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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
455 BLILER AVE NE

City or town, state or country, and ZIP + 4
SALEM, OR 97301

D Employer identification number
93-0395586

E Telephone number
(503) 363-1651

G Gross receipts $ 2,395,489

F Name and address of Principal Officer
GAYLE CALDARAZZO
455 BLILER AVE NE
SALEM, OR 973015069

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW UNITEDWAYMWV ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1937

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities

UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER COMMUNITY OUR MISSION IS TO IMPROVE THE CONDITIONS OF MARION, POLK AND YAMHILL COUNTIES BY MOBILIZING PEOPLE, TIME, TALENT, RELATIONSHIPS, EXPERTISE, TECHNOLOGY, FINANCIAL ASSETS AND OTHER RESOURCES TO IMPROVE PEOPLE'S LIVES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	2,517
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,930,603	2,364,040
9	Program service revenue (Part VIII, line 2g)	14,280	12,128
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,737	13,826
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,677	-9,911
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,964,943	2,380,083
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,390,600	1,482,984
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 5–10)	308,923	439,173
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 234,811)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	376,078	289,620
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	2,072,601	2,211,777
19	Revenue less expenses Subtract line 18 from line 12	-124,461	168,306

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	2,052,196	2,297,107
21	Total liabilities (Part X, line 26)	129,247	236,531
22	Net assets or fund balances Subtract line 21 from line 20	1,922,949	2,060,576

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 Sign Here

****** | 2010-03-30
Signature of officer | Date

GAYLE CALDARAZZO Executive Direc
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Michelle A Pecora	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CTC ASSOCIATES 1660 OAK ST SE STE 220 SALEM, OR 973016940			EIN ▶ Phone no ▶ (503) 779-1902

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

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

1 Briefly describe the organization's mission

UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER COMMUNITY OUR MISSION IS TO IMPROVE THE CONDITIONS OF MARION, POLK AND YAMHILL COUNTIES BY MOBILIZING PEOPLE, TIME, TALENT, RELATIONSHIPS, EXPERTISE, TECHNOLOGY, FINANCIAL ASSETS AND OTHER RESOURCES TO IMPROVE PEOPLE'S LIVES

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 705,913 including grants of $ 537,896) (Revenue $)

Community ImpactIn order to meet the needs of Marion, Polk and Yamhill counties, United Way of the Mid-Willamette Valley (United Way) directs much needed resources to programs in our three-county service area that are focused on basic needs as well as community, health, and youth programs United Way administers a two-year volunteer driven funding cycle Volunteers representing various regions and segments of the community are recruited to prioritize community needs and recommend grant awards that address those needs Community Impact Grants were awarded to 40 agencies managing 67 unique programs Program contracts include requirements for outcomes to be measured The breakdown of community impact grants given is as follows Basic Needs - 26%, Community Programs - 19%, Health Programs - 25%, Youth Programs - 30% The following programs are also included as part of the Community Impact program Annual CampaignAnnually, United Way provides the platform and infrastructure for charitable campaigns within more than 250 businesses, corporations and other organizations serving Marion, Polk and Yamhill counties United Way collects, processes and distributes charitable contributions as directed by the Community Impact process and donor intention Salem Area Transit Bus Pass ProgramUnited Way has partnered with Salem Area Transit to manage a bus pass program to mid-valley non-profits (including schools, churches, agencies) whose clients need transportation support throughout the area United Way awarded 3,400 transit passes to 20 programs in the Salem-Keizer area Yamhill 2-1-1United Way, in partnership with Yamhill County Commission on Children and Families, invested $20,000 in launching 2-1-1 throughout Yamhill County 2-1-1 is an easy to remember number that connects individuals with resources in the community Just as people call 9-1-1 for emergencies and 4-1-1 for directory assistance, callers throughout Yamhill County are able to dial 2-1-1 and speak with a trained referral specialist about critical health and human services available in their community

4b (Code) (Expenses $ 136,860 including grants of $) (Revenue $)

