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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury

Open to Public Inspection

		enue Service			ay have to use a copy of this i	•			<u> </u>		<u>·</u>
	For the	he 2009 calen	<u>dar year,</u>	or tax year beginni	ng 2/01	, 2009, and endi	$\frac{1}{2}$	<u>′31</u>		, 2010	
В	Check	if applicable.	Please use	C						fication Number	
	∐ Ac	ddress change	IRS label	Brookings A	rea United Way			23-	7151 ₄	498	
	∏ _{Na}	ame change	or print or type.	PO Box 750				E Telepho	ne numb	er	
	\square_{In}	itial return	See specific	Brookings,	SD 57006			605	-692-	-2515	
	\vdash	ermination	Instruc- tions.								
	H	mended return	101131					G Gross re	acounte 9	558	,268.
	\vdash		E Name	and address of principal of	theor.		H(a) Is this	a group return			X No
	L AF	pplication pending		• •	nicer		1	Il affiliates incli		rates? Yes	P No
				As C Above			1 ' '	,' attach a list			
<u></u>		-exempt statu				a)(1) or 527	4		_		
<u>J</u>				sunitedway.c	org			exemption nu			
<u>K</u>		n of organization	X Corpor	ation Trust A	Association Other	L Year of Form	ation 195	55 M/s	tate of le	egal domicile SD	
Pa	rt I	Summ									
	1	Briefly descri	be the or	ganızatıon's mıssıor	n or most significant act	ivities <u>To brin</u>	g posi	<u>tive ch</u>	<u>ange</u>	<u>s to the </u>	
ø		local co	mmunit	y, to inspir	e hope, and cre	eate opportun	ities	for a h	ette	er tomorro	2W
Activities & Governance		through.	the co	llection of	donations and d	distribution	of fun	ds_to_a	igenc	ies_in_th	1e
Ĕ		Brooking	s_area	in_need_of_	financial assis	stance					
Š	2	Check this bo	ox ►	if the organization	discontinued its operation	ons or disposed of n	nore than	25% of its	assets	•	
Ö			-	_	ing body (Part VI, line 1	•			3		11
စ္စ					of the governing body (F	Part VI, line 1b)	•		4		0
ŧ				yees (Part V, line 2					5		1
₹				teers (estimate if ne					6		63
		-			om Part VIII, column (C), line 12			7 a		0.
2011	b	Net unrelated	d busines:	s taxable income fro	om Form 990-T, line 34				7b		0.
~								Prior Year		Current Y	
€				nts (Part VIII, line 1				514,7	09.	557	,436.
J'Heverlue		-		nue (Part VIII, line 2		•					
_ <u>š</u>	10				, lines 3, 4, and 7d)	•		5,7	53.		832.
5	11				s 5, 6d, 8c, 9c, 10c, and						
_	12	Total revenue	e – add l	ines 8 through 11 (r	nust equal Part VIII, col	umn (A), line 12)		520,4			<u>,268.</u>
3]	13	Grants and s	ımılar am	ounts paid (Part IX	, column (A), lines 1-3)			458,4	00.	357	<u>,645.</u>
2	14	Benefits paid	to or for	members (Part IX,	column (A), line 4).						
	15	Salaries, oth	er compe	nsation, employee l	penefits (Part IX, columi	n (A), lines 5-10)		26,7	60.	28	,759.
Sec	16a	Professional	fundraisir	no fees (Part IX. co	lumn (A), line 11e) .						
Expenses	l			nses (Part IX, colur		55,842					
丒	I		-			33,642	<u> </u>	40.0	1 4		
		•	-		s 11a-11d, 11f-24f) .			40,0			<u>, 829.</u>
		-			ual Part IX column (A)	小匠 图		525,1	-		<u>, 233.</u>
		Revenue less	s expense	es Subtract line 18	from line 12	S		-4,7	12.	114	<u>,035.</u>
Net Assets or Fund Balancos	ļ					- 10	Beg	inning of Y		End of Ye	
	20	Total assets	(Part X, I	ine 16).	8 JUL # 2	7011		294,8	84.	685	,736.
\$ B	21	Total liabilitie	es (Part X	(, line 26)	0	JA:		3	89.		<u>340.</u>
žį	22	Net assets o	r fund bal	ances Subtract line	21 from line 20	NI III		294,4	95.	685	,396.
Pa	irt II		ure Blo		CAT. D. J.	المراج المراج					
		Under penalti	es of periury.	. I declare that I have exam	nined this return, including acco	mpanying schedules and s	tatements, ar	nd to the best o	of my kno	wledge and belief.	ıtıs
		true, córrect,	and complete	Declaration of preparer	(other than officer) is based on a	all information of which pre	parer has an	y knowledge	Ż	1.	
Sig	n	→ × /	KH	H / Mus	her /			(0)	124	9///	
He	re	Signetare	of officer	, , , , , , , , , , , , , , , , , , ,			Ċ	Date			
		>	,								
		Type or p	rint name ar	nd title	 						
_		*	<i>T</i> .	<u> </u>		Date		Check if	Pr	eparer's identifying se instructions)	number
Pa	id		100	DIM				self-		ee instructions)	
Pr		Preparer's signature	► Nat	han Kinner		(6/78/	2011	employed P	닠。	01250414	
pa	rer's	,			I+A	10/00/	W ! !		12	01700414	
Us	е	yours if self-		ner & Compan		- -		4	c ^4	00356	
Or	ıly	employed), address, and		3rd Ave, P.						00356	
_		ZIP + 4		ookings, SD 5			ļ	Phone no	605-	-692-2515	
					hown above? (see instri					X Yes	No (2000)
RA	A FO	r Privacy Act	апо Раре	rwork Reduction A	ct Notice, see the separ	ate instructions.		TEEA0113L	. 12/29/	/∪9 ⊦orm 99	(2009)

