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## 2012 Tax Return(s)

**Prepared for** UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.  
CLIENT CODE: 095-06994400

**Account Number** 133509  
**Release Number** 2012.04040

**Prepared by** CLIFTONLARSONALLEN LLP  
2411 N. HILLCREST PARKWAY  
ALTOONA, WI  
54720  
  
715-852-1100

**Processing** Date: 11/06/2013  
Time: 09:28:40

**Special  
Instructions**

**Messages**

## Return Information

### INFORMATIONAL

- Form 990. Page 5, Part V, line 1c. An amount is present on line 1a for the total number of forms (1098, 1099, W2-G, etc.,) reported on Form 1096. The corresponding back-up withholding question on line 1c has been left blank. If back-up withholding rules applied to the organization the question on line 1c must be answered accordingly. This should be reviewed and corrected, if applicable. (36289)
- Form 990, Page 11, Line 11b. If the organization is reporting publicly traded stock for which the organization holds 5% or more of the outstanding shares of the same class or publicly traded stock in a corporation that comprises more than 5% of the organization's total assets it should be reported on line 12 of the balance sheet as "Other Securities." (32999)
- Schedule D (Form 990). Page 4. Parts XI and XII are not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section to suppress the preparation of Schedule D, Parts XI and XII. (30037)
- Electronic Filing. The ERO signature has been printed on Form 8879-EO for Form 990. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)
- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$44,024 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 1 individual whose contributions did not meet this requirement has been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)
- Electronic Filing. The following EFIN 390221 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

## Return Information

- Electronic Filing. The following Name Control UNIT has been computed and is being used to electronically file Form 990 for United Way of The Greater Chippewa Valley, Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026)
- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)



Form	Entity
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990 Page 1	
990 Page 10	
990 Page 12	
990 Page 9	
Fed Link WS	
Sch D Pg 4	

## Worksheet: Form 990 Return of Organization Exempt from Income Tax

## Section: Prior Year Revenue

Total revenue - O/R.....	2,244,311
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## Section: Prior Year Expenses

Revenue less expenses - O/R.....	91,456
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## Section: Balance Sheet Assets

Ending investment buildings.....	105,024
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Ending accum depr.....	87,417
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## Section: Statement of Functional Expenses

Officer comp - program service.....	44,401
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Officer comp - mgmt & general.....	21,420
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Officer comp - fundraising.....	10,029
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Depreciation - prog services.....	9,245
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Depreciation - mgmt & general.....	1,989
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Depreciation - fundraising.....	468
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## Worksheet: Schedule D - Supplemental Financial Statements

## Section: Endowment Funds

Ending balance - prior year.....	1,219,232
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Ending Bal 2nd yr back.....	928,954
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Ending Bal 3rd yr back.....	757,257
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Ending Bal 4th yr back.....	676,809
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## Section: Land, Buildings and Equipment Overrides

Equipment other.....	105,024
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Equipment depreciation.....	87,417
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	30,325.00
LESS IN KIND	-17,289.00
	<u>13,036.00</u>

YARR22640 - 11/15/12 11:41AM WORKSHEET FORM 990

SAVINGS	652,835.00
CDS	211,686.00
	<u>864,521.00</u>

YARR22640 - 11/15/12 11:43AM WORKSHEET FORM 990

AP	52,019.00
ACCRUALS	16,626.00
	<u>68,645.00</u>

YARR22640 - 11/15/12 11:45AM WORKSHEET FORM 990

DESIGNATIONS	23,190.00
AGENCY ALLOCATIONS	1524353.00
	<u>1,547,543.00</u>

ZANO3144 - 10/30/13 02:01PM INTERVIEW FORM 990-16

MONEY MARKER	1010736.00
SAVINGS	107,982.00
	<u>1,118,718.00</u>

DYARRING - 09/18/11 04:09PM OTH EXPENSES

	57,358.00	42,968.00
LESS INKIND	-2,416.00	-1,500.00
	<u>54,942.00</u>	<u>41,468.00</u>