HandsOn Mid-Willamette Valley HandsOn Mid-Willamette Valley (HandsOn), previously the Volunteer and Mentor Center, is the volunteer action center for Marion, Polk, and Yamhill Counties, providing support and resources for the mobilization of volunteers HandsOn partners with local community agencies to provide an online database of unique volunteer opportunities and a regular offering of volunteer projects HandsOn provides services that help volunteers discover their passion for giving back, prepare agencies to recruit, train, and retain volunteers, and help businesses to engage their employees in mutually beneficial community involvement HandsOn made 651 volunteer connections during 2008-2009, Recruited 165 Partner Agencies from across Marion, Polk, and Yamhill Counties, who have posted on the HandsON web site (www HandsOnMWV org) 718 unique opportunities for volunteers to get involved, and through the HandsOn website, registered 1360 volunteers who are interested in serving as a volunteer

4c (Code) (Expenses $ 945,088 including grants of $) (Revenue $)

DESIGNATIONS -- DOLLARS ARE DIRECTED TOWARDS SPECIFIC 501(C)(3) AGENCIES AS SPECIFIED BY THE DONOR

4d Other program services (Describe in Schedule O)

(Expenses $ 67,632 including grants of $) (Revenue $)

4e Total program service expenses $ 1,855,493 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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		No
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? *If "Yes," complete Schedule G, Part I*	17		No
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	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		No
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	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
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
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**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**		No
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**		No
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**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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**	11		
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 to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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**	11		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		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,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		**5c**		No
6a	Did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		No
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		No
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**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	*Section 501(c)(7) organizations.* Enter				
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				
a	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 in lieu of Form 1041?		**12a**		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. 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, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed OR

18 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 ☐ another's website ☑ upon request

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

HOLLY LARSON
455 BLILER AVE NE
SALEM, OR 973015069
(503) 363-1651

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
* 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

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

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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								73,005		

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 2,009,176				
	b	Membership dues 1b				
	c	Fundraising events 1c 18,333				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 336,531				
	g	Noncash contributions included in lines 1a-1f $ 73,818				
	h	**Total (Add lines 1a-1f)** ▶	2,364,040			
Program Service Revenue		Business Code				
	2a	ADMINISTRATIVE FEES	900,099 12,128	12,128		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 12,128				
	3	Investment income (including dividends, interest other similar amounts) ▶	13,826			13,826
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶	0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 18,333				
	b	Less direct expenses b 15,406				
	c	Net income or (loss) from fundraising events ▶	-15,406	-15,406		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS INCOME 624,100	5,495			5,495
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 5,495				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	2,380,083	-3,278		19,321

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,482,984	1,482,984		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	73,005	37,160	9,578	26,267
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	279,133	142,065		100,443
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	54,698	27,839	7,177	19,682
10 Payroll taxes	32,337	16,458	4,243	11,636
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	39,035	877	38,158	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	14,859	10,698	1,105	3,056
12 Advertising and promotion	17,618	8,995	1,467	7,156
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	26,808	13,676	3,488	9,644
17 Travel	0			
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	0			
21 Payments to affiliates	16,388	5,211	5,465	5,712
22 Depreciation, depletion, and amortization	19,399	9,897	2,524	6,978
23 Insurance	4,381	1,577	745	2,059
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TRAVEL & MEETINGS	22,756	13,198	2,317	7,241
b OTHER COSTS	68,521	67,608	716	197
c NONPERSONNEL EXPENSES	23,983	10,584	3,128	10,271
d MEMBERSHIP DUES	4,974	1,582	1,659	1,733
e CAMPAIGN EXPENSES	22,561			22,561
f All other expenses	8,337	5,084	3,078	175
25 **Total functional expenses.** Add lines 1 through 24f	2,211,777	1,855,493	121,473	234,811
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		74	1	100
	2	Savings and temporary cash investments		864,032	2	937,540
	3	Pledges and grants receivable, net		427,350	3	641,702
	4	Accounts receivable, net			4	0
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		1,586	9	3,829
	10a	Land, buildings, and equipment cost basis	10a 863,288			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 154,263	728,424	10c	709,025
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	0
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		30,730	15	4,911
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		2,052,196	16	2,297,107
Liabilities	17	Accounts payable and accrued expenses		7,599	17	31,220
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	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	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		121,648	25	205,311
	26	**Total liabilities.** *Add lines 17 through 25*		129,247	26	236,531
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,922,949	27	1,845,576
	28	Temporarily restricted net assets			28	215,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,922,949	33	2,060,576
	34	Total liabilities and net assets/fund balances		2,052,196	34	2,297,107

