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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NORTHWOODS UNITED WAY INCNumber and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 177City or town, state or country, and ZIP + 4
RHINELANDER, WI 54501D Employer identification number
39-1247457E Telephone number
(715) 369-0440

F Group Exemption Number

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

G Accounting method Cash Accrual
Other (specify)

I Website: northwoodsunitedway.org

J Tax-Exempt status (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 208,753

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

1	Contributions, gifts, grants, and similar amounts received	1	199,167
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	753
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	6c	3,365
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	8,484
b	Less direct expenses other than fundraising expenses	6b	5,119
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	349
8	Other revenue (describe)	9	203,634
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	149,730
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	17,373
13	Professional fees and other payments to independent contractors	13	3,350
14	Occupancy, rent, utilities, and maintenance	14	100
15	Printing, publications, postage, and shipping	15	2,325
16	Other expenses (describe)	16	11,517
17	Total expenses. Add lines 10 through 16	17	184,395
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,239
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	224,269
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	243,508

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	93,019	22 109,103
23 Land and buildings		23
24 Other assets (describe)	132,454	24 135,533
25 Total assets	225,473	25 244,636
26 Total liabilities (describe)	1,204	26 1,128
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	224,269	27 243,508

Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0	
b	Did the organization file Form 1120-POL for this year?		37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter	39a		
a	Initiation fees and capital contributions included on line 9	39b		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		40e	No
41	List the states with which a copy of this return is filed ► WI			
42a	The organization's books are in care of ► TRACY BECKMAN	Telephone no ► (715) 369-0440		
	PO BOX 177 Located at ► RHINELANDER, WI	ZIP + 4 ► 54501		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	No
	If "Yes," enter the name of 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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		45	No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

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

50(f) Total number of other employees paid over \$100,000 ► _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 ► _____

Please 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		
	***** Signature of officer TRACY BECKMAN Executive Director Type or print name and title	Date 2010-08-04 Date	

Paid Preparer's Use Only	Preparer's signature RANDALL H BEARD CPA	Date 2010-08-04	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WIPFLI LLP 43A W DAVENPORT ST RHINELANDER, WI 54501			EIN <input checked="" type="checkbox"/>
			Phone no (715) 369-1040	

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

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service
Name of the organization
NORTHWOODS UNITED WAY INC

Employer identification number

39-1247457

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

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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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")	189,027	189,535	175,659	201,024	199,167	954,412
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	189,027	189,535	175,659	201,024	199,167	954,412
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)						99,258
6 Public Support. Subtract line 5 from line 4						855,154

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	189,027	1,536	175,659	201,024	199,167	954,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,799	1,536	1,471	1,861	1,102	7,769
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						
11 Total support (Add lines 7 through 10)						962,181
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	88 880 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	92 730 %
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part III Support 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
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						
c Add lines 7a and 7b						
8 Public 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
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
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)						
14 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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 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	
b 33 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	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 39-1247457
Name: NORTHWOODS UNITED WAY INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KEVIN CHURCH PO BOX 177 RHINELANDER, WI 54501	PRESIDENT 1 00	0	0	0
SHANE CONWAY PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
ANNE DERBER PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
KEN JUON PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
BART LAMERS PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
JENNIFER MAY PO BOX 177 RHINELANDER, WI 54501	SECRETARY 1 00	0	0	0
JANINE MENDEN PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
LOU MIREK PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
DONNA MIREK PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
ADOLF MUTTER PO BOX 177 RHINELANDER, WI 54501	VICE PRESIDENT 1 00	0	0	0
CARYN RUETTEN PO BOX 177 RHINELANDER, WI 54501	TREASURER 1 00	0	0	0
KATHY SHALTIS PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
DAN SIEWERT PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
LARRY SNEDDEN PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
SARA ZASTROW PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
JULIE BERNDT PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
DENNIS SCOTT PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
TAMMY GOBERT PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0
LISA KUCZMARSKI PO BOX 177 RHINELANDER, WI 54501	BOARD MEMBER 1 00	0	0	0

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury
Internal Revenue Service

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 67Name(s) shown on return
NORTHWOODS UNITED WAY INCBusiness or activity to which this form relates
Form 990-EZ Page 1Identifying number
39-1247457**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction Enter the smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10			
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11			
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12			
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 11 ►	13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	100

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

21 Listed proper

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	100
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)				25			

26 Property used more than 50% in a qualified business use

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use

	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31						
32						
33						
34	Yes	No	Yes	No	Yes	No
35						
36						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
39	Do you treat all use of vehicles by employees as personal use?	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) A amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) A amortization for this year
42	A amortization of costs that begins during your 2009 tax year (see instructions)				

43	A amortization of costs that began before your 2009 tax year	43
44	Total. Add amounts in column (f) See the instructions for where to report	44

