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DLN: 93493134030080

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable UNITED WAY OF TRI COUNTY INC use IRS label or Address change 04-2104231 Doing Business As E Telephone number print or type. See (508) 872-3291 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts ~\$~6,054,806Termination tions. City or town, state or country, and ZIP + 4 FRAMINGHAM, MA 01702 Amended return Application pending Name and address of Principal Officer H(a) Is this a group return for PAUL MINA affiliates? 46 park street framıngham, MA 01702 H(b) Are all affiliates included? **▽** 501(c) (3) **◄** (insert no) **□** 4947(a)(1) or **□** 527 (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► UNITEDWAYTRI-COUNTY ORG **K** Type of organization $\begin{tabular}{|c|c|c|c|c|}\hline {\bf K} & {\bf Corporation} & {\bf Corporation} & {\bf Corporation} & {\bf Corporation} & {\bf K} & {\bf Corporation} & {\bf Corporat$ L Year of Formation 1957 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities the united way of tri-county is a community building organization that assesses and addresses demonstrated community need we Activities & Governance derive most of our financial resources from employee campaigns conducted by supportive companies throughout the region additional funds are raised through individual and corporate giving Check this box 🗔 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . . 22 22 Number of independent voting members of the governing body (Part VI, line 1b) . 16 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 5,212,847 5,327,017 224,442 Program service revenue (Part VIII, line 2g) . 70,000 Rayen 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 75,776 23,312 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,612 4,606 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 5,363,235 5,579,377 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,895,495 2.948,496 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1,101,083 1,167,775 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 31,398 0 (Total fundraising expenses, Part IX, column (D), line 25 578,395b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,050,095 1,061,622 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 5,078,071 5,177,893 19 Revenue less expenses Subtract line 18 from line 12 285,164 401,484 Assets or d Balances **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 3,411,479 3,732,831 21 169,171 241.399 Total liabilities (Part X, line 26) New Year 22 Net assets or fund balances Subtract line 21 from line 20 3,242,308 3,491,432 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-05-10 Sign Signature of officer Here paul mina PRESIDENT AND CPO Type or print name and title Preparer's Check If Preparer's PTIN (See Gen Inst) ROBIN KELLEY CPA Paid empolyed 🕨 🦲 Preparer's ALEXANDER ARONSON FINNING & CO PC Firm's name (or yours FTN ▶ if self-employed), address, and ZIP + 4 **Use Only** 21 FAST MAIN STREET

WESTBORO, MA 01581 May the IRS discuss this return with the preparer shown above? (See instructions) $\,$.

Phone no (508) 366-9100

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organizatio	n's mission			
	To increase the organized capa responsibilities	acity of people to care for one	another by raising funds, co	onnecting volunteers, strengthening age	encies and teaching social
2	the prior Form 990 or 99	90-EZ?		the year which were not listed o	n ▽ Yes ► No
	If "Yes," describe these	new services on Schedu	e O		
3	services?		ignificant changes in h	now it conducts any program	
	If "Yes," describe these	changes on Schedule O			
4	Section 501(c)(3) and (7(a)(1) trusts are req	n's three largest program service uired to report the amount of gra se reported	
4a	HAVE A PROVEN TRACK REC THE OPPORTUNITIES THEY I PROVIDE 42 CRITICAL PROO HUNDREDS OF VOLUNTEERS COMMUNITIES THROUGHOL COMMONWEALTH THROUGH CENTER, WHERE WE MATCH	OUNTY IS A COMMUNITY BUILL CORD OF SUCCESS OUR PRIM NEED TO BECOME PRODUCTIV GRAMS FOR CHILDREN, FAMILL S EACH YEAR THE UNITED WA IT NORFOLK, MIDDLESEX, AND HOUR MASS 2-1-1 INFORMATI HTHOSE WHO WISH TO VOLUM	ARY GOAL IS TO IMPROVE E, SELF-SUFFICIENT MEMB IES AND SINGLE ADULTS W Y OF TRI-COUNTY PROVID WORCESTER COUNTIES W ON AND REFERRAL HOT-LI ITEER WITH THOSE WHO N	INVESTS OUR DONORS' CONTRIBUTION THE QUALITY OF LIFE FOR INDIVIDUALS	IS IN PROGRAMS AND SERVICES THAT IS AND FAMILIES BY PROVIDING THEM IS COMMUNITY PARTNER AGENCIES THAT ATION THAT ENGAGES THE HELP OF NEIGHBORS AND FRIENDS IN 34 THE CITIZENS OF THE IS TO 9-1-1 VOLUNTARY ACTION IDUCT PHILANTHROPY PROGRAM,
4b	(Code) (Expenses \$	ıncludıng grant:	s of \$) (Revenue	2 \$)
4c	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue	2 \$)
	0.11	/D			
4d	Other program service (Expenses \$	s (Describe in Schedule	O) grants of \$) (Revenue \$	1
10	· · ·		<u>-</u>		,
4e	Total program service	expenses \$ 4	,281,425 Must equ	al Part IX, Line 25, column (B).	

art TV	Check	klist of	Required	Schedules
		11136 01	NC quii cu	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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? If "Yes," complete Schedule F, Part II	15		Νο
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? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
	_	20a		NO
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c		
2a	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	2a	16			
b	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	3a		Νο
.	return?	· ·		3b		140
4a	At any time during the calendar year, did the organization have an interest in, or a s			שכ		
-1 a	over, a financial account in a foreign country (such as a bank account, securities acacount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore $^{\circ}$	itribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope					
	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νo
h	$For contributions \ of \ cars, \ boats, \ airplanes, \ and \ other \ vehicles, \ did \ the \ organization \ for \ contributions \ of \ cars, \ boats, \ airplanes, \ and \ other \ vehicles, \ did \ the \ organization \ for \ contributions \ of \ cars, \ boats, \ airplanes, \ and \ other \ vehicles, \ did \ the \ organization \ for \ cars, \ boats, \ airplanes, \ and \ other \ vehicles, \ did \ the \ organization \ for \ cars, \ boats, \ airplanes, \ and \ other \ vehicles, \ did \ the \ organization \ for \ cars, \ boats, \ airplanes, \ and \ other \ vehicles, \ did \ the \ organization \ for \ cars, \ boats, \ airplanes, \ airplanes$	ile a F	orm 1098-C as			
	required?	• •		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the		·····g ···g ····	8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter	l	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year	_ 120				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section</u>	<u>A.</u>	Governing	Body	and	Management	

