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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)

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

OMB No 1545-0047

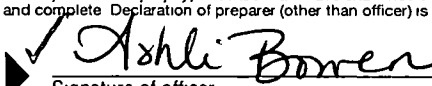
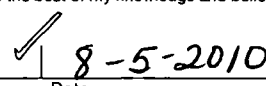

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>BEMIDJI AREA UNITED WAY</b>		<b>D</b> Employer identification number <b>41-1567744</b>
		Doing Business As		<b>E</b> Telephone number <b>(218) 444-8929</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>201 3RD STREET P.O. BOX 27</b>		<b>G</b> Gross receipts \$ <b>438,208.</b>
		City or town, state or country, and ZIP + 4 <b>BEMIDJI, MN 56619-0027</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer <b>ASHLI BOWEN</b> <b>201 THIRD STREET, BEMIDJI, MN 56601</b>				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYBEMIDJI.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>MN</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF BEMIDJI AREA IMPROVES LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY.OUR</b>			
	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)	<b>15</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>15</b>	
	5	Total number of employees (Part V, line 2a)	<b>4</b>	
	6	Total number of volunteers (estimate if necessary)	<b>0</b>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>573,225.</b>	<b>428,005.</b>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,915.</b>	<b>4,607.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>156.</b>	<b>5,596.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>581,296.</b>	<b>438,208.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>301,491.</b>	<b>303,189.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>117,904.</b>	<b>66,952.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>35,894.</b>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>151,239.</b>	<b>59,094.</b>	
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>570,634.</b>	<b>429,235.</b>	
19	Revenue less expenses Subtract line 18 from line 12	<b>10,662.</b>	<b>8,973.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>557,344.</b>	<b>571,053.</b>
	21	Total liabilities (Part X, line 26)	<b>154,652.</b>	<b>149,237.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>402,692.</b>	<b>421,816.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	 Signature of officer		 Date <b>8-5-2010</b>	
	<b>ASHLI BOWEN, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	<b>8-4-10</b>		
	<b>MILLER MCDONALD, INC.</b> <b>P.O. BOX 486</b> <b>BEMIDJI, MN 56619-0486</b>		EIN ▶	Phone no. ▶ <b>(218) 751-6300</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission. **SEE SCHEDULE O FOR CONTINUATION**  
**UNITED WAY OF BEMIDJI AREA IMPROVES LIVES BY MOBILIZING THE CARING**  
**POWER OF THE COMMUNITY. OUR FOCUS ON ADVANCING THE COMMON GOOD,**  
**CREATES A MEANINGFUL DIFFERENCE IN THE LIVES OF AREA CHILDREN, YOUTH,**  
**AGING ADULTS AND THEIR CAREGIVERS, PEOPLE IN CRISIS AND PEOPLE WITH**
- 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.

**SEE SCHEDULE O FOR CONTINUATION(S)**

- 4a (Code ) (Expenses \$ 325,592. including grants of \$ 293,000. ) (Revenue \$ )  
**UNITED WAY OF BEMIDJI AREA STRATEGICALLY INVESTS DOLLARS IN REPUTABLE,**  
**KNOWLEDGEABLE AGENCIES THAT BUILD A SOLID NETWORK OF SUPPORT AROUND OUR**  
**COMMUNITY IN THE AREAS OF EDUCATION, INCOME AND HEALTH. THE ALLOCATION**  
**PROCESS ENSURES THAT UNITED WAY'S INVESTMENTS IN NONPROFIT PROGRAMS AND**  
**INITIATIVES ADDRESS THE ROOT-CAUSE OF THE MOST SERIOUS HUMAN NEEDS IN**  
**THE COMMUNITY AND CREATE REAL, LASTING CHANGE IN PEOPLE'S LIVES IN THE**  
**AREAS OF EDUCATION, INCOME AND HEALTH. THE ALLOCATIONS COMMITTEE IS**  
**THE HALLMARK OF UNITED WAY'S ACCOUNTABILITY TO THE COMMUNITY. PRIOR TO**  
**MAKING FUNDING RECOMMENDATIONS TO THE UNITED WAY'S BOARD OF DIRECTORS,**  
**THE ALLOCATIONS COMMITTEE SPEND COUNTLESS HOURS THOROUGHLY REVIEWING**  
**APPLICATIONS FOR FUNDING, INCLUDING INTERVIEWING THE AGENCIES APPLYING**  
**FOR FUNDING, REVIEWING THE AGENCY'S FINANCIALS, THE PROGRAM(S)**