DYARRING - 09/18/11 03:55PM WORKSHEET LIST OF OFFICERS, ETC

MILEAGE ALLOWANCE	2,400.00	2,400.00
	<u>2,400.00</u>	<u>2,400.00</u>

List

DYARRING - 09/18/11 03:56PM WORKSHEET LIST OF OFFICERS, ETC

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RETIREMENT	3,750.00	3,750.00
HEALTH INSURANCE	7,200.00	6,846.00
	<hr/>	<hr/>
	10,950.00	10,596.00
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WIES21172 - 11/04/13 07:17AM INTERVIEW FORM 990-11

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	33,725.00	
LESS	-2,416.00	
	-17,289.00	
	<hr/>	
	14,020.00	
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DYARRING - 12/13/09 04:57PM INTERVIEW FORM A-2

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CONTRIBUTIONS  
SPECIAL EVENTS

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JSZYMANS - 09/10/10 12:09PM WORKSHEET SCHEDULE A

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CONTRIBUTIONS  
SPECIAL EVENTS

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DYARRING - 12/10/09 02:10PM INTERVIEW FORM 990I-2

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ALLOCATION  
FEMA

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DYARRING - 12/10/09 02:10PM INTERVIEW FORM 990I-2

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ALLOCATION  
FEMA

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DYARRING - 12/10/09 02:11PM INTERVIEW FORM 990I-2

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ALLOCATION

List



FEMA

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DYARRING - 12/10/09 02:12PM INTERVIEW FORM 990I-2

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ALLOCATION  
FEMA

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DYARRING - 12/10/09 02:12PM INTERVIEW FORM 990I-2

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ALLOCATION  
FEMA

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DYARRING - 12/10/09 02:13PM INTERVIEW FORM 990I-2

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ALLOCATION  
FEMA

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DYARRING - 12/10/09 02:13PM INTERVIEW FORM 990I-2

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ALLOCATION  
FEMA

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List

## 2012 Return Summary

UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.

39-1077901

FORM 990:

TOTAL REVENUE	2,252,435.
TOTAL EXPENSES	1,996,839.
EXCESS <DEFICIT>	255,596.
BEGINNING NET ASSETS	847,691.
CHANGES IN NET ASSETS	37,020.
ENDING NET ASSETS (1)	1,140,307.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	2,707,642.
ENDING TOTAL LIABILITIES	1,567,335.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	1,140,307.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.



**CliftonLarsonAllen**

CliftonLarsonAllen LLP  
2411 North Hillcrest Parkway  
Altoona, WI 54720  
715-852-1100 | fax 715-852-1101  
[www.cliftonlarsonallen.com](http://www.cliftonlarsonallen.com)

**CLIENT: 095-06994400**  
**NOVEMBER 6, 2013**

UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.  
3603 N. HASTINGS WAY, SUITE 200  
EAU CLAIRE, WI 54703

S T A T E M E N T

PREPARATION OF 2012 EXEMPT ORGANIZATION TAX RETURN(S) .....



**CliftonLarsonAllen**

CliftonLarsonAllen LLP  
2411 North Hillcrest Parkway  
Altoona, WI 54720  
715-852-1100 | fax 715-852-1101  
[www.cliftonlarsonallen.com](http://www.cliftonlarsonallen.com)

United Way of The Greater Chippewa  
Valley, Inc.  
3603 N. Hastings Way, Suite 200  
Eau Claire, WI 54703

United Way of The Greater Chippewa Valley, Inc.:

Enclosed is the organization's 2012 Exempt Organization  
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you  
wish to have it transmitted electronically to the IRS, please  
sign, date, and return Form 8879-EO to our office. We will  
then submit the electronic return to the IRS. Do not mail a  
paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest  
that you retain this copy indefinitely.

Sincerely,

Craig Olsen



**CliftonLarsonAllen**

CliftonLarsonAllen LLP  
2411 North Hillcrest Parkway  
Altoona, WI 54720  
715-852-1100 | fax 715-852-1101  
[www.cliftonlarsonallen.com](http://www.cliftonlarsonallen.com)

United Way of The Greater Chippewa  
Valley, Inc.  
3603 N. Hastings Way, Suite 200  
Eau Claire, WI 54703

United Way of The Greater Chippewa Valley, Inc.:

Enclosed is the 2012 Exempt Organization return, as follows...