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

Part II Support Schedule for Organizations Described in 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.)

Public Support

Calendar 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 ")	1,633,733	1,364,866	1,464,276	1,808,572	2,364,040	8,635,487
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add line 1-3	1,633,733	1,364,866	1,464,276	1,808,572	2,364,040	8,635,487
5 The portion of total contribution by each 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)						0
6 **Public Support** subtract line 5 from line 4						8,635,487

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,633,733	20,948	1,464,276	1,808,572	2,364,040	8,635,487
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,854	20,948	32,815	21,737	13,826	100,180
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	794	873		7,646	5,495	14,808
11 **Total Support** (Add lines 7 through 10)						8,750,475

12 Gross receipts from related activities, etc (See instructions)	12	

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**98.690 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**98.963 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% 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 ☐

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		190,000		190,000
b Buildings		616,331	124,452	491,879
c Leasehold improvements		26,114	5,953	20,161
d Equipment		15,445	13,271	2,174
e Other		15,398	10,587	4,811
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				709,025

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
AMOUNTS DESIGNATED BY DONORS	178,110
ACCRUED PAYROLL LIABILITIES	27,201
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	205,311

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,380,083
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,211,777
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	168,306
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	168,306

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,450,401
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	15,406		
e	Add lines **2a** through **2d**			2e	15,406
3	Subtract line **2e** from line **1**			3	1,434,995
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	945,088		
c	Add lines **4a** and **4b**			4c	945,088
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,380,083

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

1	Total expenses and losses per audited financial statements			1	1,282,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	15,406		
e	Add lines **2a** through **2d**			2e	15,406
3	Subtract line **2e** from line **1**			3	1,266,689
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	945,088		
c	Add lines **4a** and **4b**			4c	945,088
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,211,777

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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

Identifier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	AMOUNTS DESIGNATED BY DONORS $945088
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	FUNDRAISING EVENT EXPENSES $15406
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	AMOUNTS DESIGNATED BY DONORS $945088
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	FUNDRAISING EVENT EXPENSES $15406

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CAMPAIGN CELEBRATION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	15,500			15,500
	2 Less Charitable contributions	15,500			15,500
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	9,939			9,939
	7 Other direct expenses	5,467			5,467
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				15,406
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-15,406

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
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**		
b	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		
a	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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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 53

