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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

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	tment of the Treasury	assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requiren		Inspection		
	al Revenue Service		8-31 ,20 09			
_		r the 2008 calendar year, or tax year beginning 09-01 , 2008, and ending				
	heck if applicable		r Identification number			
HA	ddress change	Please use IRS UNITED WAY OF VERMILLION		3535078		
∐Ni	ame change	label or Number and street (or P O box, if mail is not delivered to street address) Room print or	√suite E Telephoi	ne number		
	ıtıal retum	type. See no poy 216				
те	ermination	Specific PO BOX 216				
L Ar	mended return	tristruc- City or town, state or country, and ZIP + 4	F Group E	kemption		
A _I	pplication pending	VERMILLION, SD 57069	Number	··· >		
•	Section 501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting met	hod X Cash Accrual		
		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	-		
			H Check ▶ 🗓 ı	f the organization is not		
I W	/ebsite:		required to attac	ch Schedule B (Form 990,		
J 0	rganization type (ch	neck only one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 990-	PF)		
КС	heck 🕨 🔝 if the oi	rganization is not a section 509(a)(3) supporting organization and its gross receipt	s are normally not m	ore than \$25,000 A return		
IS	not required, but if t	the organization chooses to file a return, be sure to file a complete return				
L A	dd lines 5b, 6b, and	7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 inst	ead of Form 990-EZ	▶ \$ 88,781		
Pa	······································	e, Expenses, and Changes in Net Assets or Fund Balances				
		s, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·		1 88,698		
		vice revenue including government fees and contracts	<u></u>	2		
		dues and assessments · · · · · · · · · · · · · · · · · · ·		3		
	4 Investment			4 83		
		nt from sale of assets other than inventory •••••• 5a		-		
		r other basis and sales expenses · · · · · · · · · · · · · · · · · ·				
_ [s) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach so	chedule)			
R	_					
5 v		and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here use (not including \$ of contributions	e 🖊 🔛	: 49		
e n			19			
e u	,					
7		expenses other than fundraising expenses · · · · · · · · · · · 6b or (loss) from special events and activities (Subtract line 6b from line 6a) · · ·	 -			
7		· · · · · · · · · · · · · · · · · · ·	6c			
_	7a Gross sales	!	•			
2		f goods sold · · · · · · · · · · · · · · · · · · ·				
3		or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · · · · · · · · · · · · · · · · ·	7c		
ית		ue (describe		8		
		ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9 88,781		
7010 <u>-</u>		similar amounts paid (attach schedule)	/ <u> </u>	10 64,635		
⊃E	11 Benefits paid	d to or for members	%	11		
X	12 Salaries, oth	ner compensation, and employee benefits	10 · 8 · · ·	12 11,303		
p e	13 Professional	fees and other payments to independent contractors	W	13 249		
n s	14 Occupancy,	rent, utilities, and maintenance OGDEN, L	<u></u>	14 8,588		
e	• • •			15 8,259		
3		ses (describe > STM130		16 1,344		
		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		17 94,378		
A	18 Excess or (d	deficit) for the year (Subtract line 17 from line 9)	• • • • • • •	18 (5,597)		
N S		or fund balances at beginning of year (from line 27, column (A)) (must agree with				
e e		figure reported on prior year's return)		19 55,674		
't	20 Other chang	es in net assets or fund balances (attach explanation)		20		
s	21 Net assets of	or fund balances at end of year Combine lines 18 through 20 · · · · · · · ·	• • • • • •	21 50,077		
Pa	rt II Balance	orm 990-EZ				
		(See the instructions for Part II)	(A) Beginning of year	(B) End of year		
22	Cash, savings, and	d investments · · · · · · · · · · · · · · · · · · ·	55,67	74 22 50,077		
23	Land and buildings	s		23		
24 Other assets (describe >				24		
25			55,67	74 25 50,077		
26	Total liabilities (de			26		
27	•	I balances (line 27 of column (B) must agree with line 21)	55,67	74 27 50,077		