	1 990 (2009)	Brookings A							23-7	15149	8		Page 2
(Pa		tement of Progi			<u>omplish</u>	ments							
1		be the organization	's mission	:									
	See Schee	dule_0											
					. – – – .								
					· 								
2	Did the organ	nization undertake a	ny signific	ant progra	m service:	during the	ear which w	vere not liste	d on the prior				
	Form 990 or		, ,	, ,							Yes	X	No
	•	ribe these new serv								_			
3		nization cease cond			ficant cha	nges in how i	t conducts,	any progran	n services?		Yes	X	No
_		ribe these changes											_
4	Describe the and 501(c)(4)	exempt purpose ac) organizations and	nievement section 49	is for each 947(a)(1) tr	of the orgusts are r	anization's th equired to rei	ree largest poort the amo	program ser ount of grant	vices by exper s and allocatio	ises Se ns to otl	ction 5 ners. t	01(c) he tot	(3) al
	expenses, an	id revenue, if any, f	or each pr	ogram serv	rice report	ed.		J			,		
4 a	(Code:) (Expenses	\$	370,54	1. includ	ling grants of	\$) (Revenue	\$)
	Donate m	onies to age	ncies .	in_the_	Brooki	ngs area	in need	d of fin	ancial as	<u>sista</u>	nce.		
													
												-	
								. 					
41	(Code.) (Expenses	\$		includ	ling grants of	\$		_) (Revenue	\$)
	·					3 3				· 			
													
40	(Code) (Expenses	\$		includ	ling grants of	. \$) (Revenue	Ś			١
		, (2.1p 0.1300	`				*			· —			—′
					. 								
								-					 -
40	Other progra	m services (Descri	be in Sche	dule O)									
	(Expenses	\$		ncluding gi) (Revenu	e \$)	
46	Total program	m service expenses	5 ▶	3	70,541								

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X **Section 501(c)(3) organizations**. Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* . . . 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Schedule D. Part IV Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х X as applicable 11 • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

20

Form 990 (2009) Brookings Area United Way

Part W Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and It	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III.	22		_X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ı	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? If 'Yes,' complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	-jy H 2	X
		20a		
ļ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
RA/		Form	aan i	ronnav

Form **990** (2009)

			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the			
21	calendar year ending with or within the year covered by this return . 2a 1	٥.	<u></u>	
21	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
38	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
t	of 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
t	olf '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.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
t	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		,
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders			
t	or Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form **990** (2009)

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.

