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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	ne 2009 calen	dar year,	or tax year beginning	, 200	9, and endin	g	,		
В	Check	ıf applicable		С		D Emplo	D Employer Identification Number			
		ddress change Please use United Way of South Central Idaho, Inc. 82						82-0256978		
	\vdash	•	or print	PO Box 65		,		hone numbe		
	\vdash	ame change	or type.	Twin Falls, ID 8330	13			3-733-		
	Ыn	itial return	specific Instruc-	,			208	5-733-	4922	
	L. Te	ermination	tions							
	∐ Ar	mended return					G Gross	receipts \$	271,190.	
	∐ A₁	oplication pending	F Name a	and address of principal officer			H(a) Is this a group reti		otes? Yes X No	
			Same A	As C Above			H(b) Are all affiliates in if 'No,' attach a lis		Yes No	
1	Tax	-exempt statu	ıs X 501	(c) (3) ◄ (insert no)	4947(a)(1) or	527	ii No, attacii a iis	it (see iiisiit	detions)	
J		bsite: ► N/					H(c) Group exemption i	number -		
ĸ		of organization	X Corpora	ation Trust Association	Other ►	L Year of Format		State of leg	ial domicile ID	
Pa		Summa		ation Trust Tassociation	Cultor	102, 0.1 0	101. 2302 1	Otato or reg	at dominio 20	
				ganization's mission or most si	anificant activities 1	United W	av collects	donat	ions to bo	
	'				gimicant activities _i	OUT CEC M	ay corrects	_uonat	-10112 FO DE	
Ç.	_	OTSCITO	red ro	other charities.						
Activities & Governance										
Ver	•			of the organization discontinued						
တ္	2			nbers of the governing body (Pa		sposed of file	ne man 23 % or its	1 2 1	11	
વ્ય	1			nt voting members of the gover		ne 1h)		4	0	
Ç∰.	5			ovees (Part V, line 2a)	ining body (i dit vi, ii	110 10)		5	0	
8	6			leers (estimate if necessary)				6	0	
	7 a			ousiness revenue from Part VII	l. column (C), line 12	<u> </u>		7a	0.	
9				s taxable income from Form 99				7 b	0.	
Δ_					<u> </u>		Prior Yea		Current Year	
ĮĮ.	8	Contributions	. and aran	ote (Part VIII Jupa 16)			284,		197,470.	
ري ا	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)						332.	131,410.	
				art VIII, column (A), lines 3, 4,	and 7d)		2	136.	19,600.	
慧	10			III, column (A), lines 5, 6d, 8c,			2,	130.	19,000.	
Ź	11		•	nes 8 through 11 (must equal f		lino 12)	287,	128	217,070.	
₹ —	12					ine 12)	153,		152,840.	
SCANNED SEP	13			ounts paid (Part IX, column (A			155,	463.	152,640.	
<i>y y</i>	14 Benefits paid to or for members (Part IX, column (A) In E4)					004	51 001			
ν̈́	15			nsation, employee benefits (Pa		es 5-10)	64,	234.	51,201.	
nse	16 a	Professional	fundraisir	ng fees (Part IX column (A) in	ies pira O					
Expenses				nses (Part IX, Column (D), line		24,487.	Ì			
û	l .			, - ,			31.	466.	31,885.	
	18	Total expens	ler expenses (Part IX, column (A), lines Harille; (11-24), T al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)					183.	235,926.	
	19			945.	-18,856.					
	19	Revenue les	s experise	S Subtract line to from line 12	·		31,	743.		
Net Assets or Fund Balances				_			Beginning of		End of Year	
Bag Glag	20	Total assets					298,		286,972.	
A P	21	Total liabilitie	es (Part X	, line 26)			84,	812.	91,977.	
	22			ances. Subtract line 21 from lir	ne 20		213,	850.	194,995.	
Pa	rt II	Signat	ure Blo	ck						
		Under penalti	es of perjury,	I declare that I have examined this return Declaration of preparer (other than office	i, including accompanying si	chedules and stat	ements, and to the best	of my know	ledge and belief, it is	
		true, correct, a	and complete	Declaration of preparer (other than office	er) is based on all information	on of which prepa	irer has any knowledge	: 1		
Sig	ın	▶ (→	AH10	(Verna-			18/	'ın la	2/10	
He		Signature	of officer	THE TOTAL PROPERTY OF THE PARTY			Date	10/0	***************************************	
		▶ Patt	ie Han	sen			Executive	Direc	tor	
			rint name an				<u> </u>	DILOU		
					<u> </u>	Date	Check if	Prep	parer's identifying number instructions)	
Pa	id		1				self-	▶ □ (see	instructions)	
Pro		Preparer's signature	La	is Etun		18-11-20	ojo employed	´ □ _{N/}	λ	
	rer's	.	Car	ald Dries C 3	+ o c D 7			IN/	<u>. </u>	
Us		yours if self-		ald Price & Associa	ces,r.A.			NT / 7		
Or	ıly	employed), address, and		8 Overland Ave				N/A	070 000	
		ZIP + 4		ley, ID 83318-2440			Phone no	(208)		
_	_			with the preparer shown above			 		X Yes No	
BA	A Fo	r Privacy Act	and Pape	rwork Reduction Act Notice, se	ee the separate instr	uctions.	TEEA011	3L 12/29/0	9 Form 990 (2009)	

