organization	15b	ļ <u>.</u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ŀ		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b	L	<u></u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► TINA POTTER 74 SOUTH MAIN STREET OND DU LAC WI 54935 92	0-92	1 7	010
	OND DU LAC WI 54935 92		T - /	<u> </u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DALE HANS										
DIRECTOR	1.00	X			<u> </u>			0	0	0
LAURICE FREEMAN										
DIRECTOR	1.00	X						0	0	0
ANDY WINGET		1								
DIRECTOR	1.00	X						0	0	0
BRIAN KUHNZ										
DIRECTOR	1.00	X						0	0	0
DAN SCHALINSKE										
DIRECTOR	1.00	X				l		0	0	0
JANA SECORD										
DIRECTOR	1.00	X						0	0	0
DEBRA HELLER										_
DIRECTOR	1.00	X						0	0	0
SISTER MARY MOLL	SON									
DIRECTOR	1.00	X						0	0	C
PAT MILLER										
DIRECTOR	1.00	X						0	0	C
ELLEN SORENSEN								:		
DIRECTOR	1.00	X						0	0	
TOM HERRE	}		}	1	_					
DIRECTOR	1.00	X						0	0	C
BARBARA RODER										
DIRECTOR	1.00	X		<u></u>	<u> </u>			0	0	C
LORI THIEL										
DIRECTOR	1.00	X						0	0	C
DR. DAVID WEBER										
DIRECTOR	1.00	X		l				0	0	
PAUL OSTERHOLM										
DIRECTOR	1.00	X	L	L	L			0	0	
JOHN COOPER										
DIRECTOR	1.00	X						0	0	C
DAVID LAWSON										
DIRECTOR	1.00	X	l	1	1			0	0	C