		Governing Body and Manag	,								
					1			ا		Yes	No
		number of voting members of the			•	1a		11			
		number of voting members that are				1 b					
2	Did any officer, d	fficer, director, trustee, or key emp rector, trustee or key employee?	loyee have a f	amıly relatıon: ·	ship or a business re	elations	hip with a	ny other	2		X
3	Did the o	ganization delegate control over m , directors or trustees, or key empl	anagement du oyees to a ma	ties customar nagement coi	rly performed by or umpany or other pers	under th	ne direct s	supervision	3		Х
4		ganization make any significant ch prior Form 990 was filed?	anges to its or	ganızatıonal o	documents				4		X
5		ganization become aware during th	ne year of a ma	aterial diversi	on of the organizatio	on's ass	ets?		5		X
6	Does the	organization have members or stoo	kholders?.						6		X
7 a	Does the	organization have members, stockl body?	nolders, or oth	er persons wh	no may elect one or	more m	nembers o	of the	7a		Х
b	Are any	ecisions of the governing body sub	ject to approva	al by member	s, stockholders, or o	ther pe	rsons?.		7 b	Х	
8	Did the o	ganization contemporaneously docing	ument the me	etıngs held or	written actions unde	ertaken	during th	e year by			
а	The gove	rning body?							8a	Х	
b	Each cor	imittee with authority to act on beh	alf of the gove	rning body?	• •	• • •			8ь	X	
		ny officer, director or trustee, or ke on's mailing address? If 'Yes,' pro							9		Х
		Policies (This Section B re	equests info	ormation ab	out policies not	requir	ed by th	e Internal			
Reve	nue Code)				•			ī	v	
10 -	Doos tho	organization have local chapters, b	ranchos or af	filiates?				[10 a	Yes	No X
		• • •	·		•	of cuch	abantara	offiliator	104		
U	and bran	oes the organization have written p thes to ensure their operations are	consistent with	h those of the	organization?	oi sucii	chapters,	aiiliales,	10 Ь		
		rganization provided a copy of this					-		11	l	X
11 A	Describe	in Schedule O the process, if any,	used by the or	ganization to	review this Form 990	o Se	e Sche	dule 0	r		
		organization have a written conflict	•	, , ,					12a	Х	
	to conflic		•			•		ļ	12b	х	
					mpliance with the po	olicy? <i>If</i>	' 'Yes,' de	scribe in	12 c	Х	
		organization have a written whistle							13	-:	X
		organization have a written docum							14	_X	
		rocess for determining compensation comparability data, and contemporate contemporate for the			nclude a review and deliberation and de	l approv ecision?	al by inde	ependent			
	-	nization's CEO, Executive Director,		ement official				ŀ	15 a	Х	
b		cers of key employees of the organ				•			15 b		<u> X</u>
		line 15a or 15b, describe the proce		•	•						
	entity du	ganization invest in, contribute assing the year?				Ĭ	•	ļ	16a		X
b	lf 'Yes,' l in joint v status wi	as the organization adopted a writt inture arrangements under applicat h respect to such arrangements?	en policy or pr ple federal tax	ocedure reque law, and take	ring the organization in steps to safeguard	n to eva d the or	aluate its j ganization	participation n's exempt	16b		
Sec		Disclosures	~	···	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·]		
17	List the s	tates with which a copy of this Forn	n 990 is requir	ed to be filed	► None						_
18	Section 6	104 requires an organization to mand in the second	ke its Forms 1 ailable Check	023 (or 1024 all that apply	ıf applicable), 990, a	and 990	-T (501(c)	(3)s only) av	aılabl	e for p	public
	∟	website Another's web		X Upon red	•						
19	Describe statemer	in Schedule O whether (and if so, has available to the public. See	now) the organ Schedule	nization makes O	s its governing docur	ments,	conflict of	interest poli	cy, ar	nd fina	incial
		name, physical address, and telep .ngs_Area_United_Way_Po							anızatı — — —	on: -	