Form	n 990 (2009) United Way of South Central Idaho, Inc.	82-0	25697	8		Page 2
Pai						
1	Briefly describe the organization's mission					
	United Way collects donations to be distributed to other charitie	<u>s</u>			-	
				- - -	- -	
2	Did the organization undertake any significant program services during the year which were not listed on	the prior			₩.	
	Form 990 or 990-EZ?			Yes	X	No
_	If 'Yes,' describe these new services on Schedule O			V	Ѿ	M-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services to describe these shapes an Schodule C.	vices /		Yes	X	No
	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services	by avaan		E	01/2	·2\
4	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	d allocation	ns to oth	ners, t	he tota	al
	expenses, and revenue, if any, for each program service reported					
						
4 a	a (Code) (Expenses \$ 152,840. including grants of \$) (Revenue	\$)
	Distributions to non-profit organizations.					
41	b (Code) (Expenses \$ including grants of \$) (Revenue	\$)
						-
						-
40	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
				. – – .		
					_	
				-	-	
					-	-
						
		-				
				- - -		
	d Other program services (Describe in Schedule O)	 				
41	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 152,840.					
	C TOTAL PLOGRAM SOLVED CAPACISCS - 102/0301			,		

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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_	·-··	х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII			'
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII		`	, ,
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	,		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule J. 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV **28**c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Χ 34 line 1 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 Х 35 Section 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 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37

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Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2009)

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X

37

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

art to otto the guitaring of the transport of the control of the c			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U SInformation Returns Enter -0- if not applicable1a			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		ļ	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3ь		
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		X
b If 'Yes,' enter the name of the foreign country ▶	ĺ		
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?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			_
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		<u>X</u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		•
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		İ	
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders	-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number Name of the organization 82-0256978 United Way of South Central Idaho, Inc. Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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(bX1)(Complete Part II) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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 staxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Type III - Functionally integrated Type II 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization 11 g (i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (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 (v) Did you notify (vii) Amount of Support (vi) Is the e organization in col (i) of your support? organization in col (i) organized in the US? organization in col (i) listed in your governing document? Yes No Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Schedule **A** (Form 990 or 990-EZ) 2009