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcums	tances,			
1a	Enter the number of voting members of the governing body	1a			22			
b	Enter the number of voting members that are independent	1b			22			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	ince 1	the prio	r Form 9	90 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's as	sets?		5		Νo
6	Does the organization have members or stockholders?					6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				s of the	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother	persons	·	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertak	en durin	g the			
а	the governing body?					8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the					10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION
46 PARK STREET
FRAMINGHAM, MA 01702
(508) 872-3291

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

from the organization

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	a mo c o i	estima ount of mpens from t anizatio relate ganiza	other ation he on and
_													
	Total							•	219,757		0		44,931
2	Total number of individuals (includicompensation from the organization		a) who	recei	ved	mo	re tha	n \$1	00,000 in reportabl	e			
												Yes	No
3													
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employe on line 1a? If "Yes," complete Schedule J for such individual										ated employee		103	
		ule J for such	ındıvıdı	ual .		ļ		•			3	103	N o
4	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization	<i>ule J for such</i> is the sum of	<i>individi</i> reporta	<i>ual</i> . ble c	omp	ens	 sation	• and	other compensation	n from the			
4	For any individual listed online 1a,	<i>ule J for such</i> is the sum of	<i>individi</i> reporta	<i>ual</i> . ble c	omp	ens	 sation	• and	other compensation	n from the	3	Yes	
5	For any individual listed online 1a, organization and related organization	ule J for such Is the sum of Is greater th I serve or accru	reporta nan \$15 • •	ble conso	omp 10?.	ens If ") •	ation /es," c • •	and ompi	other compensation The second	from the	4		
5	For any individual listed online 1a, organization and related organization individual	ule J for such Is the sum of In such the I such the	reporta nan \$15 • •	ble conso	omp 10?.	ens If ") •	ation /es," c • •	and ompi	other compensation The second	from the	4	Yes	
5	For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es, "complete s actors ghest comper	reportanan \$15 ue comp Schedule	ble conditions of the conditio	omp 10? . • ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for su 	from the	4	Yes	
5 S €	For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es, "complete s actors ghest comper	reportanan \$15 ue comp Schedulo	ble conditions of the conditio	omp 10? . • ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the	3 4 5	Yes	No_
5 S €	For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete s actors ghest comper e organizatio (A)	reportanan \$15 ue comp Schedulo	ble conditions of the conditio	omp 10? . • ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	3 4 5	Yes Yes	No_
5 S €	For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete s actors ghest comper e organizatio (A)	reportanan \$15 ue comp Schedulo	ble conditions of the conditio	omp 10? . • ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	3 4 5	Yes Yes	No_
5 S €	For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete s actors ghest comper e organizatio (A)	reportanan \$15 ue comp Schedulo	ble conditions of the conditio	omp 10? . • ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	3 4 5	Yes Yes	No_

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a 673,152		Revenue		312, 313, 01 314
\$ \$	ь	Membership dues	94,850				
E ₹			1b				
S, Ç	С	Fundraising events	1c 4,133				
き	d	Related organizations	. 1d				
E, Œ	e	Government grants (contributions)	1e				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, a similar amounts not included above	nd 4,554,882	İ			
흔등			1f				
<u> </u>	g	Noncash contributions include lines 1a-1f \$					
ပက	h	Total (Add lines 1a-1f)	. ,	5,327,017			
			Business Code				
e III	2a	service fees	900,099	181,935	181,935		
Ver	ь	PORTAGE FEES	900,099	42,507	42,507		
<u>7</u> 24	с				· · · · · · · · · · · · · · · · · · ·		
Š	d						
33	e						
ran	f	All other program service reve	nue				
Program Serwice Revenue	g						
	3	► \$ 224,442 Investment income (including	dıvıdends, ınterest				
		other similar amounts)	•	26,493			26,493
	4	Income from investment of tax-exem	pt bond proceeds				
	5	Royalties	(II) Personal				
	6a	Gross Rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss).					
			<u>►</u>				
	7a	Gross amount (1) Securities 450,4	(II) O ther				
	/4	from sales of assets other					
	ь	than inventory Less cost or 453,6	552				
	"	other basis and sales expenses	,,,,,				
	С	Gain or (loss) -3,3	181				
	d	Net gain or (loss)		-3,181			-3,181
Other Revenue	8a b	Gross income from fundraising events (not including \$ 6,912 of contributions reported on lin 1c) See Part IV, line 18 Attach Schedule G if total exceed \$15,000	e s . a 4,133				
ĭt.	c	Net income or (loss) from fund		-14,865			-14,865
0	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
	ь	Less direct expenses	a .b				
	c	Net income or (loss) from gami					
	10a	Gross sales of inventory, less returns and allowances	<u> </u>				
	ь	Less cost of goods sold	a				
	c	Net income or (loss) from sale:					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	19,471	19,471		
	ь						
	С						
	۔ ا	All other revenue					
	d e	Total. Add lines 11a-11d					
			\$ 19,471		<u> </u>		
	12	Total Revenue. Add lines 1h, 2 8c, 9c, 10c, and 11e		5,579,377	243,913	0	8,447