2012 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Craig Olsen

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2013

<b>Prepared for</b>	United Way of The Greater Chippewa Valley, Inc. 3603 N. Hastings Way, Suite 200 Eau Claire, WI 54703
<b>Prepared by</b>	CliftonLarsonAllen LLP 2411 N. Hillcrest Parkway Altoona, WI 54720
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

**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)

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3603 N. HASTINGS WAY, SUITE 200 City, town, or post office, state, and ZIP code EAU CLAIRE, WI 54703 <b>F Name and address of principal officer:</b> JANICE PORATH SAME AS C ABOVE	<b>D Employer identification number</b> 39-1077901 <b>E Telephone number</b> 715-834-5043 <b>G Gross receipts \$</b> 2,299,683. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ UWGCV.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1966 <b>M State of legal domicile:</b> WI

Part I Summary				
	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>UNITED WAY PROVIDES ACTIVE LEADERSHIP IN BRINGING RESOURCES TOGETHER TO IMPROVE LIVES AND</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	16	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	16	
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	8	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	1058	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 2,165,812.	Current Year 2,201,221.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		0.	0.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		62,507.	38,345.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		15,992.	12,869.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		2,244,311.	2,252,435.	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,641,676.	1,466,539.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	328,491.	325,814.
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,768.		
		<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	182,688.	204,486.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		2,152,855.	1,996,839.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	91,456.	255,596.		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 2,463,879.	End of Year 2,707,642.	
	<b>21</b> Total liabilities (Part X, line 26) .....	1,616,188.	1,567,335.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	847,691.	1,140,307.	

<b>Part II Signature Block</b>					
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	Date			
	▶ JANICE PORATH, EXECUTIVE DIRECTOR	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRAIG OLSEN	CRAIG OLSEN	11/06/13		P00047419
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ 2411 N. HILLCREST PARKWAY ALTOONA, WI 54720	Phone no. 715-852-1100			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY PROVIDES ACTIVE LEADERSHIP IN BRINGING RESOURCES TOGETHER TO IMPROVE LIVES AND CREATE STRONGER COMMUNITIES. OUR FOCUS IS ON EDUCATION, INCOME AND HEALTH-THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,742,533. including grants of \$ 1,466,539. ) (Revenue \$ 12,869. ) WITH THE DEDICATION OF VOLUNTEERS AND EXPERTS IN THE FIELD, UWGCV IS CREATING COMMUNITY ACTION PLANS FOCUSING ON EDUCATION AND INCOME. THE ACTION PLANS WILL INDICATE COMMUNITY-WIDE OUTCOMES THAT WILL BE ADDRESSED AS PART OF OUR ONGOING WORK IN COMMUNITY MOBILIZATION. A THIRD ACTION PLAN ADDRESSING HEALTH WILL BE PUBLISHED IN 2013. LOCAL AGENCIES THAT ALIGN WITH THE ACTION PLANS WILL HAVE THE OPPORTUNITY TO APPLY FOR FUNDING. COMMUNITY CHANGES WILL BE MEASURED AND REPORTED OUT THROUGH ANNUAL REPORTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,742,533.



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

Form 990 (2012)

39-1077901 Page 4

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

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

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 2		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4a</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7e</b>		
	<b>7f</b>		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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.