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		UNITED WAY OF THE MID-WILLAMETTE VALLEY (UNITED WAY) REQUIRES FUNDED AGENCIES TO SUBMIT AN INTERIM REPORT AT NINE MONTHS INTO THE GRANT CYCLE AND A FINAL REPORT AFTER THE TWO-YEAR FUNDING CYCLE HAS ENDED THE REPORTS ASK AGENCIES TO PROVIDE NARRATIVE AND DETAIL DESCRIBING HOW GRANT MONIES WERE USED, WHAT OUTCOMES WERE ARCHIEVED AND THE NUMBER AND DEMOGRAPHIC PROFILE OF CLIENTS SERVED VOLUNTEER REVIEW PANELS REVIEW INTERIM REPORTS SUBMITTED BY EACH FUNDED PROGRAM FOR THE PURPOSE OF MONITORING IF DESIRED OUTCOMES ARE BEING ACHIEVED AND IF GRANT MONIES ARE BEING SPENT AS ORIGINALLY PROPOSED BEFORE THE END OF YEAR ONE OF THE TWO-YEAR FUNDING CYCLE, THE VOLUNTEER REVIEW PANELS AND THE COMMUNITY IMPACT COUNCIL MAKE A PROPOSAL TO THE UNITED WAY'S BOARD OF DIRECTORS ABOUT WHICH AGENCIES ARE RECOMMENDED FOR CONTINUED SECOND YEAR FUNDING AND WHICH EITHER NEED TO BE PUT ON PROBATION OR HAVE FUNDING DISCONTINUED THE BOARD OF DIRECTORS, THE COMMUNITY IMPACT COUNCIL AND THE COMMUNITY IMPACT DIRECTOR WORK WITH PROBATIONARY PROGRAMS TO ENSURE THAT CONCERNS ARE ADDRESSED IN ADDITION, WE REQUIRE THAT FUNDED PARTNERS PERIODICALLY PROVIDE FINANCIAL REPORTS AND DOCUMENTS REQUIRED FINANCIAL REPORTS AND DOCUMENTATION SHOULD BE ABLE TO BE PROVIDED AT A COST THAT IS REASONABLE TO THE SUBMITTING AGENCY REQUIRED FOR ALL AGENCIES REGARDLESS OF BUDGET SIZE - ANNUAL BALANCE SHEET AND STATEMENT OF INCOME FOR THE MOST RECENT FISCAL YEAR - IRS FORM 990 FOR THE MOST RECENT YEAR COMPLETED REQUIRED FOR AGENCIES BASED ON BUDGET SIZE (REVENUE PER LINE 12 OF FORM 990) AGENCIES WITH REVENUE OF $100,000 - $499,999 - FINANCIAL REVIEW BY CPA REQUIRED EVERY THIRD YEAR AGENCIES WITH REVENUE OF $500,000 - $999,999 - AN INDEPENDENT, OUTSIDE AUDIT REQUIRED EVERY THIRD YEAR AGENCIES WITH REVENUE OF $1,000,000 OR MORE - AN INDEPENDENT, OUTSIDE AUDIT REQUIRED EVERY YEAR