b 10%-facts-and-circumstances test — 2008. 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.
Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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(Complete only if you ched	ked the box on li	ine 9 of Part I)				
Section A. Public Support						
Calendar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line		-				
7c from line 6)			—			
Section B. Total Support				,,,		
	(-) 000F	(h) 2000	(-) 2007	(4) 2000	(=) 2000	(O Total
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				:		***************************************
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and 	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)(3	· · · · · · · · · · · · · · · · · · ·
Section C. Computation of Pul						
15 Public support percentage for 20			ne 13. column /f))	15	<u></u> %
16 Public support percentage from 3	• •	``	.s ro, column (I)	,	16	% %
Section D. Computation of Inv						
				ımp (f)\	117	
17 Investment income percentage f				ann (1))	17	
18 Investment income percentage f					<u> </u>	%
19a 33-1/3 support tests – 2009. If the omore than 33-1/3%, check this b 33-1/3 support tests – 2008. If the company of the support tests is a support test.	oox and stop here	. The organization	n qualifies as a p	ublicly supported (organization	▶ ☐ and line 18
is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organi		-				

009 Schedule	A, Part	IV -	Supple	me	ental Infor	mation	Page
ent 3764	United Way	of S	South Centr	al lo	daho, Inc.		82-025697
0/10					***************************************	" -	08 39A
Part II, Line 10 - Other Income							
Nature and Source	2009		2008		2007	2006	2005
interest & dividends Total $\underline{\underline{\$}}$	19,600. 19,600.	\$	2,136. 2,136.	\$	3,186. 3,186.	710. \$ 710. \$	614. 614.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047 2009

Open to Public Inspection

United Way of South Central Idaho Inc

Employer Identification number

Uni	ted Way of South Central Idal	no, Inc.		82-0256978
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Sin	nilar Funds or Acco	
	the organization answered 'Yes'	to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) F	unds 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 do funds are the organization's property, subject	nor advisors in writing that the asset to the organization's exclusive legal	s held in donor advised control?	Yes No
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor ad-	t grant funds may be visor or for any other	☐ Yes ☐ No
<u> </u>			ad Waal ta Farm OC	<u></u>
	t II Conservation Easements Compl			90, Part IV, line 7.
1	Purpose(s) of conservation easements held b		- ·	- University and the second second
	Preservation of land for public use (e g ,	· · · · · · · · · · · · · · · · · · ·	eservation of an historica	
	Protection of natural habitat	∐ Pre	eservation of certified his	storic structure
_	Preservation of open space		tude describes forms of	
2	Complete lines 2a through 2d if the organizat last day of the tax year	ion held a qualified conservation con	tribution in the form of a	a conservation easement on the
				Held at the End of the Year
a	Total number of conservation easements		2a	
t	Total acreage restricted by conservation ease	ements	2 b	
C	Number of conservation easements on a cert	ified historic structure included in (a)	2 c	
C	Number of conservation easements included	ın (c) acquired after 8/17/06	2 d	
3	Number of conservation easements modified	transferred, released, extinguished,	or terminated by the or	ganization during the tax
	year ▶			
4	Number of states where property subject to c	onservation easement is located 🟲 _		
5	Does the organization have a written policy roand enforcement of the conservation easeme	egarding the periodic monitoring, insp int it holds?	pection, handling of viol	ations, Yes No
	Staff and volunteer hours devoted to monitor during the year	<u> </u>	_	
/	Amount of expenses incurred in monitoring, i during the year ▶		\$ _	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	,,		Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenu to the organization's financial statem	e and expense statement, nents that describes the	and balance sheet, and organization's accounting for
Pai	t III Organizations Maintaining Colle	ections of Art, Historical Trea	sures, or Other Sin	nilar Assets
	Complete if the organization ans	swered 'Yes' to Form 990, Par	t IV, line 8.	
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or research		
ŀ	 If the organization elected, as permitted under treasures, or other similar assets held for pul amounts relating to these items 	er SFAS 116, to report in its revenue olic exhibition, education, or research	statement and balance in furtherance of public	sheet works of art, historical service, provide the following
	(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 amounts required to be reported under SFAS	art, historical treasures, or other simi 116 relating to these items	lar assets for financial ç	gain, provide the following
ā	a Revenues included in Form 990, Part VIII, lin	e 1		≻ \$
ı	Assets included in Form 990, Part X			►\$