Form 990-EZ (2008) UNITED WAY OF VERMILLION 36-3535						78 Page 2
P	art III Statement of Program Service Acco	mplishments (See the	instructions for Part III)		Expenses
	at is the organization's primary exempt purpose? COMMUNI				(Red	quired for 501(c)(3)
	scribe what was achieved in carrying out the organization's e		and concise manner.	•	and	(4) organizations 4947(a)(1) trusts,
	cribe the services provided, the number of persons benefite			title	optio	onal for others)
	UNITED WAY OF VERMILLION IS A VOLUNTARY		The state of the s			
-0	AND PLANNING AGENCY DEDICATED TO SERVING	·-·				
	COMMUNITY	- IIIB				
					-00-	04 370
	(Grants \$) If this amo	ount includes foreign grants	s, cneck nere · · · ·	••••	28a	94,378
29						
	(Grants \$) If this amo	ount includes foreign grants	, check here · · · ·	$\cdots \blacktriangleright \Box$	29a	
30						
	(Grants \$) If this amo	ount includes foreign grants	check here		30a	
24		· · · · · · · · · · · · · · · · · · ·				- -
31	Other program services (attach solicatio)				24-	
		ount includes foreign grants			31a	04 270
	Total program service expenses (add lines 28a through 31	-			32	94,378
P	art IV List of Officers, Directors, Trustees, and Key En		1	T		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit pla		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compensa		other allowances
RO	BERT FULLER					
PO	BOX 216 VERMILLION SD, 57069	15	10,500		O	0
SE	E SCHEDULE					
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		l				

Pa	t V Other Information (Note the statement requirements in the instructions for Part VI)		1.4	
		<u> </u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			اــــا
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • • 37a			
	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لـــــا
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved •••••••• 38b			
39	501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on line 9, for public use of club facilities - · · · · · · · · · · · · · · · · · ·	3		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	\$		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction			l
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			l
	L, Part I · · · · · · · · · · · · · · · · · ·	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during	₹ ₹		,]
	the year under sections 4912, 4955, and 4958	*		
	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	_		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The books are in care of ▶ ROBERT FULLER Telephone no ▶ 605-6.		354	
	Located at ▶ PO BOX 216 VERMILLION, SD ZIP+4 ▶ 5706	59		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u>X</u>
	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.			اــــا
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X_
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• • •	• • ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	L		
	Form 990-EZ	44		_X_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			اــــا
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45		_X_

Form	990-EZ (2008) UNITED WAY OF VERMILLION 36-3535078		Page 4
Part	Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51		
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E • • • • • • • • • • • • • • • • • •	<u> </u>	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization? • • • • • • • • • • • • • • • • • • •	L	X
	If "Yes," was the related organization(s) a section 527 organization? • • • • • • • • • • • • • • • • • • •	<u> </u>	<u> </u>
	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		
	(a) Name and address of each employee paid more hours per week employee benefit plans & acc	xpense ount and lowance	
NONE			
Total	number of other employees paid over \$100,000		
51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None"		
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compe	nsation	
Total	number of other independent contractors each receiving over \$100,000 · · · ▶	· · ·	
Sign Here	Octo		
Paid Prepa	Preparer's signature Preparer's MARK CROWLEY CPA Date O1-13-2010 Check of self-employed Preparer's Identifying No Self-employed Proparer's Identifying No Pool 1871		st)
Use O	Firm's name (or yours	,	
May th	he IRS discuss this return with the preparer shown above? See instructions · · · · · · · · · · · · · · · · · · ·	X	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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Employer identification number UNITED WAY OF VERMILLION 36-3535078 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 c Type III-Functionally integrated b Type II d Type III-Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(E) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (vi) Is the (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of organization in col in col (i) listed in your the organization in col support organization (described on lines 1-9 (i) organized in the above or IRC section governing document? (i) of your support? 1152 (see instructions)) Yes No Yes No Yes