- 4b (Code ) (Expenses \$ 9,900. including grants of \$ 9,900. ) (Revenue \$ )  
**THE UNITED WAY OF BEMIDJI AREA VENTURE GRANT PROGRAM PROVIDES ONE-TIME**  
**FUNDING TO AGENCIES AND PROGRAMS FOR THE DEVELOPMENT OF NEW OR**  
**EXPANSION OF EXISTING PROGRAMS.**

- 4c (Code ) (Expenses \$ 13,800. including grants of \$ 0. ) (Revenue \$ )  
**THE UNITED WAY OF BEMIDJI AREA'S HOLIDAY GIFTS FOR KIDS PROGRAM**  
**COLLECTS CHRISTMAS GIFTS AND DISTRIBUTES THEM TO AREA CHILDREN IN NEED.**  
**IN 2009, THE PROGRAM HELPED OVER 425 FAMILIES/1100 CHILDREN.**

- 4d Other program services (Describe in Schedule O)  
 (Expenses \$ 1,206. including grants of \$ 289. ) (Revenue \$ )
- 4e Total program service expenses ► \$ 350,498.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12</b> X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
	12A	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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>	<b>X</b>	
<b>22</b> 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>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35</b> 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>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

Note. All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	15	
<b>b</b> Enter the number of voting members that are independent	15	
<b>2</b> 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	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
<b>6</b> Does the organization have members or stockholders?	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> 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	X

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

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**  
**THE ORGANIZATION - (218) 444-8929**  
**201 3RD STREET P.O. BOX 27, BEMIDJI, MN 56619-0027**

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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			
DANE JONES PRESIDENT		X						0.	0.	0.
KEN HOWE VICE PRESIDENT		X						0.	0.	0.
KEN RAW TREASURER		X						0.	0.	0.
BRANDI NELSON SECRETARY		X						0.	0.	0.
MARLA PATRIAS BOARD MEMBER		X						0.	0.	0.
CHRIS CORRADI BOARD MEMBER		X						0.	0.	0.
JAN COTA BOARD MEMBER		X						0.	0.	0.
RITA ALBRECHT BOARD MEMBER		X						0.	0.	0.
ROSIE BERG BOARD MEMBER		X						0.	0.	0.
TOM KUSLER BOARD MEMBER		X						0.	0.	0.
BRIAN BISSONETTE BOARD MEMBER		X						0.	0.	0.
KAREN OFTELIE BOARD MEMBER		X						0.	0.	0.
JEREMY FAYETTE BOARD MEMBER		X						0.	0.	0.
BILL MAKI BOARD MEMBER		X						0.	0.	0.
NANCY SMITH BOARD MEMBER		X						0.	0.	0.
ASHLI BOWEN EXECUTIVE DIRECTOR	40.00			X				40,291.	0.	0.
JENNIFER SANFORD OFFICE ADMINISTRATOR	22.00				X			17,228.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(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			
<b>1b Total</b>								57,519.	0.	0.

**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
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(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	1 a	Federated campaigns	1a	8,597.				
	b	Membership dues	1b					
	c	Fundraising events	1c	6,657.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	412,751.				
	g	Noncash contributions included in lines 1a-1f \$		1,540.				
	h	Total. Add lines 1a-1f		428,005.				
	Program Service Revenue			Business Code				
2 a								
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,607.	4,607.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 6,657. of contributions reported on line 1c) See Part IV, line 18	a	0.				
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
	10 a	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					
11 a	MANAGEMENT FEES	900099	5,500.	5,500.				
b	MISCELLANEOUS REVENUE	900099	96.	96.				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		5,596.					
12	Total revenue. See instructions.		438,208.	10,203.	0.	0.		