Week Section Sectio	Part VII Section A. Officers (A) Name and Title	(B) Average			((C)	yees that ap		d Highest Compensated E (D) Reportable	(E) Reportable		(F) Estimated				
DIRECTOR 1.00 X 0 0 0 STEPHEN FLEMING DIRECTOR 1.00 X 0 0 0 MARTY XYAN 1.00 X 0 0 0 DIRECTOR 1.00 X 0 0 0 TINA POTTER 40.00 X 53,536 0 DR. GAYLE HYTREK PRESIDENT 1.00 X 0 0 0 KEN HALL 0 0 0 0 0 KEN HALL 0 0 0 0 0 MARTY SCHNEIDER 1.00 X 0 0 0 MARTY SCHNEIDER 1.00 X 0 0 0 MARTY SCHNEIDER 1.00 X 0 0 0 0 MARTY SCHNEIDER 1.00 X 0 0 0 0 PAUL KRASIN PAST FRESIDENT 1.00 X 0 0 0 DATE OF THE OWN OF TH		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations		compensation from the organization and related	ı			
SYEPHEN FLEMING DIRECTOR 1.00 X 0 0 MARTY RYAN 1.00 X 0 0 TINA POTTER EXEC. DIRECTOR 40.00 X 53,536 0 DR. GAYLE HYTREK PRESIDENT 1.00 X 0 0 KEN HALL VICE PRESIDENT 1.00 X 0 0 MARIAN SHERIDAN SECRETARY HARRY SCHNEIDER TRABSURER 1.00 X 0 0 RARIAN SHERIDAN SECRETARY HARRY SCHNEIDER TRABSURER 1.00 X 0 0 PAUL KRASIN PAUL KRASIN PAUL KRASIN PAUL KRASIN 1.00 X 0 0 TRABSURER 3 Dd the organization from the organization b 0 Total The organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual Individual The organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual The organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual The organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual The organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual The organization of the transportation of the preson listed on line 1 a receive or accrue compensation from any unrelated organization for services remieted to the organization of the organization of the services remieted to the organization of the organization of the preson listed organization of the orga		1.00	x						0	0			0			
DARRETOR 1.00 X TINA POTTER EXEC. DIRECTOR 40.00 X 53,536 0 DR. GAYLE HYTREK PRESIDENT 1.00 X 0 0 XEN HALL VICE PRESIDENT 1.00 X 0 0 MARIAN SHERIDAN SECRETARY 1.00 X 0 0 HARRY SCHNEIDER TREASURER 1.00 X 0 0 HARRY SCHNEIDER TREASURER 1.00 X 0 0 DATE OF THE OF T	STEPHEN FLEMING												0			
TIMA POTTER EXEC. DIRECTOR DR. GAYLE HYTREK PRESIDENT 1.00	MARTY RYAN															
DR. GAYLE HYTREK PRESIDENT 1.00 X 0 0 0 0 0 0 0 0 0 0 0		1.00	^	\vdash			\vdash		0		_		0			
RESIDENT 1.00	EXEC. DIRECTOR	40.00			х				53,536	0	ļ		0			
NARIAN SHERIDAN SECRETARY 1.00	PRESIDENT	1.00		_	x				0	0			0			
SECRETARY HARRY SCHNEIDER TREASURER 1.00 X 0 0 PAUL KRASIN PAST PRESIDENT 1.00 X 0 0 The Total Immber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \$\ 0 \$ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \$\ 0 \$ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or instee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and including instance in the organization and related organization is and related organization is and related organization in the organization of the organization of the organization of the organization of the organization (A) Name and besidess address 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICE PRESIDENT	1.00			x		<u> </u>		0	0			0			
TREASURER 1.00		1.00			x				o	o			0			
PAUL KRASIN PAST PRESIDENT 1.00									0	0			0			
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and invidual side on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual but any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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? (A) (C) Name and business address Description of services Compensation	PAUL KRASIN															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* if "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization of If "Yes," complete Schedule J for such person 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 (A) (B) Description of services Compensation	PAST PRESIDENT	1.00	-	_	X	_			0	0			0			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* if "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization of If "Yes," complete Schedule J for such person 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 (A) (B) Description of services Compensation				-		-										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a* if "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* if "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization of If "Yes," complete Schedule J for such person 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 (A) (B) Description of services Compensation																
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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and present its downward in the organization of services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization of services (a) services rendered to the organization of services (b) services rendered to the organization of services (c) services rendered to the organization of se	·	•			ose	liste	d abo	ve)	who received more than \$1	00,000 in						
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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 (A) Name and business address Description of services (B) Description of services Compensation	3 Did the organization list any fo	rmer officer, dire	ctor (or tru	ıstee	. kev	v emr	olove	ee, or highest compensated			Ye				
Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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 (A) (B) Name and business address Description of services Compensation	employee on line 1a? If "Yes," 4 For any individual listed on line	complete Schedu	ıle J f rep	for s	uch de c	indiv	idual ensat	ion .	and other compensation fro	m		3	X			
services rendered to the organization? If "Yes," complete Schedule J for such person 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 (A) Name and business address (B) Description of services (C) Compensation (A) Description of services	ındıvıdual									uch		4	X			
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Name and business address Description of services Compensatio	1 Complete this table for your fiv	e highest compe	nsate	ed in	depe	nde	nt co	ntrad	ctors that received more tha	n \$100,000 of						
									Descrip	(B)		(C)) nsation			
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Total number of independent contractors (including but not limited to those listed above) who received								\vdash				 				
Total number of independent contractors (including but not limited to those listed above) who received								\vdash								
2 Total number of independent contractors (including but not limited to those listed above) who received			<u> </u>					+				-				
2 Total number of independent contractors (including but not limited to those listed above) who received				<u>_</u>		. –		+-				 				
· · · · · · · · · · · · · · · · · · ·	Total number of independent of the second seco	contractors (inclu	ding	but n	ot lir	nited	to th	lose	listed above) who received							
more than \$100,000 in compensation from the organization ▶ 0 DAA Form 990 (nsation from the	orgai	nızatı	on 🕨				····				2009)			