Check if Schedule O contains a response to any question in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 16		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	1b 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JANICE PORATH - 715-834-5043**  
**3603 N. HASTINGS WAY, SUITE 200, EAU CLAIRE, WI 54703**

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOB FORSBERG BOARD MEMBER	2.00	X		X				0.	0.	0.
(2) BILL KAISER BOARD CHAIR	2.00	X		X				0.	0.	0.
(3) DAVE GORDON PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
(4) CHUCK FRENETTE TREASURER	2.00	X		X				0.	0.	0.
(5) PETER FARROW BOARD MEMBER	2.00	X						0.	0.	0.
(6) RICK BECKLER BOARD MEMBER	2.00	X						0.	0.	0.
(7) REGGIE GEISLER BOARD MEMBER	2.00	X						0.	0.	0.
(8) VICKI HOEHN BOARD MEMBER	2.00	X						0.	0.	0.
(9) HEATHER HUNT BOARD MEMBER	2.00	X						0.	0.	0.
(10) PEG LEINENKUGEL CAMPAIGN CHAIR	2.00	X						0.	0.	0.
(11) CATHY JOHNSON BOARD MEMBER	2.00	X		X				0.	0.	0.
(12) NATE STEFFENHAGEN BOARD MEMBER	2.00	X						0.	0.	0.
(13) PAMELA SPECKIEN BOARD MEMBER	2.00	X						0.	0.	0.
(14) JOAN COFFMAN BOARD MEMBER	2.00	X						0.	0.	0.
(15) CHAD TROWBRIDGE BOARD MEMBER	2.00	X						0.	0.	0.
(16) DON RECK BOARD MEMBER	2.00	X						0.	0.	0.
(17) JANICE PORATH EXECUTIVE DIRECTOR	50.00			X				64,900.	0.	10,950.

UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							64,900.	0.	10,950.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							64,900.	0.	10,950.	

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	30,000.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,171,221.			
	g Noncash contributions included in lines 1a-1f: \$		14,020.			
	h Total. Add lines 1a-1f		2,201,221.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,326.		29,326.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		47,248.		
		c Gain or (loss)		9,019.		
	d Net gain or (loss)		9,019.		9,019.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a ADMINISTRATIVE FEES		561000	12,869.	12,869.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			12,869.			
12 Total revenue. See instructions.			2,252,435.	12,869.	0.	
				38,345.		

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VALLEY, INC.**

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**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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,466,539.	1,466,539.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,850.	44,401.	21,420.	10,029.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	193,605.	112,291.	56,145.	25,169.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,781.	4,513.	2,257.	1,011.
9 Other employee benefits	27,417.	15,902.	7,951.	3,564.
10 Payroll taxes	21,161.	12,273.	6,137.	2,751.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,036.		13,036.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	13,157.	8,081.	3,543.	1,533.
14 Information technology	15,735.	10,543.	1,888.	3,304.
15 Royalties				
16 Occupancy	30,621.	17,760.	8,880.	3,981.
17 Travel	9,463.	7,097.	473.	1,893.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,376.	1,032.	69.	275.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,702.	9,245.	1,989.	468.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CAMPAIGN PRIZES AND EVE</b>	54,942.			54,942.
b <b>NATIONAL AND STATE DUES</b>	25,160.	8,554.	8,303.	8,303.
c <b>CELEBRATE CHILDRENS GRA</b>	14,100.	14,100.		
d <b>MISCELLANEOUS</b>	11,886.	6,894.	3,447.	1,545.
e All other expenses	3,308.	3,308.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,996,839.	1,742,533.	135,538.	118,768.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

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**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	225,705.	1	219,563.	
	<b>2</b> Savings and temporary cash investments .....	864,521.	2	1,118,718.	
	<b>3</b> Pledges and grants receivable, net .....	613,855.	3	584,025.	
	<b>4</b> Accounts receivable, net .....	37,644.	4	30,000.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....			8	
	<b>9</b> Prepaid expenses and deferred charges .....	7,254.	9		6,598.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	105,024.			
	<b>b</b> Less: accumulated depreciation .....	87,417.			
	<b>11</b> Investments - publicly traded securities .....	29,310.	10c		17,607.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	685,590.	11		731,131.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		12		
	<b>14</b> Intangible assets .....		13		
	<b>15</b> Other assets. See Part IV, line 11 .....		14		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,463,879.	15		2,707,642.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	68,645.	17	62,611.	
	<b>18</b> Grants payable .....	1,547,543.	18	1,504,724.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,616,188.	26		1,567,335.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	225,232.	27	556,282.	
	<b>28</b> Temporarily restricted net assets .....	622,459.	28	584,025.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> <b>Total net assets or fund balances</b> .....	847,691.	33		1,140,307.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	2,463,879.	34		2,707,642.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,252,435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,996,839.
3	Revenue less expenses. Subtract line 2 from line 1	3	255,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	847,691.
5	Net unrealized gains (losses) on investments	5	37,020.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,140,307.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.** Employer identification number **39-1077901**

**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 - Non-functionally integrated
- 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?
 