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,948,496	2,948,496		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	, ,	, ,		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	278,731	111,493	83,619	83,619
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	649,999	368,527		210,553
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	49,579	28,094	16,251	5,234
9	Other employee benefits	107,836	59,719	2,565	45,552
10	Payroll taxes	81,630	42,676	13,028	25,926
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,500	700	2,100	700
c	Accounting	18,078	3,616	10,846	3,616
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,463	985	493	985
13	Office expenses	69,608	24,307	20,341	24,960
14	Information technology	40,724	16,290	8,145	16,289
15	Royalties				
16	Occupancy	113,227	45,291	22,645	45,291
17	Travel	29,356	13,210	2,936	13,210
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	17,175	3,435	8,588	5,152
20	Interest	1,899	760	380	759
21	Payments to affiliates	44,405		44,405	
22	Depreciation, depletion, and amortization	24,525	9,810	4,905	9,810
23	Insurance	12,310	4,924	2,462	4,924
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	product philanthropy	431,006	431,006		
b	CAMPAIGN EXPENSES	115,240	34,572	1	80,668
c	United way distribution	87,904	87,904		
d	HOLIDAY GIVING PROGRAM	44,462	44,462		
е	Member dues	5,740	1,148	3,445	1,147
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,177,893	4,281,425	318,073	578,395
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A)			3)
	1	Cook non interest because			Beginning of year 231,530	1	Endo	f year 210,266
		Cash—non-interest-bearing			50,014			311,564
	2	Savings and temporary cash investments			2,285,727			
	3	Pledges and grants receivable, net		2,205,727	3		1,751,465	
	4	Accounts receivable, net			4		78,746	
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of S				6		
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				8		920,752
2	9	Prepaid expenses and deferred charges			2,348	9		1,908
Assets	10a	Land, buildings, and equipment cost basis	1	l 004.707				
⋖	_		10a	384,797				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	328,321	44,823	10c		56,476
	11	Investments—publicly traded securities	•		788,566	11		393,183
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII c	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		8,471	15		8,471	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,411,479			3,732,831
	17				63,923	-		143,248
		Accounts payable and accrued expenses .	34,617			38,801		
	18	Grants payable						
	19	Deferred revenue		7,749			9,996	
Ø.	20	Tax-exempt bond liabilities			00.000	20		
Ę÷	21	Escrow account liability Complete Part IV of Schedule D	•	38,928	21		35,093	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			.			
		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			23,954	23		14,261
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25			169,171	26		241,399
ъ Ф		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complet through 29, and lines 33 and 34.	ete lin	es 27				
ã	27	Unrestricted net assets			3,081,703	27		3,341,676
Balance	28	Temporarily restricted net assets			45,267	28		34,418
<u> </u>	29	Permanently restricted net assets		115,338	_		115,338	
Fund	29	Organizations that do not follow SFAS 117, check here ► □ and	lat a	115,556	23		. 10,000	
		lines 30 through 34.	iete					
9	30	Capital stock or trust principal, or current funds			30			
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
AS	32	Retained earnings, endowment, accumulated income, or other fun			32			
Net	33	Total net assets or fund balances		3,242,308	33		3,491,432	
<u> </u>	34	Total liabilities and net assets/fund balances			3,411,479	34		3,732,831
Dа	rt XI	Financial Statements and Reporting						
		. mandar statements and keporting					Yes	No

Dart YT	Financial	Statements	and Reporting

				i
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
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?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493134030080

