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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

G Accounting method Cash Accrual Other (specify) ► _____

I Website: ► NORTHWOODSUNITEDWAY.ORG

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 188,070

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

| | | |
|------------|---|------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 178,180 |
| | 2 Program service revenue including government fees and contracts | 2 |
| | 3 Membership dues and assessments | 3 |
| | 4 Investment income | 4 756 |
| | 5a Gross amount from sale of assets other than inventory | 5a |
| | b Less cost or other basis and sales expenses | 5b |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| | 6 Gaming and fundraising events | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| Expenses | b Gross income from fundraising events (not including \$ 8,778 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) | 6d 4,254 |
| | c Less direct expenses from gaming and fundraising events | 6c 4,524 |
| | d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) | |
| | 7a Gross sales of inventory, less returns and allowances | 7a |
| | b Less cost of goods sold | 7b |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| | 8 Other revenue (describe in Schedule O) | 8 356 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 183,546 |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 163,750 |
| Net Assets | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits | 12 16,929 |
| | 13 Professional fees and other payments to independent contractors | 13 3,500 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 100 |
| | 15 Printing, publications, postage, and shipping | 15 2,015 |
| | 16 Other expenses (describe in Schedule O) | 16 27,099 |
| | 17 Total expenses. Add lines 10 through 16 | 17 213,393 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 -29,847 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 243,508 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 0 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 213,661 |

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

| | | (A) Beginning of year | (B) End of year |
|--|--|------------------------------|------------------------|
| 22 Cash, savings, and investments | | 109,103 | 22 105,332 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 135,533 | 24 109,453 |
| 25 Total assets | | 244,636 | 25 214,785 |
| 26 Total liabilities (describe in Schedule O) | | 1,128 | 26 1,124 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 243,508 | 27 213,661 |

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE NORTHWOODS UNITED WAY, INC , A LOCALLY DIRECTED ORGANIZATION, WORKS TO IMPROVE LIVES IN FOREST, ONEIDA AND VILAS COUNTIES BY MOBILIZING COMMUNITY RESOURCES AND STRATEGICALLY INVESTING IN HUMAN SERVICE PROGRAMS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 ALLOCATIONS WERE MADE TO 37 NONPROFIT AGENCIES IN FOREST, ONEIDA, AND VILAS COUNTIES
(Grants \$ 0) If this amount includes foreign grants, check here **Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

29(Grants \$) If this amount includes foreign grants, check here **29a** 163,750**30**(Grants \$) If this amount includes foreign grants, check here **30a****31 Other program services** (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32** 163,750**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|-----------------------------|---|---|--|---|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | No |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | No |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | No |
| b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions) | 35b | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | No |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► | 37a | 0 |
| b Did the organization file Form 1120-POL for this year? | 37b | |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | No |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations. Enter | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0 | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | No |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0 | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0 | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 List the states with which a copy of this return is filed ► WI | | |
| 42a The organization's books are in care of ► TRACY BECKMAN Telephone no ► (715) 369-0440 | | |
| PO BOX 177 Located at ► RHINELANDER, WI ZIP + 4 ► 54501 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | No |
| If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | No |
| If "Yes," enter the name of the foreign country ► _____ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► | 43 | |
| 44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 44a | No |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 44d | |

| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ | <input type="checkbox"/> 45 | <input type="checkbox"/> No |
| 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ | <input type="checkbox"/> 45a | <input type="checkbox"/> No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> 46 | <input type="checkbox"/> No |

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> 47 | <input type="checkbox"/> No |
| 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> 48 | <input type="checkbox"/> No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> 49a | <input type="checkbox"/> No |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> 49b | <input type="checkbox"/> |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" | | |

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

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

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

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

51(d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

| | | | | |
|---------------------------------|--|------------------------------|---|--|
| Sign Here | ***** Signature of officer TRACY BECKMAN EXECUTIVE DIRECTOR Type or print name and title | 2011-07-27 Date | | |
| | Preparer's signature RANDALL H BEARD CPA | Date 2011-07-27 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
| Paid Preparer's Use Only | Firm's name (or yours if self-employed), address, and ZIP + 4 WIPFLI LLP 43A W DAVENPORT ST RHINELANDER, WI 54501 | EIN <input type="checkbox"/> | | |
| | | | | Phone no <input type="checkbox"/> (715) 369-1040 |

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

SCHEDULE A(Form 990 or
990EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.****2010****Open to Public
Inspection**Name of the organization
NORTHWOODS UNITED WAY INC**Employer identification number**

39-1247457

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches 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 the supported organization?