	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? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,722,708.	1,640,081.	2,315,179.	2,165,812.	2,167,416.	10,011,196.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,722,708.	1,640,081.	2,315,179.	2,165,812.	2,167,416.	10,011,196.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						10,011,196.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	1,722,708.	1,640,081.	2,315,179.	2,165,812.	2,167,416.	10,011,196.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	28,340.	18,611.	23,916.	62,507.	75,365.	208,739.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	1,577.	525.	8,353.	15,992.	12,869.	39,316.
<b>11 Total support.</b> Add lines 7 through 10						10,259,251.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.58	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	97.90	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization  
**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

Employer identification number  
**39-1077901**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.</b>	Employer identification number <b>39-1077901</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	XCEL ENERGY <hr/> 1414 WEST HAMILTON AVENUE <hr/> EAU CLAIRE, WI 54701	\$ 84,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ITW ENGINEERED FASTENERS <hr/> 1700 1ST AVENUE <hr/> CHIPPEWA FALLS, WI 54729	\$ 76,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SCHEELS ALL SPORTS <hr/> 4800 GOLF ROAD <hr/> EAU CLAIRE, WI 54701	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.</b>	Employer identification number <b>39-1077901</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____



<b>Name of organization</b> UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.	<b>Employer identification number</b> 39-1077901
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.

Employer identification number 39-1077901

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant restrictions.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land, historic structure) and a table for details on easements held at the end of the tax year (2a-2d).

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for public exhibition, and a table for reporting revenues and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,219,232.	928,954.	757,257.	676,809.	841,042.
b Contributions		350,407.	36,678.	29,761.	32,415.
c Net investment earnings, gains, and losses	172,267.	-20,452.	167,674.	97,420.	-150,436.
d Grants or scholarships	30,000.	30,000.	24,000.	39,000.	39,000.
e Other expenditures for facilities and programs					
f Administrative expenses		9,677.	8,655.	7,733.	7,212.
g End of year balance	1,361,499.	1,219,232.	928,954.	757,257.	676,809.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  | X   |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		105,024.	87,417.	17,607.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,607.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,295,060.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	37,020.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	19,705.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	56,725.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,238,335.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	14,100.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	14,100.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,252,435.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,002,444.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	19,705.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	19,705.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,982,739.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	14,100.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	14,100.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,996,839.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION**