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

UNITE	D WAY	OF TRI COUNT	Y INC									
								04	-210423:	1		
Pa	rt I 🛭	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organi	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))				
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	Г	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Г	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Г	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	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									ribed in	
	•			(Complete Part II)		,	•	, 3				
6	Г			overnment or governmental	unit descr	ibed in Se	ction 170	(b)(1)(A)	(v).			
7	į.	•	_	ally receives a substantial p						n the gene	eral public	
-	,			o)(1)(A)(vi) (Complete Par		. черени	u go.o.			90	разно	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Pari	tII)					
9	<u></u>		•	ally receives (1) more than			•	ntribution	ıs, membe	rship fees	, and gross	
	·	_		ated to its exempt functions					•		· -	
		•		estment income and unrelate	-		•	, ,	•			
				on after June 30, 1975 See						,		
10	Г		=	and operated exclusively to					•	e instruc	tions)	
11		_	=	and operated exclusively fo	-		-					
	·			orted organizations describe								
		_		type of supporting organiza					ugh 11h			
	_	•	• •	• • • • • • • • • • • • • • • • • • • •			nally Integ	•	d	' ''	III - Other	
е	ı	•	-	rtify that the organization is			•			•	•	
		section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations (uescribed	in section	1509(a)(1) 01	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,	
		check this										
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!			
		following pe		r indirectly controls, either a	alone or to	nether wit	th nersons	describe	d in (ii)		Yes No	
			•	ng body of the the supported		_	ролоот		~ (<i>)</i>	11g		
			· -	erson described in (i) above	-					11g(
			•	ty of a person described in (hove?				11g(
h				nation about the organizatio			sunnorts			9(···/	
		. rovido eme	. Tollowing illion	nation about the organization		, a m L a t i o i i	эчрроп.					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of	
		orted	. ,	(described on lines 1-9		atıon ın	1	nızatıon	I	atıon ın	support?	
	0 rgar	nization		above or IRC section	col (i)) of your		rganızed		
				(See Instructions))		verning ment?	supp	ort?	In the	US?		
							Vac	No.	Vaa	No	1	
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check							
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gıfts, grants, contributions, and							
	membership fees received (Do not	4,724,355	4,538,889	4,612,037	5,212,847		5,327,017	24,415,145
	ınclude any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed,	22.240		00.000	112 220		224 254	454.024
	or facilities furnished in any activity that	23,340		88,000	112,230		231,354	454,924
	is related to the organization's tax-							
_	exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under							
	section 513							
	Tax revenues levied for the						+	
4	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities						+	
5	furnished by a governmental unit to the							
	organization without charge							
6	Total Add lines 1-5	4,747,695	4,538,889	4,700,037	5,325,077		5,558,371	24,870,069
	A mounts included on lines 1, 2, and 3	.,,	,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,			
/a	received from disqualified persons							
h	A mounts included on lines 2 and 3						+	
U	received from other than disqualified							
	persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for							
	the year or \$5,000							
c	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							
·	line 6)							24,870,069
To	tal Support		L					
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
cale								
						(0)		
9	A mounts from line 6	4,747,695	4,538,889	4,700,037	5,325,077	(0)	5,558,371	24,870,069
	A mounts from line 6 Gross income from interest, dividends,	4,747,695	4,538,889	4,700,037	5,325,077	(0)	5,558,371	24,870,069
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans,					(6)		
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	4,747,695	4,538,889	4,700,037	5,325,077	(6)	5,558,371	24,870,069
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,747,695	4,538,889	4,700,037	5,325,077	(c)	5,558,371	24,870,069
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	4,747,695	4,538,889	4,700,037	5,325,077	(c)	5,558,371	24,870,069
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	4,747,695	4,538,889	4,700,037	5,325,077	(c)	5,558,371	24,870,069
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	4,747,695	4,538,889	4,700,037	5,325,077	(6)	5,558,371	24,870,069 216,898
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870	5,325,077 74,344		26,493	24,870,069
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870	5,325,077 74,344		26,493	24,870,069 216,898
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870	5,325,077 74,344		26,493	24,870,069 216,898
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870	5,325,077 74,344		26,493	24,870,069 216,898
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870	5,325,077 74,344 74,344		26,493	24,870,069 216,898
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870	5,325,077 74,344		26,493	24,870,069 216,898
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870 62,870	5,325,077 74,344 74,344		26,493	24,870,069 216,898 216,898
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	4,747,695 24,372	4,538,889 28,819	4,700,037 62,870 62,870	5,325,077 74,344 74,344		26,493	24,870,069 216,898 216,898 53,883
9 110a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	24,372 24,372	28,819 28,819	4,700,037 62,870 62,870 18,622	5,325,077 74,344 74,344 15,790		26,493	24,870,069 216,898 216,898 53,883 25,140,850
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the o	24,372 24,372	28,819 28,819	4,700,037 62,870 62,870 18,622	5,325,077 74,344 74,344 15,790		26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 110a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	24,372 24,372	28,819 28,819	4,700,037 62,870 62,870 18,622	5,325,077 74,344 74,344 15,790		26,493	24,870,069 216,898 216,898 53,883 25,140,850
9 110a b c 111 12 13	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	24,372 24,372 rganization's fire	28,819 28,819	4,700,037 62,870 62,870 18,622	5,325,077 74,344 74,344 15,790		26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 110a b c 111 12 13	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	4,747,695 24,372 24,372 rganization's firs	28,819 28,819 28,819	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790		26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 110a b c 111 12 13	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	4,747,695 24,372 24,372 rganization's firs	28,819 28,819 28,819	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790		26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 110a b c 111 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet	4,747,695 24,372 24,372 rganization's first	28,819 28,819 28,819 st, second, third	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790	D1(c)(3	26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 110a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	4,747,695 24,372 24,372 rganization's first	28,819 28,819 28,819 st, second, third	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790	01(c)(i	26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Perceivaled of the Support Perceivaled of Support	4,747,695 24,372 24,372 24,372 entage column (f) dividule A , Part IV - A	28,819 28,819 28,819 st, second, third	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790	D1(c)(3	26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Schede	4,747,695 24,372 24,372 24,372 entage column (f) dividule A, Part IV-A	4,538,889 28,819 28,819 st, second, third ed by line 13 co	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790	15 16	26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation, 98 920 % 99 140 %
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8 Public Support Percentage for 2007 Schedi	4,747,695 24,372 24,372 24,372 entage column (f) dividule A, Part IV - A Percentage ne 10c column (4,538,889 28,819 28,819 st, second, third ed by line 13 co , line 27g	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790	D1(c)(3	26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation,
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Schede	4,747,695 24,372 24,372 24,372 entage column (f) dividule A, Part IV - A Percentage ne 10c column (4,538,889 28,819 28,819 st, second, third ed by line 13 co , line 27g	4,700,037 62,870 62,870 18,622 , fourth, or fifth t	5,325,077 74,344 74,344 15,790	15 16	26,493	24,870,069 216,898 216,898 53,883 25,140,850 ation, 98 920 % 99 140 %

33 1/3% Tests - 2007. 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

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

▶▽

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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As Filed Data

DLN: 93493134030080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization ITED WAY OF TRI COUNTY INC		Employer i	dentification number
UN	TIED WAT OF TRI COUNTY INC		04-21042	31
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99			
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		oradvised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	┌ Yes ┌ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990	, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure)	tified histori	
	on the last day of the tax year			
_			2-	Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified hi	. ,	2c	
d	Number of conservation easements included in (c) a		2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the orga	nızatıon durıng
	the taxable year 🕨			
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and	┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$	