Pa	Support Schedule for Organiza (Complete only if you checked the box on			ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
Sec	tion A. Public Support						
Cal	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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each		1	İ			
	person (other than a governmental unit or				1		
	publicly supported organization) included		*	*			
	on line 1 that exceeds 2% of the amount		*				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 • •	» «	* * *				
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·					L	
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 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 insti	ructions) · · ·	• • • • • • •			12	
13		• • • • • • • • •	• • • • • • • •			c)(3) organization	
	tion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, column	•				14	%
15	Public support percentage from 2007 Schedule A,					15	<u>%</u>
16a	33 1/3% support test - 2008. If the organization did						
	and stop here. The organization qualifies as a publ	- • •	_		00.4/00/		••••
Ь	33 1/3% support test - 2007. If the organization did						
4=	box and stop here. The organization qualifies as a		-			- 400/	• • • • • • •
17a	10%-facts-and-circumstances test - 2008. If the org						
	more, and if the organization meets the "facts-and-		· ·	•	•		
	organization meets the "facts-and-circumstances" to	_	•		•		• • • • • •
b	10%-facts-and-circumstances test - 2007. If the org more, and if the organization meets the "facts-and-	circumstances" t	test, check this be	ox and stop her	e. Explain in Part	IV how the	
	organization meets the "facts-and-circumstances" to	_	•		-		••••• □
18	Private foundation. If the organization did not chec	k a hox on line 1	3 16a 16b 17a	or 17b, check t	his box and see	instructions	▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not 78,981 66,381 88,919 98,545 88,698 421,524 include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 78,981 66,381 88,919 98,545 88,698 421,524 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 \$5,000 421,524 Public support (Subtract line 7c from line 6) 46 Section B. Total Support (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 78,981 66,381 88,919 98,545 88,698 421,524 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar 84 165 322 83 83 737 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 - - - - - - - -84 165 322 83 83 737 Add lines 10a and 10b C Net income from unrelated business 11 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) 422,261 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ·········· Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 99.83 % 99.69 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0.17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 0.31 % 18 33 1/3% support 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 33 1/3% support 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

Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

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Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations				
	me of organization	- Complete Commission		Employer id	entification number
UN	ITED WAY OF VERMILLION			36-353	5078
Pa	To be completed by all See the instructions for Sched	II organizations exempt under	er section 501	(c) and section 527	organizations.
1	Provide a description of the organization	s direct and indirect political campaign	activities in Part IV	1	
2	Political expenditures			· · · · · · • • \$	
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·		• • • • • • • •		
Pa	To be completed by all See the instructions for Sched	Il organizations exempt unde	er section 501	(c)(3).	
1	Enter the amount of any excise tax incurr				
2	Enter the amount of any excise tax incurr				
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	7		· Yes No
4a	Was a correction made?				• Yes No
b	If "Yes," describe in Part IV				
Pa	To be completed by all See the instructions for Sched	II organizations exempt under dule C for details	er section 501	(c), except section (501(c)(3).
1	Enter the amount directly expended by th				
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organization	n's funds contributed to other organiza	tions for section		
	527 exempt function activities • • • • •			• • • • • • • • • • • • • • • • • • •	
3	Total of direct and indirect exempt function	on expenditures Add lines 1 and 2 and	enter here and		
	on Form 1120-POL, line 17b · · · ·				
4	Did the filing organization file Form 1120-	POL for this year?			· Yes No
5	State the names, addresses and employe	er identification number (EIN) of all sec	ction 527 political or	rganizations to which paym	nents
	were made Enter the amount paid and in	ndicate if the amount was paid from the	e filing organization	's funds or were political	
	contributions received and promptly and	directly delivered to a separate politica	l organization, such	n as a separate segregated	t
	fund or a political action committee (PAC) If additional space is needed, provid	e information in Pa	rt IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-

