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Form 990

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 2008

Department of the Treasury

Inter	nal Reve	nue Service		The organization	n may have to use	e a copy	of this return to	satisty state repor	ting require	ments	Ope	en to Pui	blic insp	Section
	For th	e 2008 calenda	r year,	or tax year begin	ining		, 20	008, and endir	ıg					
В		applicable.								D Emplo	yer ideni	ufication N	umber	
•		·· Pi	easo uso R\$ label	UFW Founda	tion					95-	2703	575		
	-		or print or type.	29700 Wood		acha	pi Rd			E Teleph				
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	X Am	rended return		<u> </u>						G Gross			241,	
	Apı	bulgation framework		and address of principa	al officer					a group retu		drates?	Yes	X No
		S	ame 1	As C Above				·		l affiliates inc ' attach a list		structions)	Yes	No
1	Tax-	exempt status	X 501	(c) (3)◀	(insert no.)		4947(a)(1) oi	527	,,,,,	31020-131101	(000 111	20 2000113)		
J	Web	site: > www.	.ufwf	oundation.	org				H(c) Group	exemption n	umber 🕨	-		
ĸ	Type	of organization	Corpora		Association	Otne	. ▶	L Year of Forma	tion	M	State of	legal domic	ile	
_	rt I	Summan			I,-,-,-						·····			
<u></u>				ganization's miss	ion or most s	ionific	ant activities:	To engag	e in c	harita	hle	educ	ation	
				poses for										
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Letro Activities & Governance				bers of the gover				iisposed of the	ne than a	.J /6 UI 11S	3).		5
ඡ				nt voting member				line 1b)		• •	4			5
2 <u>5</u>				yees (Part V, line							5			8
				leers (estimate if							6	·····		0
J &				business revenue		II. line	12. column (0	C)			7a			0.
•				s taxable income							7b			0.
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		O		to Mark VIII lina	16)					1,047,3	236	Cur	rent Ye	762.
ا ۾ ا				nts (Part VIII, line		. /	• •			1,041,	30.		245,	102.
ა <u>₹</u>	9	Program service	e reven	ue (Part VIII, line		\mathcal{O}	. ,			-8,6	21		- 27	901.
Revenue	10	investment inco	me (Pa	art VIII. column	A) Mies o, 4,	lam I	(a)	••	 	18,5				051.
<u>u</u>	11	Other revenue (Part V	continue (A)	nes 5, 60, 60,	Jest	uc, and rie).		ļ <u>-</u>					
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·\$>	14			managels (Part I)				• • • • • • • • • • • • • • • • • • • •	·					
Ď.	15	Salaries, other	comper	nsat l off, d mploye	e banents (B)	affeix,	column (A), li	nes 5-10)		394,0)72.		271,	<u> 293.</u>
186	16a	Professional fur	ndraisin	ng teas (Part IX)	colemn (A), lı	ne 11	e)							
per	h.			nses (Part IX; co				20,701.	. * 4	٤, ١ ٠ ٠ ٠ ٠ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١		7-	,	
页	17		-	IX, column (A), h					 	367,8	250	······································	265,	201
	1	-	-											
	1			nes 13-17 (must	-		nn (A), line 25))		761,9				684.
	19	Revenue less e.	xpense	s. Subtract line 1	8 from line 1:	2	•••	<u></u>	- 	295,3	514.		<u>-312,</u>	112.
5 6									Begi	nning of Y		En	d of Yea	
aton	20	Total assets (Pa	art X, li	ne 16)			, .			<u>676, 5</u>			360,	121.
Net As	21	Total habilities	(Part X	, line 26)				• • •		30,9	56.		27,	251.
žā	22	Net assets or fu	ind bala	ances Subtract li	ine 21 from lu	ne 20	• •	-		645,6	42.		332,	870.
Pa	irt II	Signature	e Bloc	ck										
		Under penalties d	Jenusy.	I declare that 112 ve e:	xammed this retur	n. inclu	ing accompanying	schedules and stat	ements, and	to the best o	of my kno	owledge an	d belief it	ıs
		true, correct, and	ocmplete	I declare that I beve ex Declaration of prepare	er (other than non	cer) is b	ased on all informa	fion of which prepa	rer has any				2 00.001.10	,,,
Sig	n	 > / //	112	10 100	Mar				- 1	31	12	110		
He	re	Signature of c	officer		/k)				Di	ate				
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Pa		Preparer's		/ UZUN	UN SELL	4		18/10		mployed -	\Box			
Pre		Preparer's signature Nathan J. Petty, CPA 8/12/						1/2		N	/A			
Us	rer's	Firm's name (or	MEN	DEZ PETTY I	LLP			·						
On	iv	yours if self- employed).	180	1 OAK ST ST	E 167				Ε	in > N	/A			
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May	the IF			with the preparer								X Ye		No
_				work Reduction				ructions	.,,,,	TECANIO			rm 990	