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Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average hours		_			hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Kristen Asche										
Director	2	X					ļ	0.	0.	0.
LaShelle Bruinsma								_		_
Director	2	Х						0.	0.	0.
Tim Meland		l								•
Director	2	Х						0.	0.	0.
Craig Tschetter						'	İ			_
Director	2	X				ļ	<u> </u>	0.	0.	0.
<u>Jeff Kjenstad</u>	_									•
Director	5	X				<u> </u>	_	0.	0.	0.
Patty Jorgenson		١								•
Director	2	Х	<u> </u>				_	0.	0.	0.
Rich Widman		١								•
Director	2	X	<u> </u>		_	-	<u> </u>	0.	0.	0.
Dick Smith		١,,					1		•	•
Director	2	X	-		Щ.			0.	0.	0.
Barb Koenders	2			v				0.	0.	0
Secretary				Х			-	0.	υ.	0.
Vince Eberhart	5			Х				0.	0.	0
President Jason Harms	3	-	-	^		-	-	0.	0.	0.
Vice President	2			Х				0.	0.	0.
Jackie McCord			_	^	\vdash		├	0.	0.	<u> </u>
Treasurer	5			Х	Ì			0.	0.	0.
Lisa Bender	-	 	⊢	_	┝	 	-	0.	0.	<u>0.</u>
Executive Direc	32		l		x			23,000.	0.	0.
Executive Direc	<u> </u>	 	H	\vdash	Ĥ	\vdash	-	23,000.		
									, ,,,,,,,,,	

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyee	s (coi	nt.)
(A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week	ndividual trustee	nsttutional trustee	Officer		ম Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo com fi org ar	stimated unt of other other of other	ner on n d
								<u> </u>				
										_		
											_	
					<u></u>			· -				
									- <u></u>			
									-			
1 b Total							>	23,000.	0.			_0
2 Total number of individuals (including but not limite from the organization ► 0	d to the	se li	stec	i ab	ove)	wh	o re	ceived more than	\$100,000 in report	able co	npens	ation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trus	tee,	key	emp	ploy	ee, e	or hi	ghest compensat	ed employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to			mpe 00?	nsa If 'Y	tion ′es′	and com	l oth	er compensation e Schedule J for	from such	4		X
 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc 	ompens	satio	n fro	om a	any erso	unre	elate	d organization fo	services	5		X
Section B. Independent Contractors												
 Complete this table for your five highest compensa- compensation from the organization. 	ted inde	pen	dent	cor	ntra	tors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	ss							(B Description (of Services	Compe	C) ensatio	<u>n</u>
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to ti	nose	lıst	ed a	above) who receiv	ed more than			

Pa	rt VIII Statement of Revenue				, <u>.</u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
IS, GIFTS, GRANTS IMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
IE CONTRIBUTION AND OTHER S	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f: h Total. Add lines 1a-1f Business Code	557,436.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2a b c d e f All other program service revenue				
R	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds	1,040.	1,040.		
	(i) Real (ii) Personal 6a Gross Rents . b Less rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)				
	` '	-208.	-208.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$	-			
	9a Gross income from gaming activities See Part IV, line 19 . a b Less: direct expenses b	_			
	c Net income or (loss) from gaming activities	F			
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b				
		=			
	Miscellaneous Revenue Business Code 11 a b				
	d All other revenue.				
	C Totali rida ililos tra tra	► 558,268.	832.	0.	0.
	I - I Arai Le Actine i OCC 1112/1/0/(10112	1 330,200.	1 632.	U.	<u>ı 0.</u>

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
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	357,645.	357,645.		
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	23,000.	5,750.	5,750.	11,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,000.	1,000.	1,000.	2,000.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,759.	440.	439.	880.
11 Fees for services (non-employees)				
a Management		_		
b Legal	15,484.	3,871.	3,870.	7,743.
c Accounting				
d Lobbying				
Prof fundraising svcs. See Part IV, In 17 Investment management fees				
g Other				
12 Advertising and promotion	5,627.	124.	124.	5,379.
13 Office expenses	2,151.	213.	213.	1,725.
14 Information technology				
15 Royalties				··· ··· ·
16 Occupancy				
17 Travel				
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				
22 Depreciation, depletion, and amortization	1,791.	448.	448.	895.
23 Insurance	1,024.	257.	256.	511.
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 InKind Promotion	21,650.			21,650.
b Dues	5,244.		5,244.	, , , , , , , , , , , , , , , , , , , ,
c Printing and Publications	2,547.	-		2,547.
d Telephone	941.	235.	235.	471.
e Postage and Shipping	732.	398.	111.	223.
f All other expenses	638.	160.	160.	318.
25 Total functional expenses. Add lines 1 through 24f	444,233.	370,541.	17,850.	55,842.
26 Joint costs. Check here □ 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				
ВАА				Form 990 (2009)

29 Permanently restricted net assets

33 Total net assets or fund balances

30 Capital stock or trust principal, or current funds

lines 30 through 34.