**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	303,189.	303,189.		
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	57,519.	14,380.	23,008.	20,131.
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,469.	1,117.	1,788.	1,564.
9 Other employee benefits				
10 Payroll taxes	4,964.	1,241.	1,986.	1,737.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,600.		2,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,621.	397.		6,224.
13 Office expenses	8,690.	1,899.	3,579.	3,212.
14 Information technology				
15 Royalties				
16 Occupancy	2,872.	718.	1,149.	1,005.
17 Travel	2,353.	706.	706.	941.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	4,040.		4,040.	
22 Depreciation, depletion, and amortization	904.	226.	362.	316.
23 Insurance	2,104.	295.	1,410.	399.
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 <b>COST OF HOLIDAY GIFTS F</b>	13,800.	13,800.		
b <b>BAD DEBT</b>	11,340.	11,340.		
c <b>MISCELLANEOUS EXPENSES</b>	2,853.	273.	2,215.	365.
d <b>COMMUNITY IMPACT RESPON</b>	917.	917.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	429,235.	350,498.	42,843.	35,894.
26 Joint costs. Check here <input 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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	50.	1	50.
	2 Savings and temporary cash investments	295,042.	2	302,961.
	3 Pledges and grants receivable, net	206,721.	3	208,453.
	4 Accounts receivable, net		4	
	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	7,269.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 13,621.		
	b Less: accumulated depreciation	10b 9,648.	10c	3,973.
	11 Investments - publicly traded securities	43,602.	11	55,267.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,143.	15	349.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	557,344.	16	571,053.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	10,127.	17	2,737.
	18 Grants payable	144,525.	18	146,500.
	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 <b>Total liabilities.</b> Add lines 17 through 25	154,652.	26	149,237.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	67,690.	27	98,201.
	28 Temporarily restricted net assets	335,002.	28	323,615.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	402,692.	33	421,816.
	34 <b>Total liabilities and net assets/fund balances</b>	557,344.	34	571,053.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**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

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>	<b>X</b>	
<b>2c</b>		<b>X</b>
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**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

BEMIDJI AREA UNITED WAY

Employer identification number

41-1567744

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 described in **section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or 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 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)

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	385,016.	446,718.	521,585.	573,225.	426,465.	2,353,009.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge					69,240.	69,240.
<b>4 Total.</b> Add lines 1 through 3	385,016.	446,718.	521,585.	573,225.	495,705.	2,422,249.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						2,422,249.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	385,016.	446,718.	521,585.	573,225.	495,705.	2,422,249.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,215.	6,810.	12,242.	8,223.	4,607.	36,097.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			121.	156.	5,596.	5,873.
<b>11 Total support.</b> Add lines 7 through 10						2,464,219.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.30 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	98.45 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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 section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**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 ☐



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**BEMIDJI AREA UNITED WAY**

Employer identification number

**41-1567744**

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

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

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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				
b Buildings				
c Leasehold improvements				
d Equipment	13,621.		9,648.	3,973.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,973.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	438,208.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	429,235.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,973.
4	Net unrealized gains (losses) on investments	4	10,151.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	10,151.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	19,124.

**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	517,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	10,151.
b	Donated services and use of facilities	2b	69,240.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	79,391.
3	Subtract line 2e from line 1	3	438,208.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	438,208.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	498,475.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	69,240.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	69,240.
3	Subtract line 2e from line 1	3	429,235.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	429,235.