Briefly describe the organization's mission. To engage in charitable, educational, and social purposes for the benefit of farm workers and other low-income workers. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 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 X 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:	Form	990 (2008) UFW Foundation	95-2	70357	5		Page 2
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4b (Code) (Expenses \$ 259,826. including grants of \$) (Revenue \$) In order to be prepared for the implementation of immigration reform once it is passed in Congress, the UFW Foundation is developing a national plan to ensure that farm workers from around the country have the proper information and resources needed to be able to receive legal status.	4b	In order to be prepared for the implementation of immigration repassed in Congress, the UFW Foundation is developing a national farm workers from around the country have the proper information	eform or plan to	ensu	re_t		
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				. – – – .			
4c (Code		A (Code 1 101 including grants of \$) (Payanua	٠			
In January 2007, the UFW Foundation mobilized hundreds of farm workers to urge local, state, and federal officials to provide farm worker disaster relief caused by a citrus crop freeze that left 28,000 farm workers unemployed or working in other crops for lower pay. Over 8,296 Central Valley families benefited from 20 large food distributions. 2,000 signatures were collected and demonstrations to support federal disaster relief achieved \$1.75m in state and \$16m in federal disaster assistance. Minor costs were incurred in 2008 related to these activities.	40	In January 2007, the UFW Foundation mobilized hundreds of farm state, and federal officials to provide farm worker disaster recitrus crop freeze that left 28,000 farm workers unemployed or for lower pay. Over 8,296 Central Valley families benefited frod distributions. 2,000 signatures were collected and demonstrating disaster relief achieved \$1.75m in state and \$16m in federal disaster.	workers lief cau working m 20 lar ons to s	to ur sed b in ot ge fo	y_a her od_ t_fe	cro eder	 ps
					- -	-	
4d Other program services. (Describe in Schedule O)	4 d						
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \$ 403,078. (Must equal Part IX, Line 25, column (B))		(European C	c			`	

	Checklist of Required Schedules			aye
			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	X	
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		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 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		_X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If 'Yes,' complete Schedule F, Part I	14b		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		17		Х
18		18		Х
19		19		X
20		20		X
21	7.,	21		X
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5° If 'Yes,' complete Schedule J	23		Х

- 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 questions 24b-24d and complete Schedule K If 'No,'go to question 25
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - 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?
 - 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
 - **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Form 990 (2008)

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Х

24a 24b

24c

24d

25a

25b

26

Form 990 (2008) UFW Foundation

[Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
i	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	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	
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? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990 ((2008)

L			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 8		*	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 8]	¥	,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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 8		7:	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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?	3a		х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	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		Х
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5ь		Х
С	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	12		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
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		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
е	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		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	·	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from other members or shareholders		,	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	20.5	
BAA		Form	990 ((2008)

Form 990 (2008) UFW Foundation 95-2703575 Page 6

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

Section A. Governing Body and Management

<u> </u>	tion A. Governing Body and Management				
_	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, do processes, or changes in Schedule O See instructions	escribe the circumstances,	1,74	Yes	No L
18	Enter the number of voting members of the governing body	1a	5	****	4.3%
ı	Enter the number of voting members that are independent	1 b	5	· · · · ·	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationer, director, trustee or key employee?	ationship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		Х
6	Does the organization have members or stockholders?		6		X
7	Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore members of the	7a		х
ı	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	taken during the year by	4	<i>1</i> 6	
i	The governing body?		8a	Х	
1	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Does the organization have local chapters, branches, or affiliates?		9a		X
ı	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9Ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? describe in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must see Schedule 0	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		Х
Sec	tion B. Policies			 -	
				Yes	No
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	<u> </u>
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done See Schedule O	cy? If 'Yes,' describe in	12c	Х	
	Does the organization have a written whistleblower policy?		13	Х	Х
	Does the organization have a written document retention and destruction policy?		14	<u>^</u>	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion:			
	The organization's CEO, Executive Director, or top management official?		15a 15b		X
	Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions)		130		_
10					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	-	16a		Х
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard if status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b	*	
Sec	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed ►CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) a	vaılable	for pu	blic
	Own website Another's website X Upon request				
	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public. See Schedule O				ial
	State the name, physical address, and telephone number of the person who possesses the bo Linda Rockstad 29700 Woodford Tehachapi Rd. Keene CA 935		anızatıor	r - 	
			Form	990	(2008)
BAA					