**EXEMPT FROM PAYING CORPORATE FEDERAL INCOME TAX UNDER SECTION 501 (C)(3)**

**OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM**

**WISCONSIN FRANCHISE OR INCOME TAXES.**

**THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO**

**UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2013.**

**THE ORGANIZATION'S 2010, 2011, AND 2012 TAX YEARS ARE OPEN FOR EXAMINATION**

**BY THE IRS. SHOULD THE ORGANIZATION'S TAX EXEMPT STATUS BE CHALLENGED IN**

**Part XIII** Supplemental Information (continued)

THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE  
IRS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT REVENUE NETTED WITH EXPENSES ON AUDIT 14,100.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES NETTED WITH REVENUE ON AUDIT 14,100.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.** Employer identification number **39-1077901**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF NORTHWESTERN WISCONSIN, INC. - 424 GALLOWAY STREET - EAU CLAIRE, WI 54703	23-7311200	501(C)(3)	111,900.	0.			YEARLY ALLOCATION
EAU CLAIRE YOUNG MENS CHRISTIAN ASSOCIATION - 700 GRAHAM AVE - EAU CLAIRE, WI 54701	39-0806351	501(C)(3)	62,100.	0.			YEARLY ALLOCATION
AMERICAN RED CROSS WESTERN WISCONSIN CHAPTER - 3728 SPOONER AVE - ALTOONA, WI 54720	39-0837467	501(C)(3)	71,056.	0.			YEARLY ALLOCATION
BOLTON REFUGE HOUSE, INC. PO BOX 482 EAU CLAIRE, WI 54702	39-1302222	501(C)(3)	52,920.	0.			YEARLY ALLOCATION
EAU CLAIRE INTERFAITH HOSPITALITY NETWORK, INC. - 309 EAST LAKE STREET - EAU CLAIRE, WI 54701	39-1799434	501(C)(3)	54,432.	0.			YEARLY ALLOCATION
CHIPPEWA VALLEY BOY SCOUTS OF AMERICA - 710 SOUTH HASTINGS WAY - EAU CLAIRE, WI 54701	39-0807227	501(C)(3)	40,949.	0.			YEARLY ALLOCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.

Schedule I (Form 990)

39-1077901

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S SERVICE SOCIETY OF WI 2004 HIGHLAND AVE, SUITE N EAU CLAIRE, WI 54701	39-1647415	501(C)(3)	50,010.	0.			YEARLY ALLOCATION
THE SALVATION ARMY 2211 S. HASTINGS WAY EAU CLAIRE, WI 54701	39-0806889	501(C)(3)	23,400.	0.			YEARLY ALLOCATION
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES, INC. - 4222 OAKWOOD HILLS PARKWAY - EAU CLAIRE, WI 54701	39-0816844	501(C)(3)	37,960.	0.			YEARLY ALLOCATION
REACH, INC. 1324 W CLAIREMONT AVE EAU CLAIRE, WI 54703	72-1569027	501(C)(3)	47,250.	0.			YEARLY ALLOCATION
ARC OF EAU CLAIRE 800 WISCONSIN ST BOX 86 BLDG DO2 SU EAU CLAIRE, WI 54703	39-1348746	501(C)(3)	34,465.	0.			YEARLY ALLOCATION
UCP OF WEST CENTRAL WI 206 WATER STREET EAU CLAIRE, WI 54703	39-6030380	501(C)(3)	41,053.	0.			YEARLY ALLOCATION
LE PHILLIPS CAREER DEV. CENTER PO BOX 600 EAU CLAIRE, WI 54702	39-0971649	501(C)(3)	33,753.	0.			YEARLY ALLOCATION
CATHOLIC CHARITIES OF DIOCESE OF LACROSSE, INC - P.O. BOX 266 - LA CROSSE, WI 54602	39-1896823	501(C)(3)	17,955.	0.			YEARLY ALLOCATION
LE PHILLIPS SENIOR CENTER 1616 BELLINGER STREET EAU CLAIRE, WI 54701	39-1408723	501(C)(3)	23,625.	0.			YEARLY ALLOCATION

Schedule I (Form 990)



**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

Schedule I (Form 990)

39-1077901

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION OF WESTERN WI 1812 BRACKETT AVENUE EAU CLAIRE, WI 54701	39-1372185	501(C)(3)	16,250.	0.			YEARLY ALLOCATION
THE COMMUNITY TABLE, INC. PO BOX 1903 EAU CLAIRE, WI 54702	39-1770259	501(C)(3)	23,400.	0.			YEARLY ALLOCATION
AIDS RESOURCE CENTER OF WI, INC. PO BOX 11 EAU CLAIRE, WI 54702	39-1534049	501(C)(3)	6,000.	0.			YEARLY ALLOCATION
EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOCIATION - 423 WISCONSIN STREET - EAU CLAIRE, WI 54703	39-1429763	501(C)(3)	16,700.	0.			YEARLY ALLOCATION
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082	41-6045574	501(C)(3)	15,058.	0.			YEARLY ALLOCATION
CHIPPEWA VALLEY HEALTH CLINIC INC. P.O. BOX 231 EAU CLAIRE, WI 54702	39-1840231	501(C)(3)	56,000.	0.			YEARLY ALLOCATION
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES - GREAT RIVERS 211 - 3190 GUNDERSEN DRIVE - ONALASKA, WI 54650	39-1606449	501(C)(3)	120,655.	0.			YEARLY ALLOCATION
CENTER OF INDEPENDENT LIVING FOR WESTERN WISCONSIN, INC. - 2920 SCHNEIDER AVENUE EAST - MENOMONIE, WI 54751	39-1758740	501(C)(3)	14,586.	0.			YEARLY ALLOCATION
WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL, INC. - PO BOX 125 - INDEPENDENCE, WI 54747	39-1076993	501(C)(3)	102,246.	0.			YEARLY ALLOCATION