Schedule D (Form 990) 2009 Unite					82-025		Page 2
Part III Organizations Maintai	ning Collectio	ns of Art, Histo	orical Treasur	es, or O	ther Similar Ass	ets (contini	ued)
3 Using the organization's acquisiting items (check all that apply)	on accession and	other records, che	ck any of the foll	owing tha	t are a significant use	e of its collect	ion
a Public exhibition		d 🗌 Loan	or exchange prog	grams			
b Scholarly research		e 🔲 Other					
c Preservation for future gener	ations						
4 Provide a description of the organ Part XIV			-	_		e in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be n	naintained as part	of the organization	on's collec	ction/	Yes	No_
Part IV Escrow and Custodia 9, or reported an amo	Arrangement unt on Form 99	s Complete if on the second of the second	organization a 21.	nswered	i 'Yes' to Form 99	}0, Part IV, 	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions	s or other	assets not [Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	ing table:				
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a		90, Part X, line 217	,		Į	Yes	No
b If 'Yes,' explain the arrangement			! IV! 4- - -	000	David IV June 10		
Part V Endowment Funds Co						T () [
	(a) Current year	(b) Prior yea	r (c) Two y	ears back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance	·					 	
b Contributions					<u> </u>	 	
c Net Investment earnings, gains, and losses					!		
d Grants or scholarships						 	
e Other expenditures for facilities and programs							
f Administrative expenses				·		 	
g End of year balance	L				<u></u>	1	
Provide the estimated percentage	•	balance held as					
a Board designated or quasi-endov		§					
b Permanent endowment ▶							
c Term endowment	%						
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held an	d adminis	stered for the	Yes	No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related of	-					3b	
4 Describe in Part XIV the intended							
Part VI Investments-Land, B			e Form 990, F	<u>Part X, Iı</u>	ne 10.		
Description of investment	(a) (Cost or other basis (investment)	(b) Cost or ot basis (other		(c) Accumulated Depreciation	(d) Book V	/alue
1 a Land	<u> </u>						
b Buildings	ļ	 					
c Leasehold improvements							
d Equipment			10		10 500		400
e Other				903.	10,503.		400.
Total. Add lines 1a through 1e (Colum	n (d) must equal i	F <i>orm 990<u>,</u> Par</i> t X,	column (B), line	10(c))_	<u> </u>		400.

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 United Way of Sou			82-0256978	Page
Part VII Investments-Other Securities See F				
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
	_		,	
			<u></u>	
	-			
				
	-			
Total (Column (b) must equal Form 990 Part X, col. (B) line 12)			······	<u>.,</u>
Part VIII Investments-Program Related (See	Form 990, Part X, II	ne 13) N/A		
(a) Description of investment type	(b) Book value		Method of valuation	
	(-/	Cost or	end-of-year market value	
	ļ			
·				
			- ·	 -
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X		···		
	escription		(b) Bool	k value
		· · · · · · · · · · · · · · · · · · ·		
·············				
	 			
Total. (Column (b) must equal Form 990, Part X, col (B),			•	
Part X Other Liabilities (See Form 990, Par		<u> </u>		
(a) Description of Liability Federal Income Taxes	(b) Amount			
Pederalincome laxes Donor Designated Allocations Payable	33,90			
Payroll Liabilities	1,07			
rayrorr brabilities	1,01			
· · · · · · · · · · · · · · · · · · ·				
		4.		

Sch		0256978 Page 4
Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	N/A
1	Total revenue (Form 990, Part VIII,column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
_	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	a Net unrealized gains on investments	•
	b Donated services and use of facilities	. '.
	Recoveries of prior year grants	~,,
	1 , 9	· ' · ' ·
		20
	e Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b .	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
ä	a Donated services and use of facilities 2a	:
ı	b Prio: year adjustments 2b	
	c Other losses 2c	For the state of
	d Other (Describe in Part XIV)	_
	e Add lines 2a through 2d	2 e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
7	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
_	rt XIV Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part rmation	ines 1b and 2b, Part V, t to provide any additional
		·
		-
		. – – – – – – – – –