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or 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	compens	ate ar	ny of	fficei	r, dı	rector	, tru:	stee, or key employee		_
(A)	(B) (c)							(D)	(E)	(F)
Name and Title	Average Position (che				all t	hat appl		Reportable	Reportable	Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the
		dual	non	-	mg/mg/	st co	벽			organization and related organizations
	:	trust	ai tru)ye	mpe				organizations
		8	stee			nsate				
Arturo S. Rodriguez						<u>&</u>				
President	1	X		Х]		0.	78,279.	0.
Tanis Ybarra				<u> </u>				· .	10,273.	
Sec/Trea	1	х		х				0.	34,449.	0.
Guadalupe Martinez										
Director	1	Х					ļ	0.	0.	0.
Ramon Ramirez										
Director	1 _	X						0.	0.	0.
Gina Montoya										
Director	1	_X_			L			0.	0.	0.
Diana Tellefson										
Executive Direc	40				X			52,424.	0.	103.
		;								
									:	
	1									
						_				
									<u>-</u> .	
					<u> </u>		 -			

Part VIII Section A. Officers, Directors, Trus	tees, I	Key	Er	npl	oye	ees	, ar	nd Highest Co	mpensated Em	ployees (cont.)
(A)	(B)				c)		:	(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	or dir	Institutional trustee	Officer	Key e	Highest cor	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the
		dual	함	¥	employee	est co	룍			organization and related
		trus	al tra		oyee) mg				organizations
		8	stee			mpensat				
						<u>e</u>				
	"		┝		_	 				
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						_				
						-	┞			
							1			
	 		_							
1 b Total	<u></u>		Ц	1	·			52,424.	112,728.	103.
2 Total number of individuals (including those in 1a) w	ho rece	ved	moi	re th	an :	\$100	0,00			
organization > 0										
										Yes No
3 Did the organization list any former officer, director of	or truste	e, ke	еу е	mple	oyee	e, or	hıgi	hest compensated	employee	
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual									3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com	pen	satı 'Ye	on a	and o	othe Jete	r compensation fro Schedule J for su	om ch	
individual	· • • • • • • • • • • • • • • • • • • •	,								4 X
5 Did any person listed on line 1a receive or accrue co	mpensa	ation	froi	m ar	ny u	nrel	ated	organization for s	services	
rendered to the organization? If 'Yes,' complete Scho	edule J	for s	uch	per	son			-		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inden	ende	ent d	cont	ract	ors f	that	received more tha	n \$100,000 of	
compensation from the organization	a macp	Criac	JIII. (
(A)								(B	,	(C)
Name and business address	\$							Description of	of Services	Compensation
										·
										·
								-		··
2 Total number of independent contractors (including t	hose in	1) w	/ho	rece	IVer	l mo	ore ti	han \$100 000 in		اذ کا کانستان کی کا
compensation from the organization > 0		., "						\$.00,000 III	X	