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

ar	Organizations Maintaining Collections of A	<u>Art, His</u>	<u>tori</u>	<u>cal Treasur</u>	es, or Other	<u>Similar Asse</u>	ts (co	ontinued,
3	Using the organization's accession and other records, check items (check all that apply)	any of th	e foll	owing that are	a sıgnıfıcant us	e of its collection	1	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
ļ	Provide a description of the organization's collections and ex Part XIV	kplaın hov	vthey	further the or	ganızatıon's exe	empt purpose in		
5	During the year, did the organization solicit or receive donat assets to be sold to raise funds rather than to be maintained						Yes	┌ No
Pai	t IV Trust, Escrow and Custodial Arrangemen	ts. Com	plete	ıf the orgar	nization answe	red "Yes" to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on Form	1 990, Pa	art X	, line 21.				
.a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	rmediary	for c	ontributions oi	other assets no		Yes	▽ No
b	If "Yes," explain why in Part XIV and complete the following	table						
						A mou	nt	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
а	Did the organization include an amount on Form 990, Part \boldsymbol{X}_{i}	line 21?				<u> </u>	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
' a	rt V Endowment Funds. Complete if the organiza	_						
	(a)Current Year		Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Y	ears Back
3	Beginning of year balance 115,							
b	Contributions	0						
С	Investment earnings or losses	0						
d	Grants or scholarships	0						
e	Other expenditures for facilities and programs	0						
f	Administrative expenses	0						
g	End of year balance	338						
9	Provide the estimated percentage of the year end balance he	—— eld as						
	Board designated or quasi-endowment • 0 %							
a	board designated or quasi-endownient.							
b	remanent endowment P							
C	remi endowment 🗭							
а	Are there endowment funds not in the possession of the organization by	inization t	inat a	re neid and ad	ministered for t	ne	Yes	No
	(i) unrelated organizations					3a(i)		No
	(ii) related organizations					3a(ii)		No
b	If "Yes" to 3a(II), are the related organizations listed as requ	ured on S	ched	ule R?		Зь		ĺ
	Describe in Part XIV the intended uses of the organization's	endowme	nt fu	nds				
aı	t VI Investments—Land, Buildings, and Equip	ment. S	ee F	orm 990, Pa	rt X, line 10.			
	Description of investment) Cost or other sis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) B	ook value
a	Land							
b	Buildings							
c	Leasehold improvements				54,773	22,500		32,27
d	Equipment				305,305	281,729		23,576
e	Other				24,719	24,092		627

56,476

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

			raye ¬ı
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,579,377
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,177,893
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	401,484
4	Net unrealized gains (losses) on investments	4	-152,360
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-152,360
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	249,124
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ro	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,577,017
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-2,360
3	Subtract line 2e from line 1	3	5,579,377
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,579,377
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	5,327,893
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C ~	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	7-	150,000
е 3	Subtract line 2e from line 1	2e 3	5,177,893
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		5,177,093
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,177,893
	t XIV Supplemental Information		1 3,1,7,333

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part IV , Line 2b		The Organization acts as a fiscal agent for two local associations. As the associations fiscal agent, the Organization receives and disburses funds on behalf of the associations. Since the revenues and expenses associated with these associations are not part of the Organizations operations, they are excluded from revenues and expenses.

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OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service

Open to Public Inspection

INITED :	:he organization WAY OF TRI COUNTY	TNC				Employ	er ident	ification number
INTIED	WAY OF IRI COUNTY	INC				04-210	4231	
Part I	Fundraising Act	tivities. Complete	e if the oi	rganızat	ion answered "Yes" t	to Form 990. Pa	art IV.	line 17.
	icate whether the organ	·		_		·		
	Mail solicitations	nzation raisea lanas	tinough u	ily of the	e Solicitation of r		rante	
· ·	Email solicitations					jovernment grant		
	Phone solicitations				g Special fundrais	-	5	
	rnone soncitations In-person solicitations				g i Special iunurals	sing events		
a , .	in-person solicitations							
or k b If "Y	the organization have a ey employees listed in (es," list the ten highes e compensated at leas	Form 990, Part VII) or entity · entities (f	in connec	ction with professional f rs) pursuant to agreeme	undraising activit	ties? the fund	
			(iii)	Diq		Γ		
	Name of individual entity (fundraiser)	(ii) Activity	fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount pa (or retained b fundraiser liste col (i)	y)	(vi) A mount paid to (or retained by) organization
		(ii) Activity	fundrais custo contr	er have dy or ol of	1	(or retained b fundraiser liste	y)	(or retained by)
		(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	1	(or retained b fundraiser liste	y)	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1 ANNUAL MEETING (event type)	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) thi	
Φ	1		10,200		(total number)			0,200
Revenue		Gross receipts						
Rey	2	Less Charitable contributions	3,288	3				3,288
	3	Gross revenue (line 1 minus line 2)	6,912	2				6,912
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
9	6	Rent/Facility costs						
Ш K	7	Other direct expenses	21,777	'			2:	1,777
Direct Expenses	8	Direct expense summary Add lin	-	• •				1,777
	9	Net income summary Combine III				<u> </u>		4,865
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e than	i
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ф Б	4	Rent/facility costs						
ā	5	Other direct expenses						
	6	Volunteer labor	│ Yes	Yes	┌ Yes <u> </u>			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b	If"	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ided or terminated during	g the tax year?	10a		
11		es the organization operate gaming a	activities with nonmembo	urs?				
12		he organization a grantor, beneficia					\Box	
	forn	ned to administer charitable gaming	?			. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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

DLN: 93493134030080 OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Schedule I (Form 990) 2008

Name of the organization						Employer identi	fication number
UNITED WAY OF TRI COUNTY	INC					04-2104231	
Part I General Inform	nation on Gra	nts and Assistance	е			•	
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the gra ganızatıon's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Scho	V, line 21 for a edule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the o if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect			1				73
organizations						<u></u> . ı	• <u> </u>

Cat No 50055P

Dart TTT	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV line 22
	Grants and other Assistance to Individuals in the office States. Complete if the organization answered Tes of Form 350,	raitiv, inte 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

1		
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 DESIGNATIONS - UNITED WAY OF TRI-COUNTY DOES NOT MONITOR THE USE OF DESIGNATIONS THE ORGANIZATION HONORS a donors wish to give their money to a certain 501(c)(3) organization and does not have the authority to follow up ALLOCATIONS - THESE ARE community care dollars disbursed based on a Citizens Review Process The Partner Agencies are to follow a memorandum of understanding to use the funds as specified They are given an award letter that outlines how the money is to be used UNITED WAY OF TRI-COUNTY reserves the right for site visits and requests success stories
Other Information	Part IV	THE UNITED WAY RESERVES THE RIGHT TO EXERCISE VARIANCE AUTHORITY OVER ALL GIFTS AND GRANTS

Software ID: Software Version:

