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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization United Way of Inner Wisconsin Inc		D Employer identification number 39-1212595
		Doing Business As		E Telephone number (715) 421-0390
		Number and street (or P O box if mail is not delivered to street address) 351 Oak St	Room/suite	G Gross receipts \$ 1,203,611
		City or town, state or country, and ZIP + 4 Wisconsin Rapids, WI 54494		
	F Name and address of principal officer SUSAN BUDJAC 351 OAK STREET WISCONSIN RAPIDS, WI 54494		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.uwiw.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1972	M State of legal domicile WI	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO IDENTIFY AND ADDRESS OUR COMMUNITY'S MOST VITAL HUMAN NEEDS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6 55	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	890,069	720,533
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,081	26,546
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,531	7,411
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-92,072	163,711
	12		915,609	918,201
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	585,812	593,211
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	204,193	214,527
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 77,787		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	113,099	96,171
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	903,104	903,909
	19	Revenue less expenses Subtract line 18 from line 12	12,505	14,292
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,920,610	4,083,337
	21	Total liabilities (Part X, line 26)	30,790	48,395
	22	Net assets or fund balances Subtract line 21 from line 20	3,889,820	4,034,942

Part II Signature Block	
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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-08-26</div> <div>Date</div> </div>
	<div> <div>SUSAN BUDJAC PRESIDENT</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>MICHAEL W KONECNY</div> </div> <div> <div>Date</div> <div>2010-08-26</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>Schenck SC</div> <div>PO Box 23819</div> <div>Green Bay, WI 543053819</div> </div> <div> <div>EIN</div> <div></div> </div> <div> <div>Phone no</div> <div>(920) 436-7800</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE MISSION OF THE UNITED WAY OF INNER WISCONSIN IS TO IDENTIFY AND ADDRESS OUR COMMUNITY'S MOST VITAL HUMAN NEEDS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 593,211 including grants of \$ 593,211) (Revenue \$)

GRANTS FOR FULFILLING BASIC NEEDS UNITED WAY OF INNER WISCONSIN MADE GRANTS TO 16 PROGRAMS WHICH PROVIDE BASIC NEEDS WITHIN OUR SERVICE AREA THROUGH THESE PROGRAMS, OVER 6,300 PEOPLE RECEIVED A VARIETY OF SERVICES ADDRESSING BASIC NEEDS The priorities for funding the fulfilling basic needs programs are access to emergency shelter, increased access to food, increased access to clothing, access to dental needs, expanded access to childcare, increase transportation options, reduce unemployment rates through workforce readiness, information resource and referral and to increase long term preventative healthcare efforts, respectively GRANTS FOR HELPING CHILDREN AND YOUTH SUCCESS UNITED WAY OF INNER WISCONSIN MADE GRANTS TO 24 PROGRAMS WHICH DIRECTLY INFLUENCE YOUTH WITHIN OUR SERVICE AREA THESE PROGRAMS PROVIDED SERVICE TO 6,200 OF our YOUTH The priorities for funding the helping children and youth succeed programs are providing for the development and support of the building blocks that help children make wise decisions and choose positive lifestyles, reduce high-risk behaviors among youth, ensure that parents foster positive development of youth and cope with the challenges/stress of negative youth behaviors respectively GRANTS FOR SUPPORTING OUR VULNERABLE AND AGING POPULATIONS UNITED WAY OF INNER WISCONSIN MADE GRANTS TO 21 PROGRAMS WHICH SUPPORT OUR VULNERABLE AND AGING POPULATIONS WITHIN OUR SERVICE AREA THROUGH THESE PROGRAMS OVER 9,000 PEOPLE RECEIVED A VARIETY OF SERVICES The priorities for funding the supporting our vulnerable and aging populations programs are keep people in their homes through a trained support system, increase options for affordable, handicap accessible, and rural (out of Wisconsin Rapids city limits in south Wood County) transportation, increase awareness of resources and services, and increase the pool of volunteers and volunteer hours respectively

