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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

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization **United Way of Valdez**Doing Business As **United Way of Valdez**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

Post Office Box 707

City or town, state or country, and ZIP + 4

Valdez, AK 99686-0707**D** Employer identification number**92 0090499****E** Telephone number**(907) 835-5040****G** Gross receipts \$ **200,895.14****F** Name and address of principal officer **Rachel Sutton, President****Post Office Box 2469, Valdez, AK 99686-2469****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) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1983****M** State of legal domicile: **AK****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of the United Way of Valdez is to increase the organised capacity of people to care for one another uniting individuals and resources to meet human needs.	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12
	5 Total number of employees (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	50
	Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12
7b Net unrelated business taxable income from Form 990-T, line 34		0.00
8 Contributions and grants (Part VIII, line 11)		197,672.82
9 Program service revenue (Part VIII, line 2g)		0.00
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,306.22
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.00
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		201,979.04
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		138,115.15
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.00
Expenses		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.00
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,352.00	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,085.18
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,200.33
	19 Revenue less expenses. Subtract line 18 from line 12	51,778.71
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)		0.00
22 Net assets or fund balances. Subtract line 21 from line 20		328,336.82

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.

Sign Here **PATRICIA AW STOWE, TREASURER** **14 May 2010**
 Signature of officer Date
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed ☐ Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: () _____

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2009)

SCANNED JUL 17 2010

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Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:
helping to raise funds and increase fundraising capacity for community n on-profit organisations
- 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 501(c)(4) organizations and section 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 \$ 30,075.00 including grants of \$ 30,000.00) (Revenue \$)
Advocates for Victims of Violence, Post Office Box 524, Valdez, AK 99686-0524
to support victims of domestic violence and sexual assault. Strives to make lasting, measurable changes within
our community. dedicated to improving the lives of clients and to educating the public of the affects of domestic
violence and sexual assault. provides education, prevention and intervention services for men, women, and children
who are at risk of becoming involved, or are currently suffering in a domestic violence relationship, sexual assault or
abuse. Local advocacy and safe shelter is critical to the well-being of hundreds in the service area.
Girls Time programme, 15 to 25 girls weekly. Youth Services programme continues to grow.
Chugach Cahllenge Day camp and rust Walk overnight camp - both filled to capacity with extensive wait lists.

4b (Code:) (Expenses \$ 18,000.00 including grants of \$ 18,000.00) (Revenue \$)
Valdez Emergency Assistance and Food Bank, Post Office Box 848, Valdez, AK 99686-0848
to provide food and emergency assistance for people in need
to assist people in need and lacking sufficient nutrition. regularly scheduled distribution of basic food items.
primary community resource for this purpose. coordinates individuals, businesses, churches and other sources
all community volunteers. last year logged 2294.5 hours of volunteering, skilled and unskilled.
also provides other types of emergency assistance such as heating, electricity, dental and vision services.
sometimes housing, medical prescriptions, treatment and transportation. requires evidence of dire need.
extraordinary response of the local community continues to be demonstrated by giving of resources and time.
53% increase in numbers this past year
252 households, 397 audits, 35 seniors, and 192 children for a total of 624 people assisted.
distributed 64,719 lbs. of donated food and \$20,304 in purchased staples

4c (Code:) (Expenses \$ 13,200.00 including grants of \$ 13,000.00) (Revenue \$)
Big Brothers / Big Sisters of Alaska in Valdez, Post Office Box 3575, Valdez, AK 99686-3575
mission is to help children reach their full potential through professionally-supported one-to-one mentoring
relationships with mentors that have a measurable impact on youth. Caring mentors are a necessity for youth to
achieve success in school, at home, in their community, and in life. Caring mentors enhance learning, increase the
quality of owrk, and expand opportunities for youth by developing personal skills, pride in oneself and perhaps most
importantly, hope in the future. For many children and youth in Alaska, caring mentors are few and far between.
served 1350 at-risk children and youth in 29 communities throughout State of Alaska in 2009
National research shows that: 46% less likely to start using illegal drugs, 52% less likely to skip a day of school,
27% less likely to begin using alcohol, 33% less likely to hit someone

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 112,889.29 including grants of \$ 112,889.29) (Revenue \$)

4e Total program service expenses ► 174,164.29

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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☒	☐
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	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
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	☐	☒
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	☐	☒
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	☐	☒
• 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	☐	☒
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	☒	☐
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b 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	☐	☒
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.	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
19 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.	☐	☒
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	☐	☒