**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, line 2, 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.

**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" on 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

**BEMIDJI AREA UNITED WAY**

Employer identification number  
**41-1567744**

**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. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
ADULT DAY SERVICES 620 CARR LAKE RD SE BEMIDJI, MN 56601	43-1960840	501(C)3	15,400.	0.			THERAPEUTIC SERVICES FOR OLDER ADULTS.
ARC HEADWATERS 1819 BEMIDJI AVE. NW BEMIDJI, MN 56601	51-0653115	501(C)3	7,400.	0.			ADVOCACY & SUPPORT FOR PEOPLE WITH DISABILITIES.
BEMIDJI COMMUNITY SOUP KITCHEN 8429 BEMIDJI RD NE BEMIDJI, MN 56601	36-3615054	501(C)3	6,750.	0.			FREE MEALS 3 TIMES A WEEK TO THOSE IN NEED.
BOYS & GIRLS CLUB OF THE BEMIDJI AREA - P.O. BOX 191 - BEMIDJI, MN 56619	81-0599601	501(C)3	18,900.	0.			AFTER SCHOOL POSITIVE PROGRAMS FOR YOUTH AND TEENS.
HORIZON HEALTH/RSVP P.O. BOX 220 PIERZ, MN 56364	41-1699160	501(C)3	9,875.	0.			VOLUNTEER PROGRAM CONNECTING OLDER ADULTS WITH VOLUNTEER OPPORTUNITIES.
FOSTER GRANDPARENTS/SENIOR COMPANIONS - P.O. BOX 1518 - WALKER, MN 56484	41-0872993	501(C)3	13,750.	0.			SENIOR MENTORS FOR YOUTH AND SERVICES FOR HOMEBOUND ISOLATED SENIORS.

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

**3** Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 Part IV and 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

SCHEDULE I, PART I, LINE 2: AGENCIES THAT RECEIVE ANNUAL ALLOCATIONS FROM THE UNITED WAY OF BEMIDJI AREA ARE REFERRED TO AS PARTNER AGENCIES. THESE AGENCIES MUST PROVIDE VERBAL REPORTS AT QUARTERLY PARTNER AGENCY MEETINGS AND AGREE IN THE STATEMENT OF AGREEMENT TO MAKE AVAILABLE ANNUAL REPORTS TO THE GENERAL PUBLIC. IN ADDITION, IF THEY DO NOT REAPPLY FOR UNITED WAY FUNDING THE FOLLOWING ALLOCATION CALENDAR YEAR (JULY-JUNE), THEY MUST PROVIDE A WRITTEN REPORT TO THE UNITED WAY ON HOW THE FUNDING HELPED THEM MEET THEIR OBJECTIVES AS IDENTIFIED IN THE APPLICATION. IF THEY DO REAPPLY FOR UNITED WAY FUNDING THE FOLLOWING ALLOCATION CALENDAR YEAR (JULY-JUNE),

Name of the organization

**BEMIDJI AREA UNITED WAY**

Employer identification number  
**41-1567744**

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS MN WI LAKES & PINES 750 PAUL BUNYAN DR. NW BEMIDJI, MN 56601	41-0877820	501(C)3	7,263.	0.			PROVIDES & PROMOTES EDUCATIONAL PROGRAMING FOR GIRLS.
HOPE HOUSE P.O. BOX 1097 BEMIDJI, MN 56619	41-1658456	501(C)3	16,000.	0.			SERVES & ASSISTS PEOPLE WITH SERIOUS & PERSISTENT MENTAL ILLNESS.
LUTHERAN SOCIAL SERVICE 403 NW 4TH ST., STE. 120 BEMIDJI, MN 56601	41-0872993	501(C)3	8,250.	0.			SUPPORTIVE SERVICES FOR PEOPLE WITH DISABILITIES.
NORTH COUNTRY FOOD BANK 424 N. BROADWAY CROOKSTON, MN 56716	41-1459758	501(C)3	10,150.	0.			PROVIDES FOOD TO NON-PROFIT AGENCIES.
NORTH COUNTRY HOSPICE 3525 PINE RIDGE AVE. NW BEMIDJI, MN 56601	41-1266009	501(C)3	12,600.	0.			PROVIDE IN-HOME CARE FOR TERMINALLY ILL PATIENTS.
OCCUPATIONAL DEVELOPMENT CENTER 1260 INDUSTRIAL PARK DR. SE BEMIDJI, MN 56601	41-0973895	501(C)3	5,700.	0.			JOB OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES & OTHER EMPLOYMENT BARRIERS.
OURS TO SERVE HOUSE OF HOSPITALITY 416 IRVINE AVE. NW BEMIDJI, MN 56601	36-3418205	501(C)3	22,000.	0.			TEMPORARY SHELTER, FOOD, AND SUPPORT SERVICES FOR HOMELESS FAMILIES.
PEACEMAKER RESOURCES P.O. BOX 862 BEMIDJI, MN 56619	45-0507287	501(C)3	7,000.	0.			PREVENTION PROGRAMS THAT PROMOTE CONFLICT MANAGEMENT & COOPERATIVE LIFE SKILLS TO YOUTH.