Additional Data

Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 93-0395586
Name: UNITED WAY OF MID-WILLAMETTE VALLEY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA1255 BROADWAY NE SUITE 110 SALEM,OR 97301	93-0386985		46,527	0			ALLOCATION
YAMHILL COUNTY CASA 117 NE 5TH STREET SUITE 1 MCMINNVILLE,OR 97128	93-1178086		9,000	0			ALLOCATION
YAMHILL COMMUNITY ACTION PARTNERSHIPPO BOX 621 MCMINNVILLE,OR 97128	93-0758732		5,000	0			ALLOCATION
WILLAMETTE ACADEMY 900 STATE STREET SALEM,OR 97301	93-6002316		25,000	0			DESIGNATION
VORP450 SE WASHINGTON STREET DALLAS,OR 97338	93-0873123		6,000	0			ALLOCATION
UNION GOSPEL MISSION 345 COMMERCIAL STREET NE SALEM,OR 97301	93-0457267		25,840	0			DESIGNATION
THE SALVATION ARMYPO BOX 7047 SALEM,OR 97303	94-1156347		26,008	0			ALLOCATION
ST JOSEPH CATHOLIC CHURCH721 CHEMEKETA STREET NE SALEM,OR 97301	93-0399053		25,000	0			DESIGNATION
ST FRANCIS SHELTER1820 BERRY STREET SE SALEM,OR 97302	93-0943539		5,984	0			ALLOCATION
SKYBALLPO BOX 4386 SALEM,OR 97302	93-1199079		5,323	0			ALLOCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVERTON AREA COMMUNITY AIDPO BOX 1305 SILVERTON,OR 97381	93-0884237		7,399	0			ALLOCATION
SALVATION ARMYPO BOX 7047 SALEM,OR 97303	94-1156347		41,433	0			DESIGNATION
SABLE HOUSEPO BOX 783 DALLAS,OR 97338	93-1122800		17,500	0			ALLOCATION
RESSURRECTION CATHOLIC PARISH 21060 SW STAFFORD RD TUALATIN,OR 97062	93-0769662		25,000	0			DESIGNATION
OUR LADY OF THE LAKE 650 A AVENUE LAKE OSWEGO,OR 97034	93-0448898		25,000	0			DESIGNATION
NORTHWEST HUMAN SERVICES681 CENTER STREET NE SALEM,OR 97301	93-0605570		5,704	0			DESIGNATION
NORTHWEST HUMAN SERVICES681 CENTER STREET NE SALEM,OR 97301	93-0605570		38,677	0			ALLOCATION
MT ANGEL ABBEY1 ABBEY DRIVE ST BENEDICT,OR 97373	93-0386869		31,991	0			DESIGNATION
MID-WILLAMETTE VALLEY COMM ACTION AGENCY2475 CENTER STREET NE SALEM,OR 97301	23-7056987		22,813	0			ALLOCATION
MID-VALLEY WOMENS CRISIS SERVICE795 WINTER STREET NE SALEM,OR 97301	51-0141214		15,168	0			ALLOCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-VALLEY WOMENS CRISIS SERVICE795 WINTER STREET NE SALEM,OR 97301	51-0141214		11,033	0			DESIGNATION
MARION-POLK LEGAL AID SERVICE1655 STATE STREET SALEM,OR 97301	93-0635480		8,085	0			ALLOCATION
MARION-POLK FOSTER PARENT ASSOCIATION PO BOX 13875 SALEM,OR 97309	23-7319709		7,240	0			DESIGNATION
MARION-POLK FOOD SHARE1660 SALEM INDUSTRIAL DR NE SALEM,OR 97303	94-3034161		82,843	0			DESIGNATION
MARION COUNTY CASA PO BOX 12765 SALEM,OR 97309	81-0583065		9,380	0			ALLOCATION
LUTHERAN COMMUNITY SERVICES617 NE DAVIS ST MCMINNVILLE,OR 97128	93-0386860		6,000	0			ALLOCATION
LIFE DIRECTIONS945 COLUMBIA STREET NE SALEM,OR 97303	36-3873676		24,982	0			DESIGNATION
LIBERTY HOUSE2685 4TH STREET NE SALEM,OR 97301	93-1236936		7,942	0			DESIGNATION