Pai	rt 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 b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 70,000. f All other contributions, gifts, grants, and similar amounts not included above 1f 175,762.				
Σ O	g Noncash contribns included in lns 1a-1f: \$, , , , .		s	. ;
요독	h Total. Add lines 1a-1f	245,762.			
PROGRAM SERVICE REVENUE	Business Code	******	* 4	* '	* *]
EVE	2a Interest				
E R	b				
Š	d				
¥.					
GRA	f All other program service revenue				
PR0	g Total. Add lines 2a-2f		· · · · · · · · · · · · · · · · · · ·		95 95 4 4
	3 Investment income (including dividends, interest and other similar amounts)	-27,901.	-27,901.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	•			
	(i) Real (ii) Personal	1			. 1
	6a Gross Rents b Less rental expenses	-		* * 5 *	>
	c Rental income or (loss)	1		4 *	*
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses		X X X	,	, 4
	c Gain or (loss)			«	
	d Net gain or (loss).			*	
NUE	8a Gross income from fundraising events (not including \$			* y /**	* * * * * * * * * * * * * * * * * * * *
REVENUE	of contributions reported on line 1c)		^	. , ,	*
OTHER F	See Part IV, line 18 a 14,730. b Less direct expenses b 17,196.	* * * * * *	* * * * *		
ē	b Less direct expenses c Net income or (loss) from fundraising events	-2,466.	<u> </u>	<u> </u>	-2,466.
	9a Gross income from gaming activities	2,400.			2,400.
	See Part IV, line 19]	*	,	
	b Less: direct expenses b	s ·	<u>`</u> ```	*	
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances a	, -			
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a Miscellaneous	8,517.	8,517.		
	b	1 0,317.	0,517.		
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	8,517.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	223,912.	-19,384.	0.	-2,466.

Form 990 (2008) UFW Foundation Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	plete column (A) but are	not required to complet	e columns (B), (C), and (I	D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			ŕ :	* *
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			*	. *
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			* * * * * * * * * * * * * * * * * * * *	8 .
4	Benefits paid to or for members			* * *	
5	Compensation of current officers, directors, trustees, and key employees	52,527.	52,527.	0.	0.
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.	0.	0.	0.
7	Other salaries and wages	180,469.	114,117.	58,183.	8,169.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	206.	64.	117.	25.
	•	18,976.	10,222.	7,301.	1,453.
9	Other employee benefits	19,115.	13,992.	4,406.	717.
10	Payroll taxes	13,113.	13,332.	4,400.	/1/.
11	Fees for services (non-employees).		-		
	Management	10.002	240	0 (2(00
	b Legal	10,063.	349.	9,626.	88.
	Accounting	15,530.	11,445.	3,753.	332.
	Lobbying	54,850.	54,850.	. 4. 19 -4 1/42 11 1	
	Prof fundraising svcs See Part IV, In 17		7 2 " ** " '		
1	Investment management fees				
9	g Other	22,968.	16,884.	5,628.	456.
12	Advertising and promotion	1,610.	349.		1,261.
13	Office expenses	6,629.	5,111.	842.	676.
14	Information technology				-
15	Royalties				
16	Occupancy	18,924.	10,562.	7,248.	1,114.
17	Travel	22,970.	18,574.	2,681.	1,715.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,986.	3,832.	3,975.	179.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	417.	247.		170.
23	Insurance	4,940.	4,269.	584.	87.
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 Consulting	77,648.	75,604.	179.	1,865.
	b TELEPHONE	7,647.	4,363.	2,842.	442.
	COTHER	6,387.	2,839.	2,847.	701.
	UTILITIES	3,951.	1,572.	2,041.	338.
		1,809.	932.	595.	282.
	EQUIPMENT_LEASE			57.	
	All other expenses	1,062.	374.		631.
_25	Total functional expenses. Add lines 1 through 24f	536,684.	403,078.	112,905.	20,701.
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				
BAA					Form 990 (2008)