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

Schedule I-1 (Form 990) 2009

Name of the organization

**BEMIDJI AREA UNITED WAY**

Employer identification number  
**41-1567744**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEXUAL ASSAULT PROGRAM P.O. BOX 1472 BEMIDJI, MN 56619	41-1369558	501(C)3	14,450.	0.			FREE & CONFIDENTIAL ADVOCACY SERVICES FOR SURVIVORS OF SEXUAL VIOLENCE.
TIMBER BAY P.O. BOX 371 BEMIDJI, MN 56619	23-7058853	501(C)3	13,750.	0.			BUILD SUPPORTIVE RELATIONSHIPS WITH AT-RISK YOUTH AND THEIR FAMILIES.
UPPER MISSISSIPPI MENTAL HEALTH CENTER - PO BOX 640 - BEMIDJI, MN 56619	41-0901540	501(C)3	7,950.	0.			PROGRAMS & COUNSELING SERVICES FOR ADULTS, CHILDREN, & FAMILIES FOR CHEMICAL & GAMBLING
VOYAGERS BOY SCOUT COUNCIL 3877 STEBNER RD. HERMANTOWN, MN 55811	41-0695583	501(C)3	8,800.	0.			CHARACTER AND LEADERSHIP BUILDING PROGRAMS FOR MALE YOUTH.
EVERGREEN HOUSE P.O. BOX 662 BEMIDJI, MN 56619	41-1297737	501(C)3	29,775.	0.			EMERGENCY SHELTER FOR YOUTH; RECOVERY HOUSE FOR CHEMICAL DEPENDENT MALES; YOUTH MENTORING PROGRAM
NORTHWOODS INTERFAITH CAREGIVERS 616 AMERICA AVE., STE. 170 BEMIDJI, MN 56601	41-1993133	501(C)3	6,675.	0.			PROVIDES SERVICES FOR SENIORS AND OTHER SPECIAL NEEDS INDIVIDUALS AND FAMILIES.
BEMIDJI SENIOR CENTER 216 3RD ST. NW BEMIDJI, MN 56601	41-1470043	501(C)3	14,450.	0.			ACTIVITIES AND PROGRAMS FOR OLDER ADULTS.

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

Schedule I-1 (Form 990) 2009



**Part IV** Supplemental Information

THEY MUST REPORT ON THEIR SERVICES/PROGRAMS, OBJECTIVES, CLIENTS SERVED, ASSESSMENT TOOLS, AND FINANCES WITHIN THE APPLICATION.

AGENCIES THAT RECEIVE A VENTURE GRANT FROM THE UNITED WAY MUST PROVIDE A WRITTEN REPORT BY DECEMBER 31 THE ORGANIZATION AGREES TO PROVIDE A WRITTEN PROJECT REPORT (ADDRESSING ALL PROPOSED APPLICATION ITEMS AND INCLUDE A FINANCIAL SUMMARY, COPIES OF ALL RECEIPTS ARE REQUIRED) WITHIN 30 DAYS OF THE CONCLUSION OF THE PROJECT OR BY DECEMBER 31. ALL FUNDS MUST BE EXPENDED BY DECEMBER 31.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

UPPER MISSISSIPPI MENTAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS & COUNSELING SERVICES FOR ADULTS, CHILDREN, & FAMILIES FOR CHEMICAL & GAMBLING ADDICTIONS; SEXUAL ABUSE COUNSELING.