4b

(Code) (Expenses \$ 62,658 including grants of \$) (Revenue \$ 22,233)

FIRST CALL PROGRAM UNITED WAY'S 2-1-1 INFORMATION RESOURCE AND REFERRAL PROVIDES INFORMATION TO INDIVIDUALS 24/7 THROUGHOUT 14 COUNTIES IN CENTRAL AND NORTHERN WISCONSIN

4c

(Code) (Expenses \$ 32,119 including grants of \$) (Revenue \$ 4,313)

THE VOLUNTEER CENTER OF INNER WISCONSIN CONNECTS VOLUNTEERS WITH OPPORTUNITIES WHICH MATCH THEIR INTERESTS

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 83,846 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 771,834

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		
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," complete Schedule D, Part I 	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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		No
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	Yes	
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	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? 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.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• 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	Yes	
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	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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 with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
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	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	22	
b	Enter the number of voting members that are independent . . .	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶WI
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Tari Jahns CEO 351 Oak Street Wisconsin Rapids, WI 54494 (715) 421-0390

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	52,250	0	7,669
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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

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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	720,533				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			720,533			
Program Service Revenue			Business Code					
	2a	FIRST CALL REVENUE	900,099	22,233	22,233			
	b	VOLUNTEER CENTER REVEN	900,099	4,313	4,313			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			26,546			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			51,633		51,633	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		241,188						
		285,410						
		-44,222						
	d	Net gain or (loss)			-44,222		-44,222	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	RETURN ON BENEFICIAL I		523,000	149,680			149,680	
b	RETURN ON BENEFICIAL I		523,000	12,761			12,761	
c	MISCELLANEOUS		900,099	1,270			1,270	
d	All other revenue							
e	Total. Add lines 11a-11d			163,711				
12	Total revenue. See Instructions			918,201	26,546	0	171,122	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	593,211	593,211		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the 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	59,919	29,959	17,975	11,985
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	124,902	84,547	257	40,098
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,044	13,003		1,041
9	Other employee benefits	2,111	153	464	1,494
10	Payroll taxes	13,551	10,220	798	2,533
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	7,070		7,070	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	602		602	
g	Other	9,004	1,949	6,891	164
12	Advertising and promotion				
13	Office expenses	41,113	22,863	4,457	13,793
14	Information technology				
15	Royalties				
16	Occupancy	4,537	1,645	1,162	1,730
17	Travel	5,894	4,273	499	1,122
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,574	6,056	159	359
20	Interest				
21	Payments to affiliates	10,365		10,365	
22	Depreciation, depletion, and amortization	5,888	2,237	1,119	2,532
23	Insurance	1,204	245	856	103
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEMBERSHIP DUES	1,709	738	971	
b	AWARDS	1,222	389		833
c	MISCELLANEOUS	989	346	643	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	903,909	771,834	54,288	77,787
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,052	1	182,905
	2	Savings and temporary cash investments			1,009,121	2	892,697
	3	Pledges and grants receivable, net			637,759	3	543,859
	4	Accounts receivable, net			37,297	4	18,919
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,881	9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	152,565			
	b	Less accumulated depreciation	10b	57,302	93,627	10c	95,263
	11	Investments—publicly traded securities			859,219	11	951,319
	12	Investments—other securities. See Part IV, line 11			1,272,654	12	1,398,375
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,920,610	16	4,083,337
Liabilities	17	Accounts payable and accrued expenses			30,790	17	48,395
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			30,790	26	48,395
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,062,017	27	1,168,938
	28	Temporarily restricted net assets			822,156	28	743,783
	29	Permanently restricted net assets			2,005,647	29	2,122,221
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,889,820	33	4,034,942
	34	Total liabilities and net assets/fund balances			3,920,610	34	4,083,337

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? 		No
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 . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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
Inspection

Name of the organization United Way of Inner Wisconsin Inc	Employer identification number 39-1212595
---	--