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

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

h Provide the following information about the supported organization(s)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|--|--------------------|--|--|-----------|--|-----------|---|-----------|--------------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 186,185 | 180,811 | 194,731 | 199,167 | 178,180 | 939,074 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 186,185 | 180,811 | 194,731 | 199,167 | 178,180 | 939,074 |
| 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) | | | | | | 184,845 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 754,229 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 186,185 | 180,811 | 194,731 | 199,167 | 178,180 | 939,074 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,536 | 1,471 | 1,000 | 753 | 756 | 5,516 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 944,590 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | 12 | | 22,362 |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ► |

Section C. Computation of Public Support Percentage

| | | |
|--|----|----------|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 79 850 % |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 88 880 % |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ► |
| b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ► |
| 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | ► |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

| | |
|---|----|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|--|----|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

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

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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|---|--|
| KEVIN CHURCH PO BOX 177 RHINELANDER, WI 54501 | PRESIDENT 1 00 | 0 | 0 | 0 |
| SHANE CONWAY PO BOX 177 RHINELANDER, WI 54501 | VICE PRESIDENT 1 00 | 0 | 0 | 0 |
| CARYN RUETTEN PO BOX 177 RHINELANDER, WI 54501 | TREASURER 1 00 | 0 | 0 | 0 |
| JENNIFER MAY PO BOX 177 RHINELANDER, WI 54501 | SECRETARY 1 00 | 0 | 0 | 0 |
| TRACY BECKMAN PO BOX 177 RHINELANDER, WI 54501 | EXECUTIVE DIRECTOR 23 00 | 16,929 | 0 | 0 |
| DIANA ARNOTT PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| DAVE BJORK PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| DARYL CASTONA PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| DENNIS SCOTT PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| JANINE MENDEN PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| LOU MIREK PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| DONNA MIREK PO BOX 177 RHINELANDER, WI 54501 | BOARD MEMBER 1 00 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**
NORTHWOODS UNITED WAY INC**Employer identification number**

39-1247457

| Identifier | Return Reference | Explanation |
|-------------------------|-----------------------------|---------------------|
| OTHER INVESTMENT INCOME | FORM 990-EZ, PART I, LINE 4 | INTEREST INCOME 756 |