Schedule I (Form 990)

**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

Schedule I (Form 990)

39-1077901

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN, INC. - 1320 W. CLAIREMONT AVE, SUITE 200 - EAU CLAIRE, WI 54701	39-0816846	501(C)(3)	10,770.	0.			YEARLY ALLOCATION
BOYS AND GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY - 201 EAST LAKE STREET - EAU CLAIRE, WI 54701	39-2032491	501(C)(3)	40,500.	0.			YEARLY ALLOCATION
TRINITEAM, INC 202 GRAHAM AVENUE EAU CLAIRE, WI 54701	39-1278008	501(C)(3)	32,400.	0.			YEARLY ALLOCATION
FAMILY RESOURCE CENTER OF EAU CLAIRE COUNTY, INC. - 2105 HEIGHTS DRIVE - EAU CLAIRE, WI 54701	39-1958904	501(C)(3)	26,861.	0.			YEARLY ALLOCATION
LITERACY VOLUNTEERS OF AMERICA - CHIPPEWA VALLEY - 80 WISCONSIN ST MB 70 - EAU CLAIRE, WI 54703	39-1657040	501(C)(3)	57,668.	0.			YEARLY ALLOCATION
FAMILY SUPPORT CENTER/RIVER SOURCE P.O. BOX 143 CHIPPEWA FALLS, WI 54729	39-1403276	501(C)(3)	49,440.	0.			YEARLY ALLOCATION
COMMUNITY HEALTH PARTNERSHIP 2240 EASTRIDGE CENTER EAU CLAIRE, WI 54701	39-1931089	501(C)(3)	0.	0.			YEARLY ALLOCATION
CHIPPEWA VALLEY TECHNICAL COLLEGE FOUNDATION - 620 W. CLAIREMONT AVENUE - EAU CLAIRE, WI 54701	39-1233557	501(C)(3)	22,000.	0.			YEARLY ALLOCATION
YMCA CHIPPEWA VALLEY 611 JEFFERSON AVENUE CHIPPEWA FALLS, WI 54729	39-1308377	501(C)(3)	53,802.	0.			YEARLY ALLOCATION

Schedule I (Form 990)

**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

Schedule I (Form 990)

39-1077901

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARTING POINTS, INC. 13 E. SPRUCE ST, SUITE 107 CHIPPEWA FALLS, WI 54729	39-1811714	501(C)(3)	24,908.	0.			YEARLY ALLOCATION
CHIPPEWA AREA MENTOR PROGRAM 750 TROPICANA BOULEVARD CHIPPEWA FALLS, WI 54729	39-6008493	501(C)(3)	12,000.	0.			YEARLY ALLOCATION
CHIPPEWA FALLS AREA SENIOR CENTER 1000 E. GRAND AVENUE CHIPPEWA FALLS, WI 54729	39-1673741	501(C)(3)	17,000.	0.			YEARLY ALLOCATION
CHIPPEWA COUNTY SPECIAL FRIENDS, INC - 1311 GREEN VIEW DRIVE - CHIPPEWA FALLS, WI 54729	39-1545999	501(C)(3)	12,653.	0.			YEARLY ALLOCATION
MOBILE MEALS OF CHIPPEWA FALLS 514 E. COLUMBIA ST CHIPPEWA FALLS, WI 54729	23-7260106	501(C)(3)	13,000.	0.			YEARLY ALLOCATION
THE OPEN DOOR CLINIC P.O. BOX 271 CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)	13,720.	0.			YEARLY ALLOCATION
ST. JOSEPHS HOSPITAL VOLUNTEER CAREGIVERS PROGRAM - 2661 COUNTY HIGHWAY I - CHIPPEWA FALLS, WI 54729	39-0810545	501(C)(3)	19,854.	0.			YEARLY ALLOCATION
ADJUSTMENTS TO ALLOCATIONS			-28,333.	0.			ADJUSTMENTS FOR UNCLAIMED ALLOCATIONS