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 (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 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.")	1,172,896	1,022,328	919,321	890,069	720,533	4,725,147
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,172,896	1,022,328	919,321	890,069	720,533	4,725,147
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)						722,962
6 Public Support. Subtract line 5 from line 4						4,002,185

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,172,896	224,536	919,321	890,069	720,533	4,725,147
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,154	224,536	71,869	70,825	51,633	506,017
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,023	860	7,819	6,148	1,270	17,120
11 Total support (Add lines 7 through 10)						5,248,284
12 Gross receipts from related activities, etc (See instructions)					12	200,536

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	76 260 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	72 680 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- b 33 1/3% support test—2008. If the organization did not check the 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—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private 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. 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 D
(Form 990)

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization United Way of Inner Wisconsin Inc	Employer identification number 39-1212595
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

b

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

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	908,509	1,032,224			
b Contributions	5,190	2,863			
c Investment earnings or losses	133,687	-82,137			
d Grants or scholarships					
e Other expenditures for facilities and programs	28,672	36,639			
f Administrative expenses	8,103	7,802			
g End of year balance	1,010,611	908,509			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 18 410 % %

b

Permanent endowment ▶ 81 590 % %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,575		18,575
b Buildings		96,273	29,400	66,873
c Leasehold improvements				
d Equipment		37,717	27,902	9,815
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				95,263

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	918,201
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	903,909
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,292
4	Net unrealized gains (losses) on investments	4	130,830
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 - 8	9	130,830
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	145,122

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,069,050
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	130,830
b	Donated services and use of facilities	2b	27,691
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	158,521
3	Subtract line 2e from line 1	3	910,529
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,672
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	7,672
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	918,201

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	923,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	27,691
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	27,691
3	Subtract line 2e from line 1	3	896,237
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,672
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	7,672
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	903,909

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
United Way of Inner Wisconsin Inc

Employer identification number
39-1212595

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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.

Cat No 50055P

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

[illegible]

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

United Way of Inner Wisconsin Inc

Employer identification number

39-1212595

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 990 IS REVIEWED AT A BOARD MEETING BY OUR TREASURER/FINANCE COMMITTEE CHAIR
Form 990, Part VI, Section B, line 12c		ANNUALLY, THE BOARD ASKS MEMBERS TO REVIEW THE POLICY AND DISCLOSE ANY KNOWN OR POTENTIAL CONFLICTS
Form 990, Part VI, Section B, line 15a		THE EXECUTIVE COMMITTEE MEETS AND REVIEWS THE COMPARABLE DATA OF SALARY RANGES BASED ON UNITED WAYS OF OUR SIZE AND OF THE REGION
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 39-1212595
Name: United Way of Inner Wisconsin Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	83,846	including grants of \$) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUE BUDJAC 2009 PRESIDENT	50	X		X				0	0	0
NAN TAYLOR 2010 VICE PRESIDENT	50	X		X				0	0	0
DALE BIKOWSKI 2011 TREASURER	50	X		X				0	0	0
SUE BERARD 2011 DIRECTOR	50	X						0	0	0
RANDY DHEIN 2011 DIRECTOR	50	X						0	0	0
KURT HEUER 2011 DIRECTOR	50	X						0	0	0
GREG JERABEK 2011 DIRECTOR	50	X						0	0	0
STEVEN LAVALLEE 2011 secRETARY	50	X		X				0	0	0
KURT BLANCHETTE 2010 DIRECTOR	50	X						0	0	0
BRENDA HUBER 2010 DIRECTOR	50	X						0	0	0
WAYNE JOHNSON 2010 DIRECTOR	50	X						0	0	0
DON CARLSON 2010 DIRECTOR	50	X						0	0	0
JEANNE FEHRMAN 2010 DIRECTOR	50	X						0	0	0
TOM CAHILL 2012 DIRECTOR	50	X						0	0	0
DEB EDWARDS 2012 DIRECTOR	50	X						0	0	0
ROBERT GOGGINS 2012 DIRECTOR	50	X						0	0	0
ELIZABETH MORAN 2012 DIRECTOR	50	X						0	0	0
DAVID MUELLER 2012 DIRECTOR	50	X						0	0	0
CHAR VANDER MEULEN 2012 DIRECTOR	50	X						0	0	0
LYNN HANSEN 2010 DIRECTOR	50	X						0	0	0
DAVID TERMAAT 2010 DIRECTOR	0 00	X						0	0	0
DAWN SPRANGER 2010 DIRECTOR	50	X						0	0	0
TARI JAHNS EXECUTIVE DIRECTOR	40 00			X				52,250	0	7,669