| Identifier | Return Reference | Explanation |
|---------------|-----------------------------|---------------------------------------|
| OTHER REVENUE | FORM 990-EZ, PART I, LINE 8 | DESCRIPTION MEETING INCOME AMOUNT 356 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME ALZHEIMER'S ASSOCIATION GRANTEE ADDRESS 203 SHIEK PLAZA DR RHINELANDER, WI 54501 AMOUNT GIVEN 3,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN RED CROSS GRANTEE ADDRESS 902 BOYCE DR RHINELANDER, WI 54501 AMOUNT GIVEN 8,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME ASCENSION CHURCH PLAY GROUP GRANTEE ADDRESS 7937 HWY 51 MINOCQUA, WI 54548 AMOUNT GIVEN 200 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME BIG BROTHERS/BIG SISTERS GRANTEE ADDRESS 170 NORTH 4TH AVE PARK FALLS, WI 54552 AMOUNT GIVEN 4,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME CAMP FIRE USA GRANTEE ADDRESS CITY HALL RHINELANDER, WI 54501 AMOUNT GIVEN 7,200 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME COMMUNITY LIFE COUNCIL GRANTEE ADDRESS PO BOX 27 CRANDON, WI 54520 AMOUNT GIVEN 3,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME COMMUNITY FOOD PANTRY OF VILAS COUNTY GRANTEE ADDRESS 10441 MAIN ST BOULDER JUNCTION, WI 54512 AMOUNT GIVEN 3,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME FAMILY RESOURCE CONNECTION GRANTEE ADDRESS 1020 KABEL AVE RHINELANDER, WI 54501 AMOUNT GIVEN 12,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME FAMILY RESOURCE CONNECTIONS 2-1-1 GRANTEE ADDRESS 533 PEACE PIPE RD LAC DU FLAMBEAU, WI 54538 AMOUNT GIVEN 9,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME FRC - FIRST BOOKS FOR KIDS GRANTEE ADDRESS 216 N 7TH ST TOMAHAWK, WI 54487 AMOUNT GIVEN 4,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME FORWARD SERVICE CORP GRANTEE ADDRESS 102 N MAIN ST EAGLE RIVER, WI 54521 AMOUNT GIVEN 4,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME GIRLS ON THE RUN GRANTEE ADDRESS LOCAL RHINELANDER, WI 54501 AMOUNT GIVEN 950 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME HEADWATERS, INC GRANTEE ADDRESS 1411 E TIMBER DR RHNELANDER, WI 54501 AMOUNT GIVEN 17,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME KIDS IN NEED GRANTEE ADDRESS 1831 N STEVENS ST RHEINELANDER, WI 54501 AMOUNT GIVEN 3,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME KINSHIP OF THE NORTH GRANTEE ADDRESS 4120 LILAC LN RHINELANDER, WI 54501 AMOUNT GIVEN 2,400 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME LAKELAND RETIREMENT FOUNDATION GRANTEE ADDRESS 412 BALSAM WOODRUFF, WI 54568 AMOUNT GIVEN 9,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME LDF DOMESTIC ABUSE PROGRAM GRANTEE ADDRESS LOCAL LAC DU FLAMBEAU, WI 54538 AMOUNT GIVEN 2,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME LUHS - JOURNEY GRANTEE ADDRESS 9573 ST HWY 70 MINOCQUA, WI 54548 AMOUNT GIVEN 2,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME LUTHERAN SOCIAL SERVICES GRANTEE ADDRESS 235 N STEVENS ST RHINELANDER, WI 54501 AMOUNT GIVEN 3,250 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME NORTHWOODS EMERGENCY FOOD PANTRY GRANTEE ADDRESS 436 N BROWN ST RHINELANDER, WI 54501 AMOUNT GIVEN 2,250 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME NORTHWOODS SAVES GRANTEE ADDRESS 3375 AIRPORT RD 10 RHINELANDER, WI 54501 AMOUNT GIVEN 1,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME PROJECT BRIDGES GRANTEE ADDRESS 201 HOSPITAL RD EAGLE RIVER, WI 54521 AMOUNT GIVEN 800 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME RHINELANDER ICE ASSOCIATION GRANTEE ADDRESS 2021 E TIMBER DR RHINELANDER, WI 54501 AMOUNT GIVEN 1,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME RHINELANDER SOCCER GRANTEE ADDRESS LOCAL RHINELANDER, WI 54501 AMOUNT GIVEN 2,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME RHINELANDER POP WARNER FOOTBALL GRANTEE ADDRESS LOCAL RHINELANDER, WI 54501 AMOUNT GIVEN 2,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME RSVP GRANTEE ADDRESS 1835 N STEVENS ST RHINELANDER, WI 54501 AMOUNT GIVEN 4,800 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME THREE LAKES CHRISTIAN FOOD PANTRY GRANTEE ADDRESS 6965 W SCHOOL ST THREE LAKES, WI 54562 AMOUNT GIVEN 3,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME TRI-COUNTY COUNCIL ON DOMESTIC VIOLENCE GRANTEE ADDRESS 900 W KEMP ST RHINELANDER, WI 54501 AMOUNT GIVEN 16,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME VILAS COUNTY COMMISSION ON AGING GRANTEE ADDRESS 330 COURT STREET EAGLE RIVER, WI 54521 AMOUNT GIVEN 950 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME WISCONSIN FAMILY TIES GRANTEE ADDRESS 16 N CARROLL ST MADISON, WI 53703 AMOUNT GIVEN 750 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME GIRLS SCOUTS NWGL GRANTEE ADDRESS 4222 OAKWOOD HILLS PKWY EAU CLAIRE, WI 54701 AMOUNT GIVEN 7,200 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME NICOLET FOUNDATION - FAMILY LITERACY GRANTEE ADDRESS 5364 COLLEGE DR RHNELANDER, WI 54501 AMOUNT GIVEN 3,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME ONEIDA COUNTY FIRE FIGHTERS ASSOCIATION GRANTEE ADDRESS PO BOX 1451 RHINELANDER, WI 54501 AMOUNT GIVEN 2,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME SAMOSET COUNCIL BOY'S SCOUTS GRANTEE ADDRESS 3511 CAMP PHILLIPS RD WESTON, WI 54476 AMOUNT GIVEN 6,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME THE TABLE GRANTEE ADDRESS LOCAL RHEINELANDER, WI 54501 AMOUNT GIVEN 2,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME VILAS COUNTY DENTAL PROGRAM GRANTEE ADDRESS 330 COURT STREET EAGLE RIVER, WI 54521 AMOUNT GIVEN 2,500 |