EIN: 04-2104231

Name: UNITED WAY OF TRI COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of the FIN (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Mothed of valuation (g) De

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY STATE COMMUNITY SERVICE	04-2468492		19,931				GENERAL OPERATIONS
BIG BROTHERBIG SISTER CM MW	04-2317926		35,691				GENERAL OPERATIONS
BOSTON CHINESE EVANGELICAL CHURCH	51-0199982		5,000				GENERAL OPERATIONS
BOYS & GIRLS CLUB ASSABET VLLY	23-7105393		6,187				GENERAL OPERATIONS
BOYS AND GIRLS CLUB MW	04-2387225		244,853				GENERAL OPERATIONS
CHINESE GOSPEL CHURCH OF MASS	22-2579437		12,000				GENERAL OPERATIONS
DOMESTIC & FAMILY VIOLENCE PREVENTION	94-3110973		44,046				GENERAL OPERATIONS
ECUMENICAL FOOD PANTRY	22-3015795		6,896				GENERAL OPERATIONS
Fondos Unidos de Puerto Rico	66-0269222		23,800				GENERAL OPERATIONS
FRAMINGHAM PUBLIC SCHOOLS	04-6001151		36,993				GENERAL OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF BOLTON PUBLIC LIBRARY	65-1218089		10,264				GENERAL OPERATIONS
GRACE BAPTIST CHURCH - MA	04-3078683		10,200				GENERAL OPERATIONS
Greater Twin Cities United Way	41-1973442		13,354				GENERAL OPERATIONS
Heart of Florida United Way	59-0808854		6,010				GENERAL OPERATIONS
HEIFER PROJECT INTERNATIONAL	35-1019477		5,879				GENERAL OPERATIONS
HOLY TRINITY ORTHODOX CATHEDRAL - MA	04-6053825		6,000				GENERAL OPERATIONS
INNER-CITY SCHOLARSHIP FUND (ICSF)	22-2485502		8,300				GENERAL OPERATIONS
JEWISH FAMILY SERVICE	04-2730898		83,011				GENERAL OPERATIONS
KNOX TRAIL BSA	04-3308728		70,597				GENERAL OPERATIONS
MARLBOROUGH COMMUNITY	04-3134736		20,719				GENERAL OPERATIONS

		ıf applıcable	cash grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MASS 211 INC 04	4-3514643		69,474				GENERAL OPERATIONS
MAYNARD COMMUNITY 23 CHEST	3-7258706		5,171				GENERAL OPERATIONS
MILFORD YOUTH 04 CENTER	4-3337969		27,224				GENERAL OPERATIONS
MWYMCA 04	4-2281530		35,260				GENERAL OPERATIONS
NEW HOPE 04	4-2681340		19,837				GENERAL OPERATIONS
NORWOOD MEALS ON 04 WHEELS	4-2576834		5,796				GENERAL OPERATIONS
Orange County United 33 Way	3-0047994		7,725				GENERAL OPERATIONS
REGIONAL 04 EMPLOYMENT BOARD	4-6001254		6,667				GENERAL OPERATIONS
SALVATION ARMY 13 FRAMINGHAM	3-5562351		28,783				GENERAL OPERATIONS
SALVATION ARMY 13 MILFORD	3-5562351		13,905				GENERAL OPERATIONS

Form 990,Schedule I,	Part II, Gran	ts and Other As			rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SM LEGAL SERVICES	04-3177488		48,728				GENERAL OPERATIONS
SMOC	04-2389659		169,957				GENERAL OPERATIONS
ST STEPHENS	31-1629166		6,720				GENERAL OPERATIONS
Triangle United Way	56-1949103		6,386				GENERAL OPERATIONS
UNITED NEGRO COLLEGE FUND	13-1624241		5,462				GENERAL OPERATIONS
United Way Cntrl Carolinas Inc	56-0529948		14,013				GENERAL OPERATIONS
United Way Greater St Louis Inc	43-0714167		6,947				GENERAL OPERATIONS
United Way Grtr Fall River Inc	04-2104026		9,769				GENERAL OPERATIONS
United Way MA Bay&Merrimack Valley	04-2382233		77,030				GENERAL OPERATIONS
United Way Metropolitan Dallas Inc	75-6005352		8,820				GENERAL OPERATIONS
	ı İ		I	I	I	I	I

Form 990,Schedule I	, Part II, Gra	nts and Other A	ssistance to Gov	vernments and (Organizations in	the United State	.s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
United Way National Capital Area	53-0234290		11,570				GENERAL OPERATIONS
United Way of Broward County	59-0624402		6,888				GENERAL OPERATIONS
United Way of Cental Mass	04-2104017		22,013			!	GENERAL OPERATIONS
United Way of Central and NE CT	06-0646653		11,855			1	GENERAL OPERATIONS
United Way of Central Indiana	35-1007590		25,261				GENERAL OPERATIONS
United Way of Cntrl Alabama Inc	63-0288846		5,633				GENERAL OPERATIONS
United Way of Greater Cincinnati	31-0537502		6,286				GENERAL OPERATIONS
United Way of Greater Houston	74-1167964		6,907			!	GENERAL OPERATIONS
United Way of Greater Los Angeles	95-2274801		19,850				GENERAL OPERATIONS
United Way of Grtr Rochester Inc	16-1015782		5,914			!	GENERAL OPERATIONS
	'		•	'	J		

Form 990,Schedule I,	Part II, Gran	ts and Other As	sistance to Gov	er <u>nments and O</u>	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
United Way of Metropolitan Atlanta	58-0566194		24,092				GENERAL OPERATIONS
United Way of Metropolitan Chicago	30-0200478		7,465				GENERAL OPERATIONS
United Way of Miami- Dade	59-0830840		6,131				GENERAL OPERATIONS
United Way of San Diego County	95-2213995		5,767				GENERAL OPERATIONS
United Way of South Hampton Roads	54-0506322		7,589				GENERAL OPERATIONS
United Way of Southeastern PA	23-1556045		18,161				GENERAL OPERATIONS
United Way of Southern Nevada	88-0071328		6,568				GENERAL OPERATIONS
United Way of SW Indiana Inc	35-0868069		32,916				GENERAL OPERATIONS
United Way of the Bay Area	94-1312348		15,259				GENERAL OPERATIONS
United Way of Wilson County Inc	56-6021445		18,317				GENERAL OPERATIONS
	1 ,		•	'			