Sche	dule C (Form 990 or 990-EZ) 2008JNITED WAY OF VE	RMILLION			36-353	35078 Page
Pa	art II-A To be completed by organiz	ations exemp	t under section	501(c)(3) that fi	led Form 5768	3
	(election under section 501)					
A	Check ▶ ☐ If the filing organization belongs to					
В	Check ▶ ☐ if the filing organization checked be	ox A and "limited c	ontrol" provisions ap	ply		
	Limits on Lobby (The term "expenditures" me	ing Expenditures	or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public or	oinion (grass roots	lobbying) · · · ·			
b	Total lobbying expenditures to influence a legisla		• •			
C	Total lobbying expenditures (add lines 1a and 1b)	• •	,			
d	Other exempt purpose expenditures	·			-	<u> </u>
е	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fi	•				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying 20% of the an	nontaxable amount nount on line 1e	is:		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000			*	
g	Grassroots nontaxable amount (enter 25% of line	10				
h		•				
i	Subtract line 1f from line 1c Enter -0- if line f is m					
i	If there is an amount other than zero on either line			Form 4720 reporting		
,				· · · · · · · · · · · ·		- Tyes TN
	4- (Some organizations that m	Year Averaging Poade a section 501(eriod Under Section h) election do not h	501(h)	the five	
	Lobbyi	ng Expenditures [During 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))		. " • •	1 " " "	*	

c Total lobbying expenditures

d Grassroot non-taxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

	5768 (election under section 501(h)). See the instructions for Schedule C for details	(a)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
C	Media advertisements? • • • • • • • • • • • • • • • • • • •		X		
d	Mailings to members, legislators, or the public?		_ X_		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •		Х		
i	Other activities? If "Yes," describe in Part IV		Х		
j	Total lines 1c through 1i · · · · · · · · · · · · · · · · · ·				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 • • • • • • • • • • • • • • • • • • •				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1	
Рa	rt III-A To be completed by all organizations exempt under section 501(c)(4), section	501	(c)(5), or	
	section 501(c)(6). See the instructions for Schedule C for details				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	• • •	• • •	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •			2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? rt III-B To be completed by all organizations exempt under section 501(c)(4), section			3	
1	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR question 3 is answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members		rt III-	·A,	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of		* ×	- ,	
_	political expenses for which the section 527(f) tax was paid).		© %		
а	Current year · · · · · · · · · · · · · · · · · · ·		2a		
b	Carryover from last year		2b		
c	Total · · · · · · · · · · · · · · · · · · ·		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · ·		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) · · · · · · · · · · · · · · · · · ·		5		
Pa	rt IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line, complete this part for any additional information	11			
				 	

	Federal Supporting Statements	2008
me(s) as shown on return		FEIN
	FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE	STATEMENT #122
CTIVITY RANTEE DRESS	AMOUNT 64,635	RELATIONSHIP
	TOTAL64,635	
	FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2	
ESCRIPTION FFICE	<u>AMOUNT</u> 1,344	
DTAL	1,344	

United Way of Vermillion Statement Attached to Form 990-EZ For the Year Ended August 31, 2009

Part 1, Line 10, Grants:

American Red Cross	\$	1,125
Beyond School Adventure		2,250
Big Friend/Little Friend		675
Center for Children and Families		4,780
Domestic Violence Safe Option Services		4,750
Friends of the W.H. Over Museum		3,380
Imagination Library		2,500
Rural Office/Community Service		2,700
Salvation Army		500
Sanford Visiting Nurses		2,450
Senior Citizens		7,750
Sioux Council Boy Scouts		3,390
Sioux Trails Girl Scouts		2,875
Vermillion Area Arts Council		2,325
Vermillion Public Transit		6,500
Veteran Resource Center		375
Vermillion Parks and Recreation		3,300
Vucurevich Center		6,260
Welcome Table		6,750
Total Grants	<u>\$</u>	64,635

United Way of Vermillion

List of Officers August 31, 2009 36-3535078

Page 2, Part IV:

Deborah Christensen-President 1140 Valley View Vermillion, SD 57069

Mary Merrigan-Past President 2224 N. University Rd Vermillion, SD 57069

Daniel Kenton-Vice President 508 Lee Street Vermillion, SD 57069

Marcia Harnois-Secretary/Treasurer 409 Sterling Street Vermillion, SD 57069