ra	n x	Balance Sheet							
					(A) Beginning of year		(E End o	3) f year	
	1	Cash - non-interest-bearing			445,367.	1	3	06,9	9 07.
		Savings and temporary cash investments			150,908.	2		/	
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4		4.8	300.
		Receivables from current and former officers, directors	. truste	ees, kev emplovees.				, -	
		or other related parties. Complete Part II of Schedule I				5			
	6	Receivables from other disqualified persons (as define		1,1,1,					<u>`</u>
Δ		and persons described in section 4958(c)(3)(B) Comp	lete Pa	art II of Schedule L		6			
ŝ	7	Notes and loans receivable, net		-		7			
ASSETS	8	Inventories for sale or use				8			
Ś	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost basis	10a	2,497.	*	'		*	Ale I
	Ь	Less: accumulated depreciation. Complete Part VI of			. 4 4 3				
		Schedule D	10Ь	416.		10c			081.
	11	Investments — publicly-traded securities			80,323.	11		45,7	<u> 108.</u>
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments – program-related. See Part IV, line 11		_		13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			525.
	16	Total assets Add lines 1 through 15 (must equal line 3	34)		676,598.	16		60,1	
	17	Accounts payable and accrued expenses			30,956.	17		27,2	<u> 251.</u>
	18	Grants payable				18			
	19	Deferred revenue				19			
LIABILITIES	20	Tax-exempt bond liabilities				20			
	21	Escrow account liability Complete Part IV of Schedule				21		- As .	* 4
Ļ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	tees, k sons (ey employees, Complete Part II		<u> </u>		ă ¹	iger my a
Ţ		of Schedule L				22			
E S	23	Secured mortgages and notes payable to unrelated thi	rd part	ties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			30,956.	26		27,2	<u>251.</u>
Ŋ		Organizations that follow SFAS 117, check here ►	X ar	nd complete lines		Ĺ			4 &
Ĕ	İ	27 through 29 and lines 33 and 34.							
ASSETS	27	Unrestricted net assets			645,642.	27	2	78,4	108.
Ĕ	28	Temporarily restricted net assets				28		54,4	<u> 162.</u>
	29	Permanently restricted net assets				29			
R		Organizations that do not follow SFAS 117, check her	re 🟲	and complete	· ·	l.			
FUZD		lines 30 through 34.			* * * * * * *	<u>* *</u>	<u> </u>		
	30	Capital stock or trust principal, or current funds				30			
B	31	Paid-in or capital surplus, or land, building, and equip		t		31			
Ä	32	Retained earnings, endowment, accumulated income,	or othe	er funds		32			
BALAZCES	33	Total net assets or fund balances.			645,642.	33		32,8	
	34	Total liabilities and net assets/fund balances		<u></u>	676,598.	34	3	60,1	.21.
Pa	ırt XI	Financial Statements and Reporting			.			V	
	۸	countries weatherd wood to average the Form 000.	\L	▼ A	Other			Yes	No
			ash		Other				V
2		re the organization's financial statements compiled or r		•	countant?		2a	Х	X
		re the organization's financial statements audited by an			for avaragely of the ac-	1.4	2b	^	
	rev	'es' to 2a or 2b, does the organization have a committe lew, or compilation of its financial statements and select	e mat tion of	assumes responsibility fan independent accour	nor oversignit of the auc ntant?	iil,	2c		x
3	a As	a result of a federal award, was the organization requir				ngle			
	Aud	dit Act and OMB Circular A-133?				-	3a		Х
		res,' did the organization undergo the required audit or	audits	?			3b	-000	(2020)
RΔ	Δ						rorm	1 990 (.∠UUX)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

		<u>oundatio</u> n								703575			
Par	t I	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) (see	ınstru	ctions)		
The o	orga	nization is not a priv	ate foundation becaus	se it is: (Please check on	ly one o	rganızat	ion.)						
1		A church, convention	on of churches or asso	ciation of churches desci	ribed in	section	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A	(Attach Schedule E)								
3		A hospital or coope	rative hospital service	organization described i	n sectio	n 170(b	χ1χΑχίι	i). (Atta	ch Sche	dule H)			
4		A medical research	organization operated	l in conjunction with a ho	spital de	escribed	ın secti	ion 170	(b)(1)(A)	(iii). Ente	er the hosp	ıtal's	
_		name, city, and sta			. 								
5		170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university		,	•	•	mental u	ınıt desci	ribed in se	ction	
6 7	X	An organization that		overnmental unit describ substantial part of its sup irt II)					or from t	he gene	ral public d	escrib	ed
8		A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9		from activities relat investment income	ed to its exempt functi	I) more than 33-1/3 % of ions — subject to certain is taxable income (less s implete Part III.)	exception	ns, and	(2) no r	more tha	an 33-1/	3 % of it	s support f	rom gr	ross
10		An organization org	ganized and operated o	exclusively to test for put	olic safet	y See	section	509(a)(4	1). (see	instructio	ons)		
11		more publicly supp	orted organizations de	exclusively for the beneficescribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of, See s e	or carry ection 5	out the 09(a)(3).	purposes of Check the	of one box to	or nat
		a Type I	b Type II	c Type II	I — Fund	tionally	integrat	ed		d 🗌	Type III-	Other	
e	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		, , , ,	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II c	or Type	III suppo	orting org	janization,		
g		Since August 17, 2	006, has the organizat	ion accepted any gift or	contribu	tion from	n any of	f the foll	lowing p	ersons?			
												Yes	No
			directly or indirectly c verning body of the su	ontrols, either alone or to pported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)		<u> </u>
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
<u> </u>		Provide the following	ng information about th	ne organizations the orga	inization	support	s						
	(1	i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col i in your rning nent?	(v) Did y the organ col your su	ization in	(i) organiz	on in col	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
				•									
								ļ					
			· · · · · · · · · · · · · · · · · · ·										
Tota	l			,									