Software ID:

Software Version:

EIN: 39-1212595

Name: United Way of Inner Wisconsin Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS211 JEFFERSON WISCONSIN RAPIDS, WI 54495	53-0196605	501(c)(3)	60,000		FMV		PROGRAM ASSISTANCE
ASSOCIATION OF HANDICAPPED CITIZENS 1017 BEPLER RD NEKOOSA, WI 54457	39-1519828	501(c)(3)	6,000		FMV		PROGRAM ASSISTANCE
BIG BROTHERSBIG SISTERS2821 8TH STREET WISCONSIN RAPIDS, WI 54494	39-1466795	501(c)(3)	23,000		FMV		PROGRAM ASSISTANCE
BOYS SCOUTS- SAMOSET BOY SCOUTS3511 CAMP PHILIPS RD WESTON, WI 54476	22-1576300	501(c)(3)	30,500		FMV		PROGRAM ASSISTANCE
BOYS & GIRLS CLUB1921 BAKER DR WISCONSIN RAPIDS, WI 54494	39-1745942	501(c)(3)	54,000		FMV		PROGRAM ASSISTANCE
CANCER PROJECT RIVERVIEW HOSPITAL410 DEWEY ST WISCONSIN RAPIDS, WI 54494	39-0868982	501(c)(3)	100		FMV		PROGRAM ASSISTANCE
CAREER CLOSET4011 8TH ST WISCONSIN RAPIDS, WI 54494	39-2021926	501(c)(3)	3,825		FMV		PROGRAM ASSISTANCE
CHILD CARE RESOURCE & REFERRAL CENTER210 E GRAND AVE WISCONSIN RAPIDS, WI 54494	39-1673784	501(c)(3)	15,000		FMV		PROGRAM ASSISTANCE
CLUB MEAD241 17TH AVE WISCONSIN RAPIDS, WI 54495	39-1745942	501(c)(3)	12,500		FMV		PROGRAM ASSISTANCE
EPILEPSY FOUNDATION 1004 1ST ST SUITE 5 STEVENS POINT, WI 54481	39-1383657	501(c)(3)	7,224		FMV		PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY CENTER500 25TH ST N WISCONSIN RAPIDS, WI 54494	39-1451595	501(c)(3)	69,610		FMV		PROGRAM ASSISTANCE
NORTH CENTRAL COMMUNITY ACTION1430 2ND ST N WISCONSIN RAPIDS, WI 54494	39-1080179	501(c)(3)	73,840		FMV		PROGRAM ASSISTANCE
GIRL SCOUTS OF WOODLAND COUNCIL3910 CHESTNUT ST WISCONSIN RAPIDS, WI 54494	39-1016314	501(c)(3)	38,275		FMV		PROGRAM ASSISTANCE
HEALTHY SMILES WOOD COUNTY184 2ND ST N WISCONSIN RAPIDS, WI 54494	39-6005763	501(c)(3)	10,500		FMV		PROGRAM ASSISTANCE
LITERACY COUNCIL OF WOOD COUNTY630 S CENTRAL AVE 319 MARSHFIELD, WI 54449	39-1684056	501(c)(3)	10,200		FMV		PROGRAM ASSISTANCE
LOWELL SENIOR CENTER 220 3RD AVE S WISCONSIN RAPIDS, WI 54495	39-1408099	501(c)(3)	1,000		FMV		PROGRAM ASSISTANCE
MINISTRY DENTAL CENTER 5499 HWY 10 SUITE A STEVENS POINT, WI 54481	39-1080897	501(c)(3)	23,625		FMV		PROGRAM ASSISTANCE
Nekoosa Boys & Girls Club 1921 BAKER DR WISCONSIN RAPIDS, WI 54494	39-1745942	501(c)(3)	36,418		FMV		Program Assistance
PARENTS PLACE400 DALY AVE SUITE 106 WISCONSIN RAPIDS, WI 54494	39-0806380	501(c)(3)	8,359		FMV		PROGRAM ASSISTANCE
PARK PLACE ADULT DAY CARE220 3RD AVE S WISCONSIN RAPIDS, WI 54495	39-1533745	501(c)(3)	15,000		FMV		PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
River Cities High School2390 48th street so wiCONSIN RAPIDS, WI 54494	39-6005282	501(c)(3)	2,000		FMV		PROGRAM ASSISTANCE
WHEELS OF INDEPENDENCE2703 INDUSTRIAL ST WISCONSIN RAPIDS, WI 54495	39-1524310	501(c)(3)	12,000		FMV		PROGRAM ASSISTANCE
YMCA211 WI RIVER DR PORT EDWARDS, WI 54469	39-0929462	501(c)(3)	50,234		FMV		PROGRAM ASSISTANCE
NEIGHBORHOOD TABLE 3210 TIMBER VALLEY DR WISCONSIN RAPIDS, WI 54494	20-0836001	501(c)(3)	2,000		FMV		PROGRAM ASSISTANCE
VESPER SENIOR CITIZENS 5464 BROOKWARD LANE VESPER, WI 54489	71-0953781	501(c)(3)	700		FMV		PROGRAM ASSISTANCE
RUDOLPH SENIOR CITIZENS6861 MEADOWVIEW LANE RUDOLPH, WI 54475	41-2230873	501(c)(3)	900		FMV		PROGRAM ASSISTANCE
PORT EDWARDS SENIOR CITIZENS8431 HWY 13 S WISCONSIN RAPIDS, WI 54494	39-1462642	501(c)(3)	600		FMV		PROGRAM ASSISTANCE
NEKOOSA SENIOR CITIZENS246 WOOD AVE NEKOOSA, WI 54457	39-1465328	501(c)(3)	825		FMV		PROGRAM ASSISTANCE
HOPE HOUSE- ADAMS COUNTY910 EIGHTH ST BARABOO, WI 53913	39-1499324	501(c)(3)	3,000		FMV		PROGRAM ASSISTANCE
	33-0995475						