**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

BEMIDJI AREA UNITED WAY

Employer identification number

41-1567744

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUS ON ADVANCING THE COMMON GOOD, CREATES A MEANINGFUL DIFFERENCE IN  
THE LIVES OF AREA CHILDREN, YOUTH, AGING ADULTS AND THEIR CAREGIVERS,  
PEOPLE IN CRISIS AND PEOPLE WITH MENTAL AND PHYSICAL DISABILITIES BY  
FOCUSING ON THE BUILDING BLOCKS FOR A GOOD LIFE: EDUCATION-HELPING  
CHILDREN, YOUTH AND ADULTS ACHIEVE THEIR FULL POTENTIAL: INCOME-PROMOTING  
FINANCIAL STABILITY INCREASING SELF-SUFFICIENCY AND  
INDEPENDENCE; AND, HEALTH-IMPROVING PEOPLE'S HEALTH AND SOCIAL  
WELL-BEING, AND PROVIDING EMERGENCY SERVICES. THE UNITED WAY'S AGENDA FOR  
ADVANCING THE COMMON GOOD INCLUDES: INVESTING IN NONPROFIT HEALTH AND  
HUMAN SERVICE PROGRAMS AND SERVICES THAT ADDRESS THE MOST CRITICAL  
NEEDS AND DELIVER THE GREATEST IMPACT POSSIBLE: IMPLEMENTING COMMUNITY  
IMPACT INITIATIVES AND SUPPORT YEAR ROUND PROGRAMS THAT ADDRESS NEW AND  
EMERGING NEEDS; AND, FORMING STRATEGIC PARTNERSHIPS AND COLLABORATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MENTAL AND PHYSICAL DISABILITIES BY FOCUSING ON THE BUILDING BLOCKS FOR  
A GOOD LIFE: EDUCATION - HELPING CHILDREN, YOUTH AND ADULTS ACHIEVE  
THEIR FULL POTENTIAL; INCOME - PROMOTING FINANCIAL STABILITY,  
INCREASING SELF-SUFFICIENCY AND INDEPENDENCE; AND, HEALTH - IMPROVING  
PEOPLE'S HEALTH AND SOCIAL WELL-BEING, AND PROVIDING EMERGENCY  
SERVICES. THE UNITED WAY'S AGENDA FOR ADVANCING THE COMMON GOOD  
INCLUDES: INVESTING IN NONPROFIT HEALTH AND HUMAN SERVICE PROGRAMS AND  
SERVICES THAT ADDRESS THE MOST CRITICAL NEEDS AND DELIVER THE GREATEST  
IMPACT POSSIBLE; IMPLEMENTING COMMUNITY IMPACT INITIATIVES AND SUPPORT  
YEAR ROUND PROGRAMS THAT ADDRESS NEW AND EMERGING NEEDS; AND, FORMING

**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**

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Name of the organization

**BEMIDJI AREA UNITED WAY**

Employer identification number

**41-1567744**

**STRATEGIC PARTNERSHIPS AND COLLABORATIONS.**

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

**OUTCOMES, THE AGENCY'S COLLABORATIVE EFFORTS, THE AGENCY'S ABILITY TO  
EFFECTIVELY MEET COMMUNITY AND CLIENT NEEDS, AND THE ALIGNMENT TO  
UNITED WAY'S FOCUS ON ADVANCING THE COMMON GOOD. THE BOARD OF  
DIRECTORS IS RESPONSIBLE FOR FINAL INVESTMENT DECISIONS WHEN THEY  
APPROVE THE TOTAL ALLOCATION TO PARTNER AGENCIES EACH YEAR.**