Schedule A (Form 990 or 990-EZ) 2008 UFW Foundation 95-2703575 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)

	(Complete only if you checke	d the box on line	5, 7, 01 6 01 Fait i				
<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')		178,802.	31,199.	1,047,337.	245,762.	1,503,100.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-3	0.	178,802.	31,199.	1,047,337.	245,762.	1,503,100.
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)				^; ·	\$ \$	0.
6	Public support. Subtract line 5 from line 4	· * * *		, "			1,503,100.
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<u>^</u>	<u> </u>	1	
Cale	ndar year (or fiscal year nning ın) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0.	178,802.	31,199.	1,047,337.	245,762.	1,503,100.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,920.	8,824.	15,373.	15,442.	6,714.	49,273.
9	Net income form unrelated business activities, whether or not the business is regularly carried on		·				0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)		350.	. @ 3 %	35,183.	-11,368.	24,165.
11	Total support. Add lines 7 through 10	* * *	**			,	1,576,538.
12	Gross receipts from related activi	ties, etc (see inst	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here	·	I, third, fourth, or	fifth tax year as a	a section 501(c)(3) -
	tion C. Computation of Pu					Ι.	
	Public support percentage for 20	• .		e II, column (f)		14	95.3 % 89.2 %
	Public support percentage for 20					15	·
16a	33-1/3 support test – 2008. If the and stop here. The organization				the line 14 is 33-1.	/3 % or more, che	eck this box ► X
Ь	33-1/3 support test — 2007. If the and stop here. The organization				and line 15 is 33-	1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	. Éxplain in Part I	V how
	10%-facts-and-circumstances te or more, and if the organization re organization meets the 'facts-and	meets the 'facts-ar I-circumstances' t	nd-circumstances' est. The organiza	test, check this bation qualifies as	ox and stop here a publicly support	. Explain in Part I ed organization	V how the ►
18 BAA	Private foundation. If the organiz	ation did not chec	к a box on line, 1	3, 16a, 16b, 17a,			ructions P

||Partill|| 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 yr beginning in)> (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified nersons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line W W W W A TOTAL A SERVICE LANGUAGE 7c from line 6) Section B. Total Support (a) 2004 **(b)** 2005 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) (c) 2006 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 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) MANUSCRIP OF THE SECTION CONTRACTOR 13 Total support. (add tns 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 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

Signature A (com 1950 of 1950 etc.) 2006 of the Poulitation of the Poulitation (and the Poulitation Federal II), line 10 Part III, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	Schedule A	(Form 990	J or 990-E.	Z) 2008	OT W TO	unuacio	11			95-270	D-11 1 1 1 1	Page 4
	[Fan(IV	Part II,	mentai i line 17a	or 17b;	or Part I	II, line 12	. Provide	any other	additional in	required by formation. (s	see instructio	ns)
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TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Fublic Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

F	Part II-A.			-				
If the	organization answered 'Yes,'	to Form 990, Part IV, line 5 (Proxy Tax), th	ien					
		ganizations Complete Part III.						
	of organization			Employer identifica				
	Foundation			95-270357				
Rai	See the instruction	by all organizations exempt unde ns for Schedule C for details.	r section 501(c)	and section 527 or	ganizations.			
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in F					
2	Political expenditures			▶\$				
	Volunteer hours	· · · · · · · · · · · · · · · · · · ·						
Pai	See the instruction	by all organizations exempt unde ns for Schedule C for details.	r section 501(c)(3).				
1	Enter the amount of any exce	se tax incurred by the organization under s	ection 4955.	▶\$				
2	Enter the amount of any exci	se tax incurred by organization managers i	ınder section 4955	►\$				
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes X No			
	Was a correction made?				∐Yes ∐No			
	If 'Yes,' describe in Part IV							
'Rai		by all organizations exempt undens for Schedule C for details.	r section 501(c),	except section 50	1(c)(3).			
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$				
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for section	on 527 exempt ►\$				
3	Total of direct and indirect ex Form 1120-POL, line 17b	empt function expenditures. Add lines 1 an	d 2 and enter here ar	nd on ►\$				
4	Did the filing organization file	Form 1120-POL for this year?			Yes No			
	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			