Part IV Checklist of Required Schedules (continued)

		Yes	No
21 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	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?	24c		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b		✓
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? <i>If "Yes," complete Schedule L, Part II.</i>	26		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		✓
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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	✓	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

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	-0-
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	
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-
b	If at least one is reported on line 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. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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	✓
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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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?	5c	
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	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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	✓
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?	7c	✓
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?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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 a 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	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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	12
b Enter the number of voting members that are independent	1b	12
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	✓
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	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
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	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
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	
b Other officers or key employees of the organization	15b	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Alaska

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Patricia Anne W Stowe, 1613 Dewey Court, Post Office Box 95, Valdez, AK 99686-0095
tel. (907) 835-5040 home, (907) 835-9595-FAX, (907) 255-7869 mobile copies on file at First National Bank Alaska

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

[illegible]

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► none

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

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
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► none		

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0.00				
	b	Membership dues	1b	0.00				
	c	Fundraising events	1c	0.00				
	d	Related organizations	1d	0.00				
	e	Government grants (contributions)	1e	0.00				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	199,255.30				
	g	Noncash contributions included in lines 1a-1f: \$		0.00				
	h	Total. Add lines 1a-1f		199,255.30				
Program Service Revenue	2a	none	Business Code	0.00	0.00	0.00	0.00	
	b							
	c							
	d							
	e							
	f	All other program service revenue	0.00	0.00	0.00	0.00		
	g	Total. Add lines 2a-2f		0.00				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,639.84	0.00	0.00	0.00	
	4	Income from investment of tax-exempt bond proceeds		0.00	0.00	0.00	0.00	
	5	Royalties		0.00	0.00	0.00	0.00	
	6a	Gross Rents	(i) Real	0.00	(ii) Personal	0.00		
		b	Less: rental expenses	0.00	0.00			
		c	Rental income or (loss)	0.00	0.00			
		d	Net rental income or (loss)		0.00	0.00	0.00	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0.00	(ii) Other	0.00		
		b	Less: cost or other basis and sales expenses	0.00	0.00			
		c	Gain or (loss)	0.00	0.00			
		d	Net gain or (loss)		0.00	0.00	0.00	
	8a	Gross income from fundraising events (not including \$ 0.00 of contributions reported on line 1c). See Part IV, line 18	a	0.00				
		b	Less: direct expenses	b	0.00			
		c	Net income or (loss) from fundraising events		0.00	0.00	0.00	
	9a	Gross income from gaming activities. See Part IV, line 19	a	0.00				
		b	Less: direct expenses	b	0.00			
		c	Net income or (loss) from gaming activities		0.00	0.00	0.00	