Pa	rt VI	II Staten	ent of Reve	nue						
	-						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ર જ	1a	Federated carr	ipaigns	1a		·				
E u		Membership di		1b						
g,E		Fundraising ev		1c		9,000				
ar a		Related organi		1d						
S,E		Government grants (1e						
tion		All other contribution								
		and similar amounts		1f		737,196				
벌	g	Noncash contribution	ns included in lines 1a-	1f \$;		_			
Program Service Revenue Contributions, gifts, grants and other similar amounts	h	Total. Add line	s 1a-1f			•	746,196			
en						Busn. Code				
Ne l	2a									
§.	b									
Ş	С									
Ser	d									
ä	е									
δ	f	. •	am service rever	nue						
<u>-</u>	9	Total. Add line				•				
	3		ome (including d	lividend	s, interes	t, and	5 450			7 450
ļ		other similar a	•				7,450			7,450
	4		vestment of tax-	-exempt	bond pro	ceeds -				
	5	Royalties	(3.85-1	I	(·.) [)amanal				
	_		(ı) Real		(11) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	C C	Rental inc or (loss) Net rental inco								
	d 7a	Gross amount from	(i) Secuntie	s	(11)	Other				
		sales of assets			, , , , , , , , , , , , , , , , , , ,					
	b	other than inventory Less cost or other	-							
	b	basis & sales exps								
	С	Gain or (loss)								
	ď	Net gain or (lo	ss)							-
	8a		om fundraising eve	nts [
θη.		(not including \$	_	000						
Other Revenu			reported on line 1c)) [
8		See Part IV, line	,	а		3,041				
the	b	Less. direct ex	penses	b[5,523				
0	С	Net income or	(loss) from fund	raising	events		-2,482			-2,482
	9a	Gross income fro	om gaming activitie	es [
		See Part IV, line	19	а						
	ь	Less direct ex	rpenses	b						*****
	С	Net income or	(loss) from gam	ing acti	vities					
	10a	Gross sales of	f inventory, less	Ì						
		returns and al		а						
	b	Less: cost of	goods sold	b						****
	С	Net income or	(loss) from sale	s of inve	entory	<u> </u>				
		Misc	cellaneous Revenu	е		Busn. Code				
	11a									
	ь					<u> </u>				
	C									
	ď					L				
	е					•			 	4 000
	12	Total Revenu	ie. See instructio	ns			751,164	0	0	4,968

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must co	mplete column (A) but are		e columns (B), (C), and (D)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		0Ap011363	general expenses	ONPORISES.
•	organizations in the U.S. See Part IV, line 21	597,707	597,707		
2	Grants and other assistance to individuals in	3377707	23.7.07		· · · · · · · · · · · · · · · · · · ·
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	i			
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	53,536	13,383	18,628	21,525
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		}		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,489	8,623	12,001	13,865
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		202	FOF	
9	Other employee benefits	1,171	293	585	293
10	Payroll taxes	6,794	1,699	1,698	3,397
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,300		5,300	
C	Accounting	3,300		3,300	
d	Lobbying Professional fundraising convers. See Part IV. line 17.				
•	Professional fundraising services See Part IV, line 17 Investment management fees				
' g	Other				
12	Advertising and promotion	1,366			1.366
13	Office expenses	4,760	953	476	1,366 3,331
14	Information technology				
15	Royalties				
16	Occupancy	8,250	825	3,300	4,125
17	Travel	906	176	114	616
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,234	309	493	432
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,404	281	351	772
23	Insurance	1,297	130	518	649
24	Other expenses Itemize expenses not		1		
	covered above (Expenses grouped together				•
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below)	0.056	1 701	006	6.060
а	MEMBERSHIP DUES	8,956	1,791	896	6,269
b	CAMPAIGN EXPENSES	4,670	E17	250	4,670
C	TELEPHONE	2,585	517	258	1,810
d	EQUIPMENT RENTAL	1,897	379	190	1,328
e	REPAIRS & MAINTENANCE	1,300	260	130 141	910
f	All other expenses	2,325	813	45,079	1,371
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	739,947	628,139	43,079	66,729
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		į		
DAA	fundraising solicitation		<u></u>		Form 990 (2009)
1100					- 000 (*****