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

Schedule C (Form 990 or 990-EZ) 2008

Yes X No

Schedule C (Form 990 or 990-EZ) 2008 UFW Foundation		95-270	3575 Page 2
Part II-A To be completed by orga under section 501(h)). Se	inizations exempt under section 501(c ee the instructions for Schedule C for d	:)(3) that filed Form 576 letails.	68 (election
A Check ► If the filing organization b	elongs to an affiliated group		
B Check ► I if the filing organization of	hecked box A and 'limited control' provisions app	oly.	
Limits on Lob (The term 'expenditures' i	bying Expenditures – neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	15,323.	
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	39,527.	
c Total lobbying expenditures (add lines 1a	a and 1b)	54,850.	0.
d Other exempt purpose expenditures		499,030.	
e Total exempt purpose expenditures (add	lines 1c and 1d)	553,880.	0.
f Lobbying nontaxable amount. Enter the both columns.	amount from the following table in	108,082.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:	». '	* *
Not over \$500,000	20% of the amount on line 1e.	**	, s.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	. 1	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	1	· · · · · · · · · · · · · · · · · · ·
Over \$17,000,000	\$1,000,000	* *.	, @ · · ·
g Grassroots nontaxable amount (enter 25	% of line 1f)	27,021.	0.
h Subtract line 1g from line 1a. Enter -0- r	f line g is more than line a	0.	0.
i Subtract line 1f from line 1c Enter -0- if	line f is more than line c	0.	0.

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a Lobbying non-taxable amount		23,864.	139,290.	108,082.	271,236.			
b Lobbying ceiling amount (150% of line 2a, column (e))	, su j			· · · · · · · · · · · · · · · · · · ·	406,854.			
c Total lobbying expenditures		3,597.	82,133.	54,850.	140,580.			
d Grassroots non-taxable amount		5,966.	34,823.	27,021.	67,810.			
e Grassroots ceiling amount (150% of line 2d, column (e))	*	, vé , de ,	2 P2 **		101,715.			
f Grassroots lobbying expenditures			32,451.	15,323.	47,774.			

BAA

Schedule C (Form 990 or 990-EZ) 2008

	······································		
Part II-B	To be completed by organizations exempt under section 501(c)(3) that have (election under section 501(h)). See the instructions for Schedule C for deta	e NOT filed Form 5768	;
	(election under section 501(h)). See the instructions for Schedule C for deta	ıls.	

	ails. (a)			(b)	
	Yes	No	_	Amour	nt
	ν.			8 31	* ev y
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			ś		**
a Volunteers?			,		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?		_			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				_	
i Other activities? If 'Yes,' describe in Part IV					
j Total lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				····	
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		21(-)	/E\ -		
Part III-A To be completed by all organizations exempt under section 501(c)(4), sect 501(c)(6). See the instructions for Schedule C for details.	ion 5	JI(C)	(5), 0	r secti	оп
			-	Y	es No
1 Were substantially all (90% or more) dues received nondeductible by members?			-	1	-
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			-	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	E	21/->	<u> </u>	3	
Part III-B To be completed by all organizations exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details.	III-A,	ques	stion	3 is	OH
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		,			
a Current year		2a			
b Carryover from last year		_2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4			
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information	Part II	-B, lın	e 1ı		
			 -		
				-	

Schedule C (Form 990 or 990-EZ) 2008 UFW FOUNGATION	95-2703575 Page 4
Randle C (Form 990 or 990-EZ) 2008 UF W FOUNDATION Partill Supplemental Information (continued)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