Form 990,Schedule I,	Part II, Gran	its and Other As	sistance to Gov	ernments and O	rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Wyoming Valley	24-0831490		7,516				GENERAL OPERATIONS
United Way Southeastern Michigan	20-3099071		14,320				GENERAL OPERATIONS
Valley of the Sun United Way	86-1002212		9,513				GENERAL OPERATIONS
WAYSIDE YOUTH	04-2630450		99,489				GENERAL OPERATIONS
WHEAT COMMUNITY SERVICE	04-2759988		54,438				GENERAL OPERATIONS
WORCESTER CATHOLIC CHARITIES	04-2103979		24,602				GENERAL OPERATIONS
YWCA CENTRAL MASS	04-2105873		28,399				GENERAL OPERATIONS
Algebra Project inc	22-3137788		5,462				GENERAL OPERATIONS
Angel Flight of New England	04-3314346		12,450				GENERAL OPERATIONS
A place to turn	04-2790777		30,275				GENERAL OPERATIONS

<u>Form 990,</u> Schedule I,	<u>, Part II, Gra</u>	<u>nts and Other As</u>	ssistance to Gov	<u>rernments and C</u>	<u>)rganizations in </u>	the United States	S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Addictions Referral	52-1334719		5,347				GENERAL OPERATIONS
A dvocates	23-7451423		133,912				GENERAL OPERATIONS
A merican red cross CM	53-0196605		9,595				GENERAL OPERATIONS

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

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Name of the organization UNITED WAY OF TRI COUNTY INC **Employer identification number**

04-2104231

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		,			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		, , ,	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationg anization's CEO/Executive Director Check all t		•			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νο
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PAUL MINA ((44,931	264,688	
(i)						
(i)						
(i)						
(i)						
(i							
(i)						
(i							
(i)						
(i)						
(i)						
(i							
(i)						
(i)						
(i)						
(i							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information	Part III	FORM 990, PART VII, SECTION A, LINE 5 - PAUL MINA, PRESIDENT AND CPO, ALSO ACTS AS THE EXECUTIVE DIRECTOR FOR MASS211, INC IN ADDITION TO HIS COMPENSATION FROM UNITED WAY OF TRI-COUNTY, HE IS PAID FOR MASS211, INC SERVICES THROUGH MANAGEMENT FEES THAT MASS211, INC PAYS UNITED WAY OF TRI-COUNTY

Schedule J (Form 990) 2008

DLN: 93493134030080

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** UNITED WAY OF TRI COUNTY INC 04-2104231 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (g)Written Approved (e) In from the (a) Name of interested person and (c)O riginal principal default? by board or agreement? (d)Balance due organization? purpose amount committee? From Tο Yes No Yes No Yes No Total **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
	organization			Yes	No
TIMothy FAHEY	Board Member and Senior Vice President at Bank	0	United Way holds a certificate of deposit at bank		No
ROBERT LAMPHREY	Board Member and President at Bank	0	United WAy holds a certificate of deposit and a checking account at bank		Νο
JOSEPH MACDONOUGH	Board Member and executive vice president at bank	0	United Way holds a certificate of deposit and money market account at bank		Νο
PAUL MINA	PRESIDENT/CPO	, ,	PAUL ALSO ACTS AS THE EXECUTIVE DIRECTOR OF MASS211, INC FOR WHICH UNITED WAY OF TRI-COUNTY RECEIVES SERVICE FEE REVENUE FROM MASS211, INC FOR MANAGEMENT AND OPERATIONAL SERVICES PROVIDED		No

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

. Inspection

Name of the organization	
UNITED WAY OF TRI COUNTY INC	

Employer identification number

04-2104231

Рđ	rt I Types of Property						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermining	l
1	Art-Works of art	аррпсавіе		1 g			
	Art—Historical treasures						
	Clothing and household						
	goods	X		318,885	FAIR MARKET VAL	UE	
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (describe $\underline{HARDWARE}$)	Х	1	498,385	faır market value		
26	Other (describe <u>LUGGAGE</u>) OFFICE	X	1	23,998	faır market value		
27	Other (describe <u>FURNITURE</u>) SCHOOL	Х	1	204,984	FAır market value		
28	Other (describe SUPPLIES) TOYS AND	Х	1	301,142	FAIR market value		
	Other (describe <u>GAMES</u>)	Х	1	25,183	faır market value		
	Other (describe CELLANEOUS)	×	1	23.643	FAIR market value		
29	Number of Forms 8283 received			·			
	which the organization complete Acknowledgement			ar for contributions for	29		0
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must	Ye	s No
	least three years from the date of for the entire holding period? .			not required to be used for	exempt purposes	30a	No
b	If "Yes", describe the arrangeme	ent in Part 1	II				
31	Does the organization have a gif	tacceptan	ce policy that requires the i	review of any non-standard	contributions?	31	No
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	No
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues	n Column (c) for a type of p	roperty for which Column (a	a) ıs		

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization UNITED WAY OF TRI COUNTY INC Employer identification number 04-2104231

ldentifier Reference		Explanation						
Form 990, Part III, line 2	New Program Services	the united way distribution services program links product philanthropy (office furniture, computers, supplies, etc.) donors to community partner agencies of the organization who are in need of these supplies.						