	Balance Sheet			(A)		(B)					
				Beginning of year	-	End of year					
1	Cash—non-interest bearing			18,960	1	19,426					
2	Savings and temporary cash investments		<u> </u>	687,908	2	699,483					
3	Pledges and grants receivable, net	201,405	3	201,594							
4	Accounts receivable, net		4								
5	·										
ľ		•									
	Schedule L	eles from other disqualified persons (as defined under section)) and persons described in section 4958(c)(3)(B). Complete Schedule L d loans receivable, net es for sale or use expenses and deferred charges Idings, and equipment cost or els Complete Part VI of Schedule D Eximulated depreciation ents—publicly traded securities ents—other securities See Part IV, line 11 els assets ests See Part IV, line 11 ests. Add lines 1 through 15 (must equal line 34) expayable and accrued expenses expayable erevenue ent bond liabilities er custodial account liability Complete Part IV of Schedule D esto current and former officers, directors, trustees, key			5						
6		ned under section	<u> </u>			·					
ľ	•										
	Part II of Schedule L	(O)(D). Complete	<u> </u> -		6	-					
7			+		7						
١ _			 -		8						
8			-	750	9	750					
9	· · · ·	f I	-		-	750					
) 'Ua		405	26 762								
١.		h——	26,762	5,058	40-	3,655					
1.	•	106	23,107	83,570		110,894					
11	•		-	83,570	11	110,694					
12	•		F		12						
13		ents—program-related See Part IV, line 11									
14	Intangible assets	-		14							
15	Other assets See Part IV, line 11		-	007 651	15	1 025 000					
16		2 34)		997,651	16	1,035,802					
17	Accounts payable and accrued expenses		- ⊦	17,573	17	21,279					
18	Grants payable				18						
19	Deferred revenue		<u> </u>		19						
20	Tax-exempt bond liabilities		Ļ		20	· 					
21	Escrow or custodial account liability Complete Part I	V of Schedule D	<u> </u>		21						
22	Payables to current and former officers, directors, tru	istees, key									
	employees, highest compensated employees, and di	squalified									
	persons Complete Part II of Schedule L		L		22						
23	Secured mortgages and notes payable to unrelated t	hird parties	L	· · · · · · · · · · · · · · · · · · ·	23						
24	Unsecured notes and loans payable to unrelated thin	d parties			24						
25	Other liabilities. Complete Part X of Schedule D			,	25						
26	Total liabilities. Add lines 17 through 25	<u></u>		<u>17,573</u>	26	21,279					
	Organizations that follow SFAS 117, check here I	▶ X and									
27 28	complete lines 27 through 29, and lines 33 and 34	4.									
27	Unrestricted net assets			388,210		397,163					
28	Temporarily restricted net assets			591,868	28	617,360					
29	Permanently restricted net assets				29						
	Organizations that do not follow SFAS 117, chec	k here ▶									
İ	and complete lines 30 through 34.										
30	Capital stock or trust principal, or current funds				30						
31	Paid-in or capital surplus, or land, building, or equipm	nent fund	Γ		31						
32	Retained earnings, endowment, accumulated income		Γ		32						
33	Total net assets or fund balances		Ī	980,078	33	1,014,523					
34	Total liabilities and net assets/fund balances		-	997,651	34	1,035,802					

Form **990** (2009)

orm	1990 (2009) FOND DU LAC AREA UNITED WAY, INC 39-0806194	_	Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	_X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	- }		
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		:	
	the Single Audit Act and OMB Circular A-133?	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_		
		Form	n 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

FOND DU LAC AREA UNITED WAY, INC

Employer identification number 39-0806194

The	o <u>rga</u> ı	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only on	ne box)								
1		A church, con	vention of churches, or asso	ciation of churches described in	section 17	70(b)(1)(<i>A</i>	A)(i).							
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	\Box	A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)	•							
4		A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii). I	Enter th	e hospi	tal's name,			
		city, and state		•										
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	l unit de	scribed	ın				
		•	o)(1)(A)(iv). (Complete Part I	•										
6		•		vernmental unit described in sec	tion 170(t	o)(1)(A)(v) .							
7	X		-	ubstantial part of its support from	=			the aer	neral pul	blic				
		-	section 170(b)(1)(A)(vi). (Co		J			J -						
8				0(b)(1)(A)(vi). (Complete Part II	١									
9	H					ntributions	s memb	ershin fe	es and	gross				
•	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													
	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													
		• • •	•	, 1975 See section 509(a)(2).			· · · · · · · · · · · · · · · · · · ·	J 000	.03000					
10		•	-	clusively to test for public safety			a)(<u>4</u>)							
11	\vdash	•	•	clusively for the benefit of, to pe		-		carry ou	t the					
••				d organizations described in sec						tion				
				e type of supporting organization										
		a Type		c Type III–Functions			d [· e III–Oth	ner				
е				nization is not controlled directly			L							
•		•								tion				
		persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)												
f	509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I. Type II. or Type III supporting													
'	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box													
		-		an appended any sift or contribute	on from ar	av of the								
g		_		on accepted any gift or contributi	on nom a	iy or the								
		following pers					(i.)				Г	Yes	No	
		• • •	•	ntrols, either alone or together wi	un persons	describe	:u iii (ii)				44=0	165	-110_	
			pelow, the governing body of								11g(i)			
			member of a person describe	• •							11g(ii)			
			ontrolled entity of a person de	** **							[11g(ni)]			
_ <u>h</u>			ollowing information about the		T				T					
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	rganization sted in your		ou notify nization in	(vi) I organizat		(vii) Amo suppo			
	Oit	gariization		above or IRC section	1	document?	col (i)	of your	(i) organi	zed in the	ОСРРС			
				(see instructions))				oort?	US					
					Yes	No	Yes	No_	Yes	No				
										,				
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Tota	<u> </u>		L		<u> </u>		<u></u>	<u> </u>			L			