මුලා ල වැඩුලි ගුලා ල වැඩුලි

Employer Identification nu 95-2703575 **UFW** Foundation Partils Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Partill Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area X Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day Held at the End of the Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Rartllll Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 UFW E		s of Art Histo	rical Treasures	95-270	
		•			
3 Using the organization's accession that apply):	n and other records,	Ţ	•	ignificant use of its collec	tion items (check all
a Public exhibition		d Loan o	r exchange programs		
b Scholarly research		e [Other			
c Preservation for future genera					
4 Provide a description of the organ Part XIV.		·			: in
5 During the year, did the organizat assets to be sold to raise funds ra	ther than to be main	tained as part of	the organization's col	lection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arrange an amount on F	ments Comple orm 990, Part	ete if organization X, line 21.	n answered 'Yes' to	Form 990, Part
1a Is the organization an agent, trust	tee, custodian, or oth	er intermediary fo	or contributions or oth	er assets not	
included on Form 990, Part X?	5				∐ Yes
b If 'Yes,' explain the arrangement	in Part XIV and comp	olete the following	table.		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance					
2a Did the organization include an ai		Part X, line 21?			∐ Yes ☐ No
b If 'Yes,' explain the arrangement				000 5 1 11 1	
Part V Endowment Funds Co					
	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1 a Beginning of year balance				·	3 8 3 9 9
b Contributions					
c Investment earnings or losses			*	` <u>*</u>	
d Grants or scholarships			**	** * * * *	* * 1
 Other expenditures for facilities and programs 			**	> `	
f Administrative expenses				* \$. 8 4 3 4 4
g End of year balance		, `	×		. ,
2 Provide the estimated percentage	of the year end bala	nce held as.			
a Board designated or quasi-endow	ment -	%			
b Permanent endowment ►	%				
c Term endowment ►	§				
3a Are there endowment funds not in organization by	n the possession of th	ne organization th	at are held and admi	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related o	rganizations listed as	required on Scho	edule R?		3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B	uildings, and Ec	uipment. See	Form 990, Part	X, line 10.	_
Description of investment		t or other basis evestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				,	
b Buildings					
c Leasehold improvements				_	
d Equipment					
e Other			2,497	416.	2,081.
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 990.	Part X, column (E		•	2,081.
BAA	•	•		Sche	dule D (Form 990) 2008

Schedule D (Form 990) 2008 UFW Foundation		95-270	3575 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iır	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	on et value
Financial derivatives and other financial products.			
Closely-held equity interests		<u> </u>	
Other			
	_		
		··	
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)			* * : 4
Part VIII Investments—Program Related (See	lI Form 990_Part X ∃		*
(a) Description of investment type	(b) Book value	(c) Method of valuati	on
(a) Description of investment type	(b) book value	Cost or end-of-year mark	et value
			. <u></u>
			
The of the officer of			
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
	escription		(b) Book value
(4) 50	Somption		(b) Book value
			
		<u> </u>	
Total. Column (b) Total (should equal Form 990, Part X, col		<u>▶</u>	
Part X Other Liabilities (See Form 990, Part	1	*,	
(a) Description of Liability	(b) Amount		
Federal Income Taxes		* * * * * * * * * * * * * * * * * * * *	' À **
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T. I. O. I. (I) T. I. (I) I. I. O. O. D. I. V. I. (D. I. O.)			
Intal Column (b) Intal (should equal Form 990 Part X col (K) line 25)	•		
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25) In Part XIV, provide the text of the footnote to the organizati	1	s that reports the organization's liability	for uncertain tax

		-2703575	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		223,912.
2	Total expenses (Form 990, Part IX, column (A), line 25)		536,684.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-312,772.
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 4-8.		
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	,	-312,772.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements	1	223,912.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	a Net unrealized gains on investments] :	
ŀ	Donated services and use of facilities 2b	ું અંક	
(Recoveries of prior year grants] vi.	
(d Other (Describe in Part XIV)]_*_	
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	223,912.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	^4(
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV) 4b	1	
	c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	223,912.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		<u> LLO, JILI.</u>
	Total expenses and losses per audited financial statements	1	536,684.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		000,001.
	a Donated services and use of facilities 2a	•	
		1 1	
		1 1	
	c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV)	-	
		1	
	e Add lines 2a through 2d	2e	F2C C04
		3	536,684.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	
	a Investments expenses not included on Form 990, Part VIII, line 7b	- *	
	b Other (Describe in Part XIV)	<u></u>	