LIBERTY HOUSE2685 4TH ST NE SALEM,OR 97301	93-1236936		7,500	0			ALLOCATION
KINGS SCHOOL67-675 BOLERO RD PALM SPRINGS,CA 92264	95-3809983		12,000	0			DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF ZION MINISTRIES1430 E CLEVELAND ST WOODBURN,OR 97071	93-0871543		28,000	0			ALLOCATION
HELPING HANDS1444 LIBERTY ST SE SALEM,OR 97302	93-0861401		6,450	0			ALLOCATION
GRAND SHERAMINA COMM SERVICES120 NORTH BRIDGE STREET SHERIDAN,OR 97378	93-1243658		9,500	0			ALLOCATION
GIRL SCOUTS OF OR & SW WA9620 SW BARBUR BLVD PORTLAND,OR 97219	93-0399051		37,370	0			ALLOCATION
GARTEN SERVICESPO BOX 7310 SALEM,OR 97303	93-0582004		17,000	0			ALLOCATION
FELLOWSHIP OF CHRISTIAN ATHLETES 3439 BROKEN ARROW LOOP NW SALEM,OR 97304	44-0610626		10,000	0			DESIGNATION
FATHER BERNARD YOUTH CENTER INCPO BOX 790 MT ANGEL,OR 97362	02-0658798		24,755	0			DESIGNATION
FAMILY YMCA685 COURT ST NE SALEM,OR 97301	93-0386982		32,208	0			ALLOCATION
FAMILY BUILDING BLOCKS2425 LANCASTER DR NE SALEM,OR 97305	93-1233373		44,996	0			DESIGNATION
FAMILY BUILDING BLOCKS2425 LANCASTER DR NE SALEM,OR 97305	93-1233373		15,000	0			ALLOCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAITH IN ACTION310 VILLA ROAD SUITE 110 NEWBERG,OR 97132	93-0889144		7,875	0			ALLOCATION
EASTER SEALSCHILDRENS GUILD PO BOX 5193 SALEM,OR 97304	93-0386885		23,271	0			ALLOCATION
EASTER SEALS CHILDRENS THERAPY CENTERPO BOX 5193 SALEM,OR 97304	93-0386885		5,472	0			DESIGNATION
CATHOLIC COMMUNITY SERVICESPO BOX 20400 SALEM,OR 97307	93-0903773		12,500	0			ALLOCATION
CATHOLIC COMMUNITY SERVICESPO BOX 20400 SALEM,OR 97307	93-0903773		110,523	0			DESIGNATION
CASCADE PACIFIC COUNCIL BOY SCOUTS 4395 LIBERTY RD S SALEM,OR 97302	22-1576300		10,728	0			DESIGNATION
CANYON CRISIS & RESOURCE CENTER475 NE SANTIAM BOULEVARD MILL CITY,OR 97360	93-0935172		7,500	0			ALLOCATION
CANYON CRISIS & RESOURCE CENTER475 NE SANTIAM BOULEVARD MILL CITY,OR 97360	93-0935172		5,109	0			DESIGNATION
BOYS & GIRLS CLUB OF SALEM1395 SUMMER STREET NE SALEM,OR 97301	93-0581470		271,121	0			DESIGNATION
BOYS & GIRLS CLUB OF SALEM1395 SUMMER STREET NE SALEM,OR 97301	93-0581470		20,038	0			ALLOCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLANCHET CATHOLIC SCHOOL4373 MARKET STREET SE SALEM,OR 97301	20-2789741		25,000	0			DESIGNATION
AMERICAN RED CROSS 675 ORCHARD HEIGHTS RD NW SUITE 200 SALEM,OR 97304	53-0196605		11,533	0			DESIGNATION
AMERICAN RED CROSS 675 ORCHARD HEIGHTS RD NW STE 200 SALEM,OR 97304	53-0196605		27,718	0			ALLOCATION
211 INFO621 SW ALDER ST SUITE 810 PORTLAND,OR 97205	93-0784586		20,000	0			ALLOCATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		67,632	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	6,186	
10	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 _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **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