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

Schedule A (Form 990 or 990-EZ) 2009

18

Schedule A (Form 990 or 990-EZ) 2009 FOND DU LAC AREA UNITED WAY, INC

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

	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
	tion A. Public Support						<u> </u>
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	_					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	,-					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		ļ		l		
C	Add lines 7a and 7b			<u> </u>			
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	 	T		I		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		 		<u></u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L	<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for the	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here				······································		<u> </u>
Sec	tion C. Computation of Public Su	·		·			
15	Public support percentage for 2009 (line 8,		*	(f))		15	%_
16	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lir		•	column (f))		17	
18	Investment income percentage from 2008 S					18	%
19a	33 1/3 % support tests—2009. If the organ						▶ □
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ		- ·	-			
IJ	line 18 is not more than 33 1/3 %, check th						▶ □
20	Private foundation If the organization did	· ·	~	•			

Schedule A (Form 990 or 990-EZ) 2009 FOND DU LAC AREA UNITED WAY, INC 39

39-0806194

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING

\$

21,515

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 39-0806194 FOND DU LAC AREA UNITED WAY, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		C AREA UNITED			-0806194	Page 2
<u>Pa</u>	rt III Organizations Maintaining C	ollections of Art, His	torical Treasur	es, or Oth	er Similar Assets	(continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check an	y of the following th	at are a signıfi	icant use of its	
а	Public exhibition	d Loan or e	exchange programs			
b	Scholarly research	e Other				
С	Preservation for future generations	 .	_			
4	Provide a description of the organization's collect Part XIV	tions and explain how they	further the organiza	tion's exempt	purpose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	ceive donations of art, history maintained as part of the o	rical treasures, or of	her similar		Yes No
Pa	rt IV Escrow and Custodial Arran				ed "Yes" to Form	990, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian of			ssets not		<u> </u>
	included on Form 990, Part X?	·				Yes No
b	If "Yes," explain the arrangement in Part XIV and	complete the following table	e.			
	•	,				Amount
С	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990, Part X, line 21?	•			Yes No
	If "Yes," explain the arrangement in Part XIV.					
	irt V Endowment Funds. Complet	e if organization ansv	vered "Yes" to	Form 990,	Part IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years		ack (e) Four years back
1a	Beginning of year balance	128,168	130,190			
	Contributions	2,678	47,076			
С	Net investment earnings, gains,					
	and losses	25,324	-28,963			
d	Grants or scholarships	-2,755	-20,135			
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	153,415	128,168			
2	Provide the estimated percentage of the year en	d balance held as:				
а		L00.00%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization that a	re held and adminis	tered for the		
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(II), are the related organizations lis	ited as required on Schedul	e R?			3b
4	Describe in Part XIV the intended uses of the or					
Pa	art VI Investments—Land, Buildin	gs, and Equipment. S	See Form 990,	Part X, line	e 10.	
	Description of investment	(a) Cost or other basis	(b) Cost or other	er	(c) Accumulated	(d) Book value
		(investment)	basis (other)		depreciation	
1a	Land					
b	Buildings					
c	Leasehold improvements					
d	Equipment		26	762	23,107	3,655
е	Other]				
Tota	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, column	1 (B), line 10(c))		>	3,655