TY 2009 Grants and Similar Amounts Paid Schedule

Name: NORTHWOODS UNITED WAY INC**EIN:** 39-1247457

Item No.	1
Class of Activity	
Donee's Name	ALZHEIMER'S ASSOCIATION
Donee's Address	203 SHIEK PLAZA DR RHINELANDER, WI 54501
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	American Red Cross
Donee's Address	902 BOYCE DR RHINELANDER, WI 54501
Amount (FMV)	7,640
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	Ascension Church Playgroup
Donee's Address	7937 HWY 51 MINOCQUA, WI 54548
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	Big BrothersBig Sisters
Donee's Address	170 NORTH 4TH AVE PARK FALLS, WI 54552
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	Camp Fire USA
Donee's Address	CITY HALL RHINELANDER, WI 54501
Amount (FMV)	6,970
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	Community Life Council
Donee's Address	PO BOX 27 CRANDON, WI 54520
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	Community Food Pantry of Vilas County
Donee's Address	10441 MAIN ST BOULDER JUNCTION, WI 54512
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	
Donee's Name	Family Resource Connection
Donee's Address	1020 KABEL AVE RHINELANDER, WI 54501
Amount (FMV)	5,580
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	Family Resource Connections 2-1-1
Donee's Address	533 PEACE PIPE RD LAC DU FLAMBEAU, WI 54538
Amount (FMV)	8,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	
Donee's Name	FRC - First Books for Kids
Donee's Address	216 N 7TH ST TOMAHAWK, WI 54487
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	
Donee's Name	Forward Service Corp
Donee's Address	102 N MAIN ST EAGLE RIVER, WI 54521
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	
Donee's Name	Girls on the Run
Donee's Address	LOCAL RHINELANDER, WI 54501
Amount (FMV)	900
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	
Donee's Name	Greener Pastures
Donee's Address	PO BOX 1161 RHINELANDER, WI 54501
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	
Donee's Name	Headwaters Youth Soccer
Donee's Address	LOCAL EAGLE RIVER, WI 54521
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	
Donee's Name	Headwaters Inc
Donee's Address	1411 E TIMBER DR RHINELANDER, WI 54501
Amount (FMV)	17,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	
Donee's Name	Kids In Need
Donee's Address	1831 N STEVENS ST RHINELANDER, WI 54501
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	
Donee's Name	Kinship of the North
Donee's Address	4120 LILAC LN RHINELANDER, WI 54501
Amount (FMV)	4,600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	
Donee's Name	Lakeland Retirement Foundation
Donee's Address	412 BALSAM WOODRUFF, WI 54568
Amount (FMV)	8,600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	
Donee's Name	LDF Domestic Abuse Program
Donee's Address	LOCAL LAC DU FLAMBEAU, WI 54538
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	
Donee's Name	LUHS - Journey
Donee's Address	9573 ST HWY 70 MINOCQUA, WI 54548
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	
Donee's Name	Lutheran Social Services
Donee's Address	235 N STEVENS ST RHINELANDER, WI 54501
Amount (FMV)	3,250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	
Donee's Name	Northwoods Emergency Food Pantry
Donee's Address	436 N BROWN ST RHINELANDER, WI 54501
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	
Donee's Name	Northwoods Saves
Donee's Address	3375 AIRPORT RD 10 RHINELANDER, WI 54501
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	
Donee's Name	Project Bridges
Donee's Address	201 HOSPITAL RD EAGLE RIVER, WI 54521
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	
Donee's Name	Rhinelander Ice Association
Donee's Address	2021 E TIMBER DR RHINELANDER, WI 54501
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	
Donee's Name	Rhinelander Soccer
Donee's Address	LOCAL RHINELANDER, WI 54501
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	
Donee's Name	Rhinelander Pop Warner Football
Donee's Address	LOCAL RHINELANDER, WI 54501
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	
Donee's Name	RSVP
Donee's Address	1835 N STEVENS ST RHINELANDER, WI 54501
Amount (FMV)	4,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	
Donee's Name	Three Lakes Christian Food Pantry
Donee's Address	6965 W SCHOOL ST THREE LAKES, WI 54562
Amount (FMV)	3,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	
Donee's Name	Tri-County Council on Domestic Violence
Donee's Address	900 W KEMP ST RHINELANDER, WI 54501
Amount (FMV)	16,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	
Donee's Name	Vilas County Commission on Aging
Donee's Address	330 COURT STREET EAGLE RIVER, WI 54521
Amount (FMV)	950
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	
Donee's Name	Wisconsin Family Ties
Donee's Address	16 N CARROLL ST MADISON, WI 53703
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	
Donee's Name	GIRLS SCOUTS NWGL
Donee's Address	4222 Oakwood Hills Pkwy EAU CLAIRE, WI 54701
Amount (FMV)	6,970
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	
Donee's Name	NICOLET FOUNDATION - FAMILY LITERACY
Donee's Address	5364 COLLEGE DR RHINELANDER, WI 54501
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	
Donee's Name	ONEIDA COUNTY FIRE FIGHTERS ASSOCIATION
Donee's Address	PO BOX 1451 RHINELANDER, WI 54501
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	
Donee's Name	SAMOSET COUNCIL BOYS SCOUTS
Donee's Address	3511 CAMP PHILLIPS RD WESTON, WI 54476
Amount (FMV)	6,970
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	
Donee's Name	THE TABLE
Donee's Address	LOCAL RHINELANDER, WI 54501
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: NORTHWOODS UNITED WAY INC**EIN:** 39-1247457

Description	Beginning of Year Amount	End of Year Amount
Pledges receivable - Net	131,561	134,994
Prepaid expenses	626	372
Other Depreciable Assets	267	167

TY 2009 Other Expenses Schedule

Name: NORTHWOODS UNITED WAY INC

EIN: 39-1247457

Description	Amount
Campaign expense	1,967
office supplies	2,612
meetings	1,269
telephone	2,003
insurance	1,340
membership dues	2,251
miscellaneous	75

TY 2009 Other Liabilities Schedule

Name: NORTHWOODS UNITED WAY INC**EIN:** 39-1247457

Description	Beginning of Year Amount	End of Year Amount
Accrued payroll	1,204	1,128

TY 2009 Other Revenues Schedule

Name: NORTHWOODS UNITED WAY INC**EIN:** 39-1247457

Description	Amount
Meeting income	349

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: NORTHWOODS UNITED WAY INC

EIN: 39-1247457

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.