**ADDITIONAL INVESTMENTS ARE APPROVED BY THE BOARD OF DIRECTOR TO  
IMPLEMENT COMMUNITY IMPACT INITIATIVES AND PROGRAMS THAT ADDRESS GAPS  
IN RESPONDING TO CRITICAL, NEW AND EMERGING COMMUNITY NEEDS AROUND THE  
AREAS OF EDUCATION, INCOME AND HEALTH.**

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

**COMMUNITY IMPACT INITIATIVES - UNITED WAY IDENTIFIES A LIMITED NUMBER  
OF CRITICAL ISSUES (GAPS IN SERVICES OR EMERGING NEEDS) WHERE WE FEEL  
ACTION IS REQUIRED AND WE WILL DEVELOP IMPACT STRATEGIES/PROGRAMS IN  
RESPONSE. SUCH STRATEGIES INCLUDE: COATS FOR THE COMMUNITY, THE EARNED  
INCOME AND CHILD TAX CREDIT OUTREACH AND AWARENESS CAMPAIGN, AND  
FAMILYWISE, A FREE PRESCRIPTION DISCOUNT CARD FOR THE UNINSURED.  
EXPENSES \$ 1206. INCLUDING GRANTS OF \$ 289. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S BY-LAWS STATE  
ALL MEMBERS ARE THOSE WHO HAVE CONTRIBUTED TIME OR MONEY TO THE  
ORGANIZATION DURING THE PAST 12 MONTHS.**

**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

BEMIDJI AREA UNITED WAY

Employer identification number

41-1567744

FORM 990, PART VI, SECTION B, LINE 11: AN INDEPENDENT CERTIFIED AUDIT, IRS FORM 990, AND CHARITABLE ORGANIZATION ANNUAL REPORT WILL BE CONDUCTED BY A CERTIFIED PUBLIC ACCOUNTANT AND COMPLETED BY JUNE 15 OF EACH YEAR. THE AUDIT WILL BE PREPARED IN ACCORDANCE WITH STANDARDS ESTABLISHED BY THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS. THE CERTIFIED PUBLIC ACCOUNTANT THAT COMPLETED THE AUDIT WILL PRESENT HIS/HER FINDINGS AT THE AUGUST BOARD MEETING EACH YEAR FOR APPROVAL. THE AUDITOR REPORT WILL BE MADE AVAILABLE TO ALL POTENTIAL AND CURRENT DONORS UPON REQUEST. INFORMATION ON THE IRS FORM 990 WILL BE MADE AVAILABLE TO THE PUBLIC VIA SEVERAL ON-LINE FUNDERS' SITES.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS, ALLOCATION COMMITTEE MEMBERS, AND UNITED WAY STAFF ARE GIVEN A CONFLICT OF INTEREST POLICY TO SIGN AT THE BEGINNING OF EACH YEAR. A STANDING AGENDA ITEM ASKING IF THERE ARE ANY APPARENT CONFLICTS OF INTEREST IS AT THE BEGINNING OF ALL AGENDAS FOR MEETINGS HELD WITH THE BOARD OF DIRECTORS AND THE ALLOCATIONS COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: PERFORMANCE EVALUATION PROCESS

UWBA EXECUTIVE DIRECTOR AND ALL OTHER OFFICE STAFF WILL BE EVALUATED ANNUALLY DURING THE MONTH OF NOVEMBER, PRIOR TO THE DECEMBER BOARD OF DIRECTORS MEETING. AT THIS TIME, DISCUSSION OF DISCHARGE OF ALL RESPONSIBILITIES AND GOALS WILL BE DISCUSSED.

THE EXECUTIVE DIRECTOR PROVIDES SALARY REVIEWS TO THE EXECUTIVE COMMITTEE OF THE EXECUTIVE DIRECTOR AND ADMINISTRATIVE ASSISTANT EVERY TWO YEARS,

**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

BEMIDJI AREA UNITED WAY

Employer identification number

41-1567744

PRIOR TO THE EVALUATIONS BEING COMPLETED.