Schedule I (Form 990)

**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

**SCHEDULE I, PART I, LINE 2: THE COMMUNITY IMPACT COMMITTEE APPROVES GRANT  
ALLOCATIONS AND THE AGENCY MONITORS THE OUTCOMES PROVIDED BY THE GRANT  
RECIPIENTS.**

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization <b>UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.</b>	Employer identification number <b>39-1077901</b>
--	---

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

CREATE STRONGER COMMUNITIES. OUR FOCUS IS ON EDUCATION, INCOME AND HEALTH-THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE. COMMUNITY ACTION PLANS ARE BEING PRODUCED FOR EACH FOCUS AREA. THE ACTION PLAN IS A BLUE-PRINT FOR COMMUNITY CHANGE. NEEDS IN THESE AREAS ARE BEING IDENTIFIED AND FUNDING DECISIONS ARE BEING MADE TO GET TO THE ROOT CAUSE OF THE ISSUES. THE ULTIMATE GOAL IS FOR SYSTEMIC, LONG-LASTING CHANGES FOR THE ENTIRE COMMUNITY.

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

PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE. COMMUNITY ACTION PLANS ARE BEING PRODUCED FOR EACH FOCUS AREA. THE ACTION PLAN IS A BLUE-PRINT FOR COMMUNITY CHANGE.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO MEMBERS OF THE FINANCE & AUDIT COMMITTEE FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS FILL OUT A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE STATEMENTS ARE KEPT ON FILE IN THE ACCOUNTING DEPARTMENT. POTENTIAL CONFLICTS OF INTEREST ARE REFERRED FOR REVIEW TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: STAFF AND EXECUTIVE DIRECTOR'S

Name of the organization UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.	Employer identification number 39-1077901
--	--

WAGES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AS PART OF THE BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. 990 IS AVAILABLE AT GUIDESTAR.ORG

ORGANIZATION HAS A COMMITTEE THAT MEETS WITH THE AUDITORS AND OVERSEES THE PROCESS.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC.** Employer identification number **39-1077901**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF THE GREATER CHIPPEWA VALLEY ENDOWMENT CORPORATION - 39-1674713, 3603 N. HASTINGS WAY, SUITE 200, EAU CLAIRE, WI	BENEFIT OPERATIONS OF UWGCV, DISASTER RELIEF, OR SIMILAR ORG. IN THE AREA	WISCONSIN	501(C)3	TYPE II	NONE		X

UNITED WAY OF THE GREATER CHIPPEWA

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> UNITED WAY OF THE GREATER CHIPPEWA VALLEY ENDOWMENT CORPORATION	C	30,000.	AMOUNT RECEIVED
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNITED WAY OF THE GREATER CHIPPEWA VALLEY ENDOWMENT

CORPORATION

EIN: 39-1674713

3603 N. HASTINGS WAY, SUITE 200

EAU CLAIRE, WI 54703

PRIMARY ACTIVITY: BENEFIT OPERATIONS OF UWGCV, DISASTER RELIEF, OR SIMILAR  
ORG. IN THE AREA

DIRECT CONTROLLING ENTITY: NONE

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

**UNITED WAY OF THE GREATER CHIPPEWA  
VALLEY, INC.**

Employer identification number

**39-1077901**

Name and title of officer

**JANICE PORATH  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>2252435</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 98765  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**39022154720**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CRAIG OLSEN Date ▶ 11/06/13

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**