Organizations that do not follow SFAS 117, check here ▶

31 Paid-in or capital surplus, or land, building, and equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

29

30

31

32

33

685,396.

294,495.

Balance Sheet (A) Beginning of year End of year 355,641. 240,769. 1 Cash - non-interest-bearing 56,051 2 54,977. 2 Savings and temporary cash investments 271,850. 3 Pledges and grants receivable, net -1,9363 4 4 Accounts receivable, net 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 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. | 10a 6,002. Complete Part VI of Schedule D 10b 3,631 10 c 2,371. **b** Less: accumulated depreciation. 11 Investments - publicly-traded securities 11 897. 12 12 Investments – other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 294,884 16 685,736. 389. 340. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 389. 26 340. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 294,495. 27 685,396. 27 Unrestricted net assets 28 Temporarily restricted net assets 28

 \$ 34 Total liabilities and net assets/fund balances.
 294,884. 34 685,736.

 BAA
 Form 990 (2009)

and complete

Part At Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit,		Х
If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O.	plain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both	were issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	rth in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergor audits, explain why in Schedule O and describe any steps taken to undergo such audits.	to the required audit 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Total

nonexempt charitable trust. Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Brookings Area United Way 23-7151498 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.) A church, convention of churches or association of churches described in section 170(bX1XAXi). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III- Other Type III - Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) 11 g (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? 11 g (iii) Provide the following information about the supported organizations (v) Did you notify the organization in col (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of Support (i) Name of Supported Organization (ii) EIN (iv) Is the (vi) Is the nization in col listed in your organization in col (i) organized in the governing document? Yes No Yes No Yes No

BAA 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

Pai	(Complete only if you check	-				u 170(b)(1)(A))(VI)
Sec	tion A. Public Support	ed the box on line	5, 7, 01 8 01 Fait	1)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	379,497.	411,873.	458,155.	507,936.	557,436.	2,314,897.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	379,497.	411,873.	458,155.	507,936.	557,436.	2,314,897.
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).						0.
	Public support. Subtract line 5 from line 4						2,314,897.
Sec	tion B. Total Support	r				 	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	379,497.	411,873.	458,155.	507,936.	557,436.	2,314,897.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	165.	231.	1,921.	5,754.	832.	8,903.
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	1,684.	774.				2,458.
11	Total support. Add lines 7 through 10						2,326,258.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	I stop here	,	d, third, fourth, c	or fifth tax year as	s a section 501(c)(3)
	tion C. Computation of Pu				· · · · · · · · · · · · · · · · · · ·		·
	Public support percentage for 20	• •	•	e 11, column (f).		14	99.5%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			. 15	99.5%
16 a	a 33-1/3 support test – 2009. If th and stop here. The organization				the line 14 is 33	-1/3 % or more,	check this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization				, and line 15 is 3	3-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	re. Explain in Pai	rt IV how
1	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	i' test, check this ation qualifies as	box and stop her a publicly suppo	e. Explain in Pai rted organization	rt IV how the ►
18 BAA	Private foundation. If the organ	ization did not che	ck a box on line,	13, 16a, 16b, 17a			
	<u>L</u>				5 Cl	neuule 🗚 (Form :	990 or 990-EZ) 2009

Brookings Area United Way 23-7151498 *Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons . **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (f) Total (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total support. (add Ins 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

organization,	check this box a	and stop here		•	·
ection C. Con	putation of F	Public Support	Percentage	,	

15Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))15%16Public support percentage from 2008 Schedule A, Part III, line 15.16%

Section	D.	Com	putation	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
10 -	22-1/3 support tests = 2009. If the organization did not check the box, on line 1/1, and line 15 is more than 33-1/3%, and line

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 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