**EXECUTIVE DIRECTOR REVIEW PROCESS**

1) IN EARLY OCTOBER, THE BOARD SECRETARY WILL DISTRIBUTE THE ANNUAL PERFORMANCE REVIEW (APR) EVALUATION FORM TO ALL BOARD MEMBERS, THE ALLOCATION COMMITTEE CHAIR, AND THE CAMPAIGN CHAIR(S). THE SECRETARY WILL COLLECT ALL APR FORMS UNTIL THE DEADLINE AT THE END OF THE MONTH AND THEN COMPILE THE AVERAGE SCORES ON EACH EVALUATION ITEM.

2) THE EXECUTIVE DIRECTOR WILL ALSO COMPLETE AN APR EVALUATION FORM TO RATE HIS/HER OWN PERFORMANCE. THE APR FORM WILL BE GIVEN TO THE SECRETARY.

3) THE SECRETARY WILL SHARE THE APR RESULTS WITH THE EXECUTIVE COMMITTEE MEMBERS AT A SEPARATE MEETING, ABSENT THE DIRECTOR, ASAP AFTER THE DEADLINE OR CLOSE TO THE NOVEMBER EXECUTIVE COMMITTEE MEETING. THE EXECUTIVE COMMITTEE WILL GRANT A SALARY PACKAGE BASED ON THE COST OF LIVING, SATISFACTORY COMPLETION OF THE JOB RESPONSIBILITIES, GOALS, MERIT, AND MARKET VALUE.

4) THE PRESIDENT WILL CONTACT AND MEET WITH THE DIRECTOR TO REVIEW THE RESULTS OF THE EXECUTIVE COMMITTEE SPECIAL PERSONNEL MEETING AND PRESENT THE TERMS OF THE CONTRACT FOR THE FOLLOWING YEAR. THE PRESIDENT WILL ALSO REVIEW WITH THE EXECUTIVE DIRECTOR, HER COMMUNITY INVOLVEMENT (I.E., SERVING ON LOCAL BOARDS AND ORGANIZATIONS) AND IDENTIFY NEW OPPORTUNITIES AND/OR CHANGES.

**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.

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5) THE SALARY RECOMMENDATIONS WILL BE ENTERED INTO THE BUDGET FOR FINAL  
APPROVAL AT THE DECEMBER BOARD OF DIRECTORS MEETING.

THE EXECUTIVE DIRECTOR SHALL BE ELIGIBLE FOR A SALARY ADJUSTMENT IN  
TWELVE-MONTH INTERVALS BASED ON THE CALENDAR YEAR.

OFFICE STAFF REVIEW PROCESS TO DETERMINE COMPENSATION

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR ADMINISTERING THE EMPLOYEE  
REVIEWS FOR ALL OTHER OFFICE STAFF. BOTH THE EXECUTIVE DIRECTOR AND THE  
INDIVIDUAL EMPLOYEE ARE EXPECTED TO COMPLETE A PERFORMANCE REVIEW FORM. THE  
RESULTS WILL BE COMPARED AND DISCUSSED. RESULTS WILL THEN BE SHARED WITH  
THE EXECUTIVE COMMITTEE ALONG WITH A SALARY RECOMMENDATION FROM THE  
EXECUTIVE DIRECTOR FOR THE EMPLOYEE BY THE END OF NOVEMBER. SALARY  
ADJUSTMENTS SHALL BE GRANTED ON THE BASIS OF JOB PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19: THEY ARE AVAILABLE UPON REQUEST.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

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

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

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

Type or print	Name of Exempt Organization	Employer identification number
	BEMIDJI AREA UNITED WAY	41-1567744
	Number, street, and room or suite no. If a P.O. box, see instructions 201 3RD STREET P.O. BOX 27	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions BEMIDJI, MN 56619-0027	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**THE ORGANIZATION**

- The books are in the care of ▶ 201 3RD STREET P.O. BOX 27 - BEMIDJI, MN 56619-0027  
Telephone No ▶ (218) 444-8929 FAX No ▶ (218) 444-8928

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶ ☒ calendar year 2009 or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)