	10a	Gross sales of inventory, less returns and allowances	a	0.00				
		b	Less: cost of goods sold	b	0.00			
		c	Net income or (loss) from sales of inventory		0.00	0.00	0.00	
Miscellaneous Revenue		Business Code						
11a	none		0.00	0.00	0.00	0.00		
b								
c								
d	All other revenue	0.00	0.00	0.00	0.00			
e	Total. Add lines 11a-11d		0.00					
12	Total revenue. See instructions.		200,895.14	0.00	0.00	0.00		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(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	174,164.29	174,164.29		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.00	0.00		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.00	0.00		
4	Benefits paid to or for members	0.00	0.00		
5	Compensation of current officers, directors, trustees, and key employees	0.00	0.00	0.00	0.00
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.00	0.00	0.00	0.00
7	Other salaries and wages	0.00	0.00	0.00	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.00	0.00	0.00	0.00
9	Other employee benefits	0.00	0.00	0.00	0.00
10	Payroll taxes	0.00	0.00	0.00	0.00
11	Fees for services (non-employees):				
a	Management	0.00	0.00	0.00	0.00
b	Legal	0.00	0.00	0.00	0.00
c	Accounting	0.00	0.00	0.00	0.00
d	Lobbying	0.00	0.00	0.00	0.00
e	Professional fundraising services. See Part IV, line 17	0.00			0.00
f	Investment management fees	0.00	0.00	0.00	0.00
g	Other	0.00	0.00	0.00	0.00
12	Advertising and promotion	1,302.00	0.00	0.00	1,302.00
13	Office expenses	0.00	0.00	0.00	0.00
14	Information technology	0.00	0.00	0.00	0.00
15	Royalties	0.00	0.00	0.00	0.00
16	Occupancy	0.00	0.00	0.00	0.00
17	Travel	0.00	0.00	0.00	0.00
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.00	0.00	0.00	0.00
19	Conferences, conventions, and meetings	0.00	0.00	0.00	0.00
20	Interest	0.00	0.00	0.00	0.00
21	Payments to affiliates	0.00	0.00	0.00	0.00
22	Depreciation, depletion, and amortization	0.00	0.00	0.00	0.00
23	Insurance	0.00	0.00	0.00	0.00
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	fees, banking & bankcard	567.60	0.00	567.60	0.00
b	dues/membership - United Way America	853.78	0.00	853.78	0.00
c	rent, storage unit	720.00	0.00	720.00	0.00
d	rent, audio equipment	50.00	0.00	50.00	0.00
e		0.00	0.00	0.00	0.00
f	All other expenses none	0.00	0.00	0.00	0.00
25	Total functional expenses. Add lines 1 through 24f	176,657.67	174,164.29	2,141.38	1,352.00
26	Joint costs. Check here ☐ 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	1,047.40	1	422.87
	2 Savings and temporary cash investments	327,289.42	2	351,533.05
	3 Pledges and grants receivable, net	0.00	3	0.00
	4 Accounts receivable, net	0.00	4	0.00
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.00	5	0.00
	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	0.00	6	0.00
	7 Notes and loans receivable, net	0.00	7	0.00
	8 Inventories for sale or use	0.00	8	0.00
	9 Prepaid expenses and deferred charges	0.00	9	0.00
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0.00			
	b Less: accumulated depreciation 10b 0.00	0.00	10c	0.00
	11 Investments—publicly traded securities	0.00	11	0.00
	12 Investments—other securities. See Part IV, line 11	0.00	12	0.00
	13 Investments—program-related. See Part IV, line 11	0.00	13	0.00
	14 Intangible assets	0.00	14	0.00
	15 Other assets. See Part IV, line 11	0.00	15	0.00
16 Total assets. Add lines 1 through 15 (must equal line 34)	328,336.82	16	351,955.92	
Liabilities	17 Accounts payable and accrued expenses	0.00	17	0.00
	18 Grants payable	0.00	18	0.00
	19 Deferred revenue	0.00	19	0.00
	20 Tax-exempt bond liabilities	0.00	20	0.00
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.00	21	0.00
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.00	22	0.00
	23 Secured mortgages and notes payable to unrelated third parties	0.00	23	0.00
	24 Unsecured notes and loans payable to unrelated third parties	0.00	24	0.00
	25 Other liabilities. Complete Part X of Schedule D	0.00	25	0.00
	26 Total liabilities. Add lines 17 through 25	0.00	26	0.00
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	222,320.34	27	244,326.26
	28 Temporarily restricted net assets	106,016.48	28	107,629.66
	29 Permanently restricted net assets	0.00	29	0.00
	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		33	
	34 Total liabilities and net assets/fund balances		34	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		✓
3a		✓
3b		✓