18

▶

%

%

Schedule A	(Form 9	90 or 9	0-EZ) 2	2009	Broo	kings	Area	a Un	ited	Way		xplanations additional		23-7 <u>15</u>	1498	Pa	ge 4
PartIV	Supple	ement	al Info	rmat	ion. C	omplete	this	part	to pr	ovide	the ex	xplanations	s requi	red by	Part II,	line 10;	
	Part II	, line 1	7a or	17b;	and P	art III, I	ine 12	2. Pr	ovide	any	other a	additional	ınform	ation. S	See inst	ructions.	
												-					
				- - -													
			_	. _													
				. – – -													
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	- -																
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Schedule A (Form 990 or 990-EZ) 2009

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009	Schedu	ıle	A, Part	IV	- Sup	ple	me	ntal I	nfo	rm	ation		Page
ent 1002					s Area								23-715149
8/11													02 42F
Part II, Line 10 - Oth	ner Income												
Nature and Sour	<u>ce</u>		2009		2008			2007			2006	2	005
Other	Total	\$	0.	\$		0.	\$		0.	\$	774. 774.	<u> </u>	1,684. 1,684.
				=			==						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection Employer Identification number

Brookings Area United Way

				23-7151498
Par	tl Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Sin o Form 990, Part IV, line 6.	nilar Funds or Acco	unts Complete if
		(a) Donor advised funds	(b) Fu	inds 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 dor funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	the benefit of the donor or donor adv	t grant funds may be visor or for any other	Yes No
Par	t II Conservation Easements Comple	ete if the organization answer	ed 'Yes' to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that app	oly)	
	Preservation of land for public use (e.g., r	ecreation or pleasure) Pre	servation of an historica	lly important land area
	Protection of natural habitat	Pre	servation of certified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation con	tribution in the form of a	conservation easement on the
				Held at the End of the Year
а	Total number of conservation easements		. 2a	
b	Total acreage restricted by conservation ease	ments .	2 b	
c	Number of conservation easements on a certi	fied historic structure included in (a)	2 c	
d	Number of conservation easements included i	n (c) acquired after 8/17/06	2 d	
3	Number of conservation easements modified,	transferred, released, extinguished,	or terminated by the org	anization during the tax
	year ►			
4	Number of states where property subject to co			
5	Does the organization have a written policy re and enforcement of the conservation easement Staff and volunteer hours devoted to monitorial	nt it holds?		tions, Yes No
Ū	during the year	ng, inspecting, and emorcing conser	vation casements	
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservatio	n easements \$	
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requiren	nents of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue to the organization's financial statem	e and expense statement, ents that describes the	and balance sheet, and organization's accounting for
Par		ctions of Art. Historical Treas	sures, or Other Sim	ilar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part	t IV, line 8.	
	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	lic exhibition, education, or research ents that describes these items.	in furtherance of public	service, provide, in Part XIV,
t	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, to report in its revenue lic exhibition, education, or research	statement and balance s in furtherance of public	sheet works of art, historical service, provide the following
	(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 a amounts required to be reported under SFAS	ort, historical treasures, or other simil 116 relating to these items:	lar assets for financial ga	ain, provide the following
a	Revenues included in Form 990, Part VIII, line	e 1		► \$
t	Assets included in Form 990, Part X			►\$. ►\$

Schedule D (Form 990) 2009	Brookings Area United Way	23-7151498	Pag
Part III Organizations	Maintaining Collections of Art. Historical	Treasures, or Other Similar Assets (co	ntinued)