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAITH IN ACTION-ADAMS 108 E NORTH ST FRIENDSHIP, WI 53934	74-3139460	501(c)(3)	4,000		FMV		PROGRAM ASSISTANCE
	39-0944012						
GIRL SCOUTS-ADAMS COUNTY3910 CHESTNUT ST WISCONSIN RAPIDS, WI 54494	39-1016314	501(c)(3)	3,000		FMV		PROGRAM ASSISTANCE
ADAMS-FRIENDSHIP SCHOOL DISTRICT201 W 6TH ST FRIENDSHIP, WI 53934	39-6000587	501(c)(3)	2,440		FMV		PROGRAM ASSISTANCE
boy scouts - adams county 3511 CAMP PHILIPS RD WESTON, WI 54476	22-1576300	501(c)(3)	2,036		FMV		PROGRAM ASSISTANCE
child CARE RESOURCE & REFERRAL CENTER - adams County210 E GRAND AVE wisconsin rapIDS, WI 54494	39-1673784	501(c)(3)	1,500		FMV		PROGRAM ASSISTANCE
Central Wisconsin Community Action - Adams County1000 Hwy 13 PO Box 430 Wisconsin Dells, WI 53965	39-1051779	501(c)(3)	6,500		FMV		PROGRAM ASSISTANCE
Salvation Army - Adams County108 E NORTH ST FRIENDSHIP, WI 53937	39-0806889	501(c)(3)	2,500		FMV		PROGRAM ASSISTANCE