Schedule D (Form 990) 2009 FOND DU LAC AREA UNIT		39-0806194	Page 3
Part VII Investments—Other Securities. See Form 990	D, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value)
Financial derivatives			
Closely-held equity interests	ļ		
Other			
	·		
	·		
	·	· · · · · · · · · · · · · · · · · · ·	
	·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market value)
	 	,	
	 		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Bo	ok value
			·
			
	i.E	•	
Part X Other Liabilities. See Form 990, Part X, line 2		>	
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	5. (b) Amount	>	
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		•	
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		•	
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		>	
Part X Other Liabilities. See Form 990, Part X, line 2			
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		•	
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability			
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability			
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability			
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability			
1 (a) Description of liability			
Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	(b) Amount		

	dule D (Form 990) 2009 FOND DU LAC AREA UNITED WAY, I	NC	39-080619	4	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	751,164
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	739,947
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	11,217
4	Net unrealized gains (losses) on investments			4	23,228
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	23,228
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	34,445
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements		•	1	785,815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	23,228		
b	Donated services and use of facilities	2b	11,423		
c	Recovenes of prior year grants	2c			
ď	Other (Describe in Part XIV)	2d	· · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d			2е	34,651
3	Subtract line 2e from line 1			3	34,651 751,164
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	ſ		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		İ	
h	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b	45		 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	751,164
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nte V	Vith Expenses per R		
1	Total expenses and losses per audited financial statements	1110 1	Titil Expended per it	1	751,370
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			•	
٠,	Donated services and use of facilities	2a	11,423		
a		2b	22,123		
b	Prior year adjustments	2c			
C	Other losses	2d			
d	Other (Describe in Part XIV.)	20			11,423
e	Add lines 2a through 2d			2e 3	739,947
3	Subtract line 2e from line 1	1	ſ	3	133,341
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV)	4b	<u> </u>	-	
c	Add lines 4a and 4b			4c	720 047
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	739,947
_	rt XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	l 4b Also complete		
this p	art to provide any additional information				
		_	_	_	
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Sch	edu	le D	(Fo	rm 9	90) 2	2009		FC	NI		U	LA	VC.	AR	EA	Ŭ	ΝI	TE	D	WA	Y,	I	NC)		39	9 - 0	806	19	4						Page	5
P	art	ΧI	V i	rm 9 Su	ppl	eme	enta	al lı	nfo	rma	atio	n (d	con	tinu	eď))																					_
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05/07/2010
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2009

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	Governments, and Individuals in the United States		2003
	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.		Onen to Publ
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	u	Inspection
Name of the organization		Employer identification number	
FO	FOND DU LAC AREA UNITED WAY, INC	39-0806194	
Part I General Ir	Part I General Information on Grants and Assistance		
1 Does the organization	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 us	the selection criteria used to award the grants or assistance?	X Yes	_
2 Describe in Part IV the	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States))
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	if the organization answered "Yes" to	
Form 990	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ne recipient received more than \$5,0	00. Use
Part IV an	Part IV and Schedule I-1 (Form 990) if additional space is needed		A

		2000	500)
1 (a) Name and address of organization or government	NI3 (q)	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance	ł
AMERICAN RED GROSS		וו מחחורמטום			Conce			j
FREEDER NEW N CTC								
FOND DU LAC WI 54935			52,791			_		
DU LAC								ı
500 N. PARK AVE.								
FOND DU LAC WI 54935			36,000					
BIG BROTHERS/BIG SISTERS								ı
448 S. MILITARY ROAD								
FOND DU LAC WI 54935			58,281		-			
BOYS & GIRLS CLUB								ı
400 S. MILITARY ROAD			-					
FOND DU LAC WI 54935			63,000					
CATHOLIC CHARITIES								ł
191 S. MAIN STREET						•		
FOND DU LAC WI 54935			11,680					
SOLUTIONS CENTER			· 					l
39 N. SOPHIA ST.								
FOND DU LAC WI 54935			40,500		_			
FAMILY RESOURCE CENTER, INC.								ł
104 S. MAIN ST.								
FOND DU LAC WI 54935			31,500					
FREE S P I R I T RIDERS								ŀ
W3950 ST. RD. 23								
FOND DU LAC WI 54937			8,103	ļ				
LUTHERN SOCIAL SERVICES					-			ł
131 S. MAIN STREET								
FOND DU LAC WI 54935			38,747					

Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Page 2

39-0806194 Schedule I (Form 990) 2009 FOND DU LAC AREA UNITED WAY, INC

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

FMV, appraisal, other)				Supplemental Information Complete this part to provide the information required in Part I line 2 and any other additional information
non-cash assistance				on required in Part I
cash grant				provide the informati
(b) Number of recipients				omplete this part to r
(a) Iype of grant or assistance				Supplemental Information C.
(a				Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 7a7