Fart III Organizations maintai	ming conect	ions of Art, mist	nicai ireasures, oi	Other Jillian Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	on accession an	d other records, che	ck any of the following	that are a significant us	e of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIV.		tions and explain ho	w they further the organ	ization's exempt purpo	se in
5 During the year, did the organizat assets to be sold to raise funds re					Yes No
Part IV Escrow and Custodial 9, or reported an amou	Arrangeme	nts Complete if c	rganization answer	red 'Yes' to Form 9	90, Part IV, line
1a Is the organization an agent, trus included on Form 990, Part X?		· · · · · · · · · · · · · · · · · · ·		ner assets not	
					∐ Yes ☐ No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ing table		
					Amount
c Beginning balance .				1c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form	990, Part X, line 213	?	•	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV				
Part V Endowment Funds Cor	mplete if orga	anızatıon answer	ed 'Yes' to Form 99	00, Part IV, line 10.	
	(a) Current yea	r (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a 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	e of the vear en	d balance held as:		······································	-
a Board designated or quasi-endow		*			
b Permanent endowment	*	···			
c Term endowment					
3a Are there endowment funds not a organization by	n the possessio	n of the organization	that are held and admi	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ıı), are the related of	organizations lis	ted as required on S	chedule R? .		3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B				. line 10.	
Description of investment		Cost or other basis (investment)		(c) Accumulated Depreciation	(d) Book Value
1a Land					
b Buildings	.				
c Leasehold improvements .				***	
d Equipment			6,002.	3,631.	2,371.
e Other			, , , , , , , , , , , , , , , , , , ,		
Total. Add lines 1a through 1e (Column	n (d) must eaua	l Form 990. Part X	column (B). line 10(c))	•	2,371.
BAA	(5)500 0444		(2), 1110 10(0).)	Scher	dule D (Form 990) 2009
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Schedule D (Form 990) 2009 Brookings Area Uni	ted Way	23-7151498	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	_		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶			
Part VIII Investments-Program Related (See F	orm 990, Part X, Iır	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
	ļ		
	<u> </u>		
			
			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X,	line 15) N/A		!
		(h) Poole val	
(a) De	scription	(b) Book val	ue
- · · · · · · · · · · · · · · · · · · ·			
			
	·		
	-		
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15)	>	
Part X Other Liabilities (See Form 990, Part		I	
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
)
			į
		7	ļ
		7	i
		┪	
· · · · · · · · · · · · · · · · · · ·		-	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►		-	
	note to the organization's	s financial statements that reports the organization's I	iability
2. FIN 48 Footnote In Part XIV, provide the text of the foot for uncertain tax positions under FIN 48	to the organization:	o mandar statements that reports the organization's i	Judinity

Sche	edule D (Form 990) 2009 Brookings Area United Way	23-7151498	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		558,268.
2	Total expenses (Form 990, Part IX, column (A), line 25)		444,233.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		114,035.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		114,035.
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	558,268.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants	. [
	d Other (Describe in Part XIV) 2d		
•	e Add lines 2a through 2d	2e	550.060
3	Subtract line 2e from line 1	3	558,268.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	}	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	4c	FF0 260
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	558,268.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 1	444,233.
1	Total expenses and losses per audited financial statements		444,233.
	Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities		
	b Prior year adjustments		
	C Other losses 2c	\dashv \mid	
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	444,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	444,233.
Pa	rt XIV Supplemental Information		
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete thirmation.	t IV, lines 1b and s part to provide a	2b; Part V, any additional
		- -	

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Schedule **D** (Form 990) 2009

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scriedule b (Form 990) 2009 BIOOKINGS Area Unified way	23-7131496 Page 5
Pan(刘) Supplemental Information (continued)	
	
	

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Schedule **D** (Form 990) 2009

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SCHEDULE I

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

23-7151498

Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

Brookings Area United Way

Yes 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

% X

≽ ▲ 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	(Form 990) if addi	tional 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
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations				A ' 4	0

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

3 Enter total number of other organizations

Page 2 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. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 23-7151498 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Brookings Area United Way (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Peril

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization	Employer identification number
Brookings Area United Way	23-7151498
<u>Form 990, Part III, Line 1 - Organization Mission</u>	
To bring positive changes to the local community, to inspire ho	pe, and create
opportunities for a better tomorrow through the collection of donations and	
distribution of funds to agencies in the Brookings area in need	of financial
assistance	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The finanical statements and tax returns are submitted to the	oard of Directors for
review and approval, which may or may not occur prior to the fi	ling of the completed
tax returns.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
The organization monitors and enforces any conflicts that may a	rise with planning
and strategies of research programs and business growth.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The organization makes its governing documents, conflict of int	erest policy, and
financial statements available to the public upon request.	

Schedule O (Form 990) 2009 Name of the organization	Page 2
	Employer identification number
Brookings Area United Way	23-7151498
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