| Identifier | Return Reference | Explanation |
|---------------------------------------|---------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GRANTEE NAME YMCA OF THE NORTHWOODS GRANTEE ADDRESS 2003 WINNEBAGO STREET EAST RHINELANDER, WI 54501 AMOUNT GIVEN 5,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 163,750 |

| Identifier | Return Reference | Explanation |
|--|------------------------------|-------------------------------------|
| OCCUPANCY, RENT, UTILITIES AND MAINTENENCE | FORM 990-EZ, PART I, LINE 14 | DESCRIPTION DEPRECIATION AMOUNT 100 |

| Identifier | Return Reference | Explanation |
|----------------|------------------------------|---|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION CAMPAIGN EXPENSE AMOUNT 3,180 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,565 DESCRIPTION MEETINGS AMOUNT 1,435 DESCRIPTION TELEPHONE AMOUNT 1,628 DESCRIPTION INSURANCE AMOUNT 1,091 DESCRIPTION MEMBERSHIP DUES AMOUNT 2,289 DESCRIPTION MISCELLANEOUS AMOUNT 140 DESCRIPTION PROVISION FOR UNCOLLECTIBLE PLEDGES AMOUNT 14,771 TOTAL TO FORM 990-EZ, LINE 16 27,099 |

| Identifier | Return Reference | Explanation |
|--------------|----------------------------------|---|
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION PLEDGES RECEIVABLE - NET BEG OF YEAR AMOUNT 134,994 END OF YEAR AMOUNT 109,012 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 372 END OF YEAR AMOUNT 374 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 167 END OF YEAR AMOUNT 67 |

| Identifier | Return Reference | Explanation |
|-------------------|-------------------------------|---|
| OTHER LIABILITIES | FORM 990-EZ, PART II, LINE 26 | DESCRIPTION ACCRUED PAYROLL BEG OF YEAR AMOUNT 1,128 END OF YEAR AMOUNT 1,124 |

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
NORTHWOODS UNITED WAY INC

Business or activity to which this form relates

Identifying number

FORM 990-EZ PAGE 1

39-1247457

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I.*

| | | |
|--|---|-----------|
| 1 Maximum amount See the instructions for a higher limit for certain businesses | 1 | 500,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|-----------------------------|------------------------------|------------------|
| | | | |
| | | | |
| | | | |

| | | |
|--|----|--|
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ► | 13 | |

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

| | | |
|--|----|-----|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 100 |

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

| | | |
|--|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► | | |

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

| | | |
|---|----|-----|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 100 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

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

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

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

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

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation/deduction | (i) Elected section 179 cost |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| | | | | | | | | |

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

| | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |

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

| | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |

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

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

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

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

Section B—Information on Use of Vehicles

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

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

| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 | | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|------------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

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

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

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

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|-----------------------------|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| | | | | | |

42 A amortization of costs that begins during your 2010 tax year (see instructions)

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |

43 A amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: NORTHWOODS UNITED WAY INC

EIN: 39-1247457

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.