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

United Way of Valdez

Employer identification number

92 : 0090499

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

9 ☒ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I
b ☐ Type II
c ☐ Type III—Functionally integrated
d ☐ Type III—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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss 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 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 section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33⅓ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test—2009. 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—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 ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	154,393.74	107,581.10	104,537.83	197,672.82	199,255.30	763,440.79
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 through 5	154,393.74	107,581.10	104,537.83	197,672.82	199,255.30	763,440.79
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 \$5,000 or 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.)						763,440.79

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	154,393.74	107,581.10	104,537.83	197,672.82	199,255.30	763,440.79
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,119.08	4,842.91	5,022.18	4,306.22	2,021.45	22,311.84
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	-	-	-	-	-
c Add lines 10a and 10b	6,119.08	4,842.91	5,022.18	4,306.22	2,021.45	22,311.84
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.)	160,512.82	112,424.01	109,560.01	201,979.04	201,276.75	785,752.63
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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.97 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.967 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.028 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.006 %

- 19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒
- b **33 1/3 % support tests—2008.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

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Name of the organization

United Way of Valdez

Employer identification number

92 - 0090499

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

(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
Advocates of Victims of Violence PO Box 524, Valdez, AK 99686-0524	92-083034	501 (c) 3	30,000.00	0.00 -	-	-	programme funding
Valdez Emergency Assistance and Food Bank, PO Box 848, Valdez, AK	34-1986012	501 (c) 3	18,000.00	0.00 -	-	-	programme funding
Big Brothers, Big Sisters of Alaska in Valdez, PO Box 3575, Valdez, AK	80-0064172	501 (c) 3	13,200.00	0.00 -	-	-	programme funding
Adult Basic Education/PWSCC PO Box 97, Valdez, AK 99686-0097	92-6000147	education/gov't	13,000.00	0.00 -	-	-	programme funding
"After the Bell" school programme Valdez City Schools, PO Box 398, Val	92-6000150	education/gov't	13,000.00	0.00 -	-	-	programme funding
Valdez Arts Council PO Box 31, Valdez, AK 99686-0031	23-7328616	501 (c) 3	7,500.00	0.00 -	-	-	programme funding
Valdez High School Football PO Box 398, Valdez, AK 99686-0398	92-6000150	education/gov't	5,375.21	0.00 -	-	-	programme funding
Providence Foundation PO Box 196604, Anchorage, AK	92-0093565	501 (c) 3	5,079.00	0.00 -	-	-	programme funding
ACCA, Inc. / Valdez Infant Learning PO Box 3489, Valdez, AK 99686-3489	92-0026479	501 (c) 3	5,000.00	0.00 -	-	-	programme funding
Valdez High School Nordic Ski Team PO Box 398, Valdez, AK 99686-0398	92-6000150	education/gov't	5,000.00	0.00 -	-	-	programme funding
Valdez Senior Citizens Center, Inc. PO box 1635, Valdez, AK 99686-1635	92-0082275	501 (c) 3	5,000.00	0.00 -	-	-	programme funding
Valdez Torpedoes Swim Club PO Box 3106, Valdez, AK 99686-3106	92-0152408	501 (c) 3	5,000.00	0.00 -	-	-	programme funding

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Valdez

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

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92

0090499

IRS form 990, Part III, line 4d: Other programme services: grant funding for non-profit 501(c) 3 organisations in Valdez

see attached list for detailed information of funding amount to each organisation. also on schedule I enclosed

IRS form 990, Part IV, line 38: see notes under IRS form 990, Part VI, lines 11 and 19

IRS form 990, Part VI, lines 11 and 19:

IRS form 990, Part VI, line 11: all meetings of the Board of Directors are documented if there is a quorum present and
action takes place. All minutes taken at meetings are written down and submitted for board approval at next meeting.

IRS form 990, Part VI, line 12a,b,c: there is no officially approved written policy, but all board members are asked and
have voluntarily come forward when there is a conflict felt or known about. There have been times that a director has felt
the need to abstain themselves from a vote because of such a circumstance.

IRS form 990, Part VI, line 19: any and all document(s) are available to the public upon request.

IRS form 990, Part XI, line 3a, 3b: audit was missed last year. scheduled for 2 yrs. worth end of June 2010

IRS form 990, Part

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

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Name of the organization

United Way of Valdez

Employer identification number

92 0090499

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

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
United Way America 701 North Fairfax Street, Alexandria, VA 22314-2045	leadership organization	Virginia	501 (c) 3	501 (c) 3 no	

UNITED WAY VALDEZ

92-0090499

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a
b Gift, grant, or capital contribution to other organization(s)		1b
c Gift, grant, or capital contribution from other organization(s)		1c
d Loans or loan guarantees to or for other organization(s)		1d
e Loans or loan guarantees by other organization(s)		1e
f Sale of assets to other organization(s)		1f
g Purchase of assets from other organization(s)		1g
h Exchange of assets		1h
i Lease of facilities, equipment, or other assets to other organization(s)		1i
j Lease of facilities, equipment, or other assets from other organization(s)		1j
k Performance of services or membership or fundraising solicitations for other organization(s)		1k
l Performance of services or membership or fundraising solicitations by other organization(s)		1l
m Sharing of facilities, equipment, mailing lists, or other assets		1m
n Sharing of paid employees		1n
o Reimbursement paid to other organization for expenses		1o
p Reimbursement paid by other organization for expenses		1p
q Other transfer of cash or property to other organization(s)		1q
r Other transfer of cash or property from other organization(s)		1r

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

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

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