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 10		The form 990 was provided to the organization's finance committee, and Board of directors for approval prior to filing						

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS INCLUDED WITHIN THE EMPLOYEE HANDBOOK, WHICH IS SIGNED BY ALL EMPLOYEES WHEN THEY ARE HIRED THE ORGANIZATION MONITORS AND ENSURES IT IS IN COMPLIANCE AS SITUATIONS ARISE ALL BOARD MEMBERS SIGN A RELATED PARTY QUESTIONNAIRE ANNUALLY						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION THE PRESIDENT HAS BEEN ON A CONTRACT FOR THE PAST THREE YEARS AND WILL CONTINUE FOR ANOTHER FOUR AT NO INCREASE AS APPROVED HE WAS GIVEN A VERBAL REVIEW

ldentifier	Return Reference	Explanation									
Form 990, Part VI, Section C, line 19		the organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request									

Identifier	Return Reference	Explanation
	part xı, line 2c	the organization has a finance committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant

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OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

	>	See separate instruction	s. 🕨 Attach i	to your	tax re	et urn.			Sequence No 67
Name(s) shown on return		Business or a	ctivity to which	this for	rm rel	ates	Iden	tifyin	g number
UNITED WAY OF TRI CO	UNTY INC	5 000 D-	10					11045	224
Part I Election	To Evnence (Form 990 Pa Certain Property Un		170			04-2	21042	231
•	•	isted property, comple			u con	nplete	e Part I.		
-	-	for a higher limit for cert						1	250,000
2 Total cost of section :	179 property plac	ced in service (see instru	ctions) .					2	
		y before reduction in limit		uctions) .			3	800,000
4 Reduction in limitation	n Subtract line 3	from line 2 If zero or les	s, enter - 0 -					4	
5 Dollar limitation for ta	x year Subtract	line 4 from line 1 If zero	or less, enter - ()- Ifma	arrıed	filing			
separately, see instru	ctions							5	
(a) [Description of pro	perty	(b) Cost (•	ss us	e ((c) Elected	cost	
				only)			,		-
6						+			\dashv
7 Listed property Enter	the amount from	lino 20			7	T^{\perp}			귄
		erty Add amounts in col	umn (s) lines 6	" and 7				8	
9 Tentative deduction	• •	•	unin (c), inles o	allu /	•	•		9	
10 Carryover of disallower				•		•		10	
11 Business income limitation		•		• •	tions)	•			
						•		11	
12 Section 179 expense				- 1		_ •	• •	12	
13 Carryover of disallowe				. .	13				
Note: Do not use Part Part II Special D		Allowance and Othe				tincli	ıda lıstad nı	ropert	v) (See instructions)
14 Special depreciation a								operc	y) (See mistructions)
tax year (see instruct	·	imou property (other than	riistaa property	, place.	u 5 (daring the	14	
15 Property subject to se	ection 168(f)(1) e	election						15	
16 Other depreciation (in	cluding ACRS)							16	24,525
Part IIII MACRS De	epreciation (I	Do not include listed j	property.) (Se	e instr	uctio	ns.)			
			ction A					ı	1
17 MACRS deductions fo	•	·	-		•			17	
18 If you are electing	_ , ,	•	e during the to	ax yea	r into	one	_		
general asset accor						<u></u>		<u> </u>	
Section B-Ass	sets Placed in	Service During 200	08 Tax Year	Using	the	Gen	eral Dep	recia	ition System
	(b) Month and	(c) Basis for depreciation							
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Co	nvent	tion	(f) Metho	od	(g) Depreciation deduction
property	service	use only—see instructions)	period						deddetion
19a 3-year property		only—see mstructions)							
b 5-year property									
c 7 - year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property			25 yrs				S/L		
h Residential rental			27 5 yrs	+	1 M		S/L		
property			27 5 yrs	 	IM IM		S/L		
i Nonresidential real property			39 yrs	+	1 M 1 M		S/L S/L		
	_ on C—Assets Plac	Led in Service During 2008	l 8 Tax Year Usind			tive D	-	Svst	em
20a Class life							S/L	,,,,	
b 12-year	12 yrs	1			S/L				
c 40-year			40 yrs	N	1 M		S/L		
Part IV Summa	ry (See instruc	ctions)							
21 Listed property Enter				•		•		21	
22 Total. Add amounts fr and on the appropriate		14 through 17, lines 19 urn Partnerships and S				e 21 •	Enter here	22	24,525
23 For assets shown abo portion of the basis at	•	-		· .	23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

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Name: UNITED WAY OF TRI COUNTY INC

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Ada											
		(C) Position (check all that apply)							(-)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Delia Vetter , Vice Chair	40	X		Х				0	0	0	
roBERT LAMPREY , MEMBER AT LARGE	40	Х						0	0	0	
timoTHY FAHEY , MEMBER AT LARGE	20	Х						0	0	0	
geRALD GAW , VICE CHAIR	40	Х		Х				0	0	0	
john strickland , chair Person	80	Х		Х				0	0	0	
kevın foley , board member	40	Х						0	0	0	
sue abladıan , board member	20	Х						0	0	0	
tım barrett , board member	20	Х						0	0	0	
Deborah Batog , board member	20	Х						0	0	0	
dr susanne conley , board member	20	Х						0	0	0	
ken ferguson , board member	20	X						0	0	0	
Ken Cole , board member	20	X						0	0	0	
maura grossman , board member	20	Х						0	0	0	
davıd laurello , board member	20	Х						0	0	0	
joseph macdonough , board member	20	Х						0	0	0	
katrına moore , board member	20	Х						0	0	0	
frank saba , board member	20	X						0	0	0	
a theodore welte , board member	20	Х						0 0		0	
Susanne Morreale Leeber , Treasurer	20	Х		Χ				0	0	0	
joan mikalauskas , Board Member	20	Х						0		0	
Jack Mollen , Board member	20	Х						0	0	0	
Nancy Moscato , Board member	20	Х						0	0	0	
PAUL MINA , PRESIDENT & CPO/clerk	40 00			Х				219,757	0	44,931	