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

~

PART I, LINE

GRANT RECIPIENTS ARE REQUIRED TO COMPLETE & RETURN MIDYEAR & END OF YEAR

REPORTS DESCRIBING USE OF FUNDS SUCH AS HOW THE FUNDS WERE USED, NUMBER OF

PEOPLE SERVED, AND OUTCOMES OF THE USE OF THOSE FUNDS

Schedule I (Form 990) 2009

931 05/07/2010 9 40 AM

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

Open to Public Inspection

Employer identification number

(h) Purpose of grant or assistance 39-0806194 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (c) IRC Code section (d) Amount of cash grant 15,996 29,280 19,060 6,299 19,880 47,700 15,458 15,750 8,457 77,100 FOND DU LAC AREA UNITED WAY, INC if applicable (p) EIN ١ ı 1 1 ١ I 54935 54935 54935 53083 54935 54935 54935 54935 54901 54935 1 (a) Name and address of organization 1 | H 1 # ¥ H | ¥ i H 1 M FDL ADULT LITERACY SERVICES VOLUNTEER CENTER OF PDL CO. ١ ١ or government GIRL SCOUTS OF MANITOU 430 E. DIVISION STREET 309 WINNEBAGO DRIVE UNITED CEREBAL PALSY 5212 WINDWARD COURT 24 W. COTTON STREET 151 E. 1ST STREET 1 650 N. MAIN STREET 1 303 E. 9TH STREET PDL SENIOR CENTER 90 W. ZND STREET 36 BROAD STREET SALVATION ARMY POND DU LAC UNITED YOUTH FOND DU LAC FOND DU LAC FOND DU LAC FOND DU LAC FOND DU LAC FOND DU LAC FOND DU LAC POND DU LAC SHEBOYGAN Y.M.C.A. OSHKOSH ASTOP MISC.

Schedule I-1 (Form 990) 2009

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' SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

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

FOND DU LAC AREA UNITED WAY, INC

OMB No 1545-0047

Open To Public

Employer identification number

39-0806194

"Part J [®]	Excess Benefit Transactions (see Complete if the organization answered "Ye	-			- ·	e 40b					
			-						(c) (Correct	ed?
1	(a) Name of disqualified person				(b) Description of transaction	on 			Yes	N	10
	e amount of tax imposed on the organization ection 4958	managers	or dis	squalified persons during th	e year	▶ \$					
	e amount of tax, if any, on line 2, above, reim	bursed by	the o	rganization		▶ \$					
'Pàrt川哈	Loans to and/or From Interested Complete if the organization answered "Ye			, Part IV, line 26, or Form 9	90-EZ, Part V, line 38a						
(a) Name of interested person and purpose	or fro	oan to m the zation?	(c) Onginal principal amount	(d) Balance due	(e) in	default?	1 1	proved ard or nittee?	(g) W agree	
		То	From			Yes	No	Yes	No	Yes	No
., .,			<u> </u>					1			

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
SEE SCHEDULE O	BOARD MEMBER	30,000
		

Part IV	Business Transactions Involving Complete if the organization answered "Yes"		ı, 28b, or 28c			
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of	Shanng org nues?
		organization			Yes	No
					7	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OM8 No 1545-0047
2009
Copen to Public

Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

FOND DU LAC AREA UNITED WAY, INC

Employer identification number 39 - 0806194

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AFTER IT HAS BEEN COMPLETED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICTS OF INTEREST ARE BROUGHT UP TO THE BOARD AND EXECUTIVE DIRECTOR AS

THEY OCCUR. THE CONFLICTS ARE BROUGHT UP AT THE VERY LEAST ON AN ANNUAL

BASIS IF THEY OCCUR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS AVAILABLE UPON REQUEST

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, SCHEDULE L, PART III - GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

BOARD MEMBER, MARIAN SHERIDAN, IS AN ADMINISTRATOR TO THE FDL TEEN SCREEN PROGRAM RUN THROUGH THE FOND DU LAC SCHOOL DISTRICT. GRANT AMOUNT OF \$30,000 WAS GIVEN TO THIS PROGRAM & NOT MARIAN SHERIDAN PERSONALLY