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	A SALARY COMPARISON STUDY WAS DONE USING DATA GATHERED FROM 170 NONPROFIT ORGANIZATIONS THIS INFORMATION WAS EXAMINED AND APPROVED BY THE BOARD PRESIDENT THE SAME SALARY STUDY WAS COMPLETED FOR FOR ALL KEY POSITIONS OF THE ORGANIZATION THE BOARD GAVE AUTHORITY TO THE EXECUTIVE DIRECTOR TO SET STAFF SALARIES IN ACCORDANCE WITH THE ESTABLISHED RANGES AS LONG AS SALARIES ARE WITHIN THE BOARD APPROVED BUDGET

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	AN ANNUAL REVIEW IS PERFORMED OF THE CONFLICT OF INTEREST STATEMENTS FILED BY EACH MEMBER OF THE BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	FORM 990 WAS REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	(1) EVERY INDIVIDUAL AND ENTITY CONTRIBUTOR TO UNITED WAY OF MID-WILLAMETTE VALLEY (UWMWV) WILL BECOME AN AFFILIATED MEMBER WITH THE ORGANIZATION AND WILL BE ENTITLED TO VOTE AT ALL MEETINGS FOR A PERIOD OF ONE CALENDAR YEAR IMMEDIATELY FOLLOWING THEIR CONTRIBUTION (2) ANY NOT-FOR-PROFIT AGENCY OR ORGANIZATION WITH A LEGITIMATE HEALTH AND HUMAN SERVICE PROGRAM, UPON ACCEPTANCE BY THE BOARD OF DIRECTORS, MAY BECOME A MEMBER AGENCY OF THE UWMWV AND CONTINUE SO LONG AS IT IS APPROVED BY THE BOARD OF DIRECTORS THE PRESIDENT OR CHAIR OF THE BOARD OF EACH AGENCY OR ORGANIZATION WILL BE REGARDED AS THE OFFICIAL SPOKESPERSON FOR EACH AGENCY OR ORGANIZATION (3) ACCEPTANCE OF SUCH MEMBERSHIP BY AN AGENCY OR ORGANIZATION WILL IMPOSE AN OBLIGATION TO CONFORM TO ALL RULES AND REGULATIONS ESTABLISHED BY UWMWV BOARD OF DIRECTORS AND THE PROVISIONS OF THE ORGANIZATION'S BYLAWS (4) MEMBERSHIP BY AN AGENCY DOES NOT GUARANTEE FUNDING MEMBER (AGENCY) ORGANIZATIONS SHALL NOT HAVE THE RIGHT TO VOTE FOR THE ELECTION OF UWMWV OFFICERS (5) THE UWMWV BOARD OF DIRECTORS MAY ELECT HONORARY MEMBERS WHO SHALL SERVE CONTINUOUSLY IN PERPETUITY IN RECOGNITION OF OUTSTANDING SERVICE TO THE UWMWV HONORARY MEMBERS SHALL HAVE THE RIGHT TO VOTE FOR THE ELECTION OF OFFICERS

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	THE ORGANIZATION'S BYLAWS WERE UPDATED JANUARY 2009

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	BOARD MEMBERS BRAD AND JEANETTE MOORE ARE HUSBAND AND WIFE

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Gifts In KindThrough the Gifts In Kind program, United Way provides partner agencies with new products donated from national corporations Items from major clothing retailers, as well as companies like Bed, Bath and Beyond and Home Depot are distributed locally where they are needed most Gifts In Kind provided $67,632 in new goods to 10 agencies in the Mid-Willamette Valley

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CHARITY BUILD 2008 LLC 455 BLILER AVE NE SALEM, OR 973015069	HOME CONSTRUCTION - SALES PROCEEDS TO PROVIDE SUPPORT	OR		65,000	UNITED WAY OF MWV

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 93-0395586
Name: UNITED WAY OF MID-WILLAMETTE VALLEY

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD WEIR , Director	1 00	X						0	0	0
RYAN ALLBRITTON , President	1 00	X		X				0	0	0
ROGER JORDAN , Director	1 00	X						0	0	0
ROBIN MOORE , Director	1 00	X						0	0	0
RAY BURSTEDT , Director	1 00	X						0	0	0
PAUL KRISSEL , Director	1 00	X						0	0	0
MICHELLE PECORA , Treasurer	1 00	X		X				0	0	0
KATHY GOSS , Director	1 00	X						0	0	0
JEANNETTE MOORE , Director	1 00	X						0	0	0
JAMES EDMONDS , Director	1 00	X						0	0	0
GREG PETERSON , Director	1 00	X						0	0	0
GLENN GELBRICH , Director	1 00	X						0	0	0
GLADYS BLUM , Director	1 00	X						0	0	0
GERRY FRANK , HONARY DIRECTOR	1 00	X						0	0	0
GAYLE CALDARAZZO , Executive Direc	40 00			X				73,005	0	0
ELIAS VILLEGAS , Director	1 00	X						0	0	0
EDUARDO ANGULO , Director	1 00	X						0	0	0
DICK WITHNELL , CAMPAIGN CHAIR	1 00	X						0	0	0
DENNIS MCINTIRE , Director	1 00	X						0	0	0
CRAIG CHRISTOFF , Director	1 00	X						0	0	0
CARRIE CASEBEER , Director	1 00	X						0	0	0
BRAD MOORE , Director	1 00	X						0	0	0
BILL WILKSON , Vice President	1 00	X		X				0	0	0
BARB RESCH , PAST PRESIDENT	1 00	X						0	0	0
ART BURSTEDT , Director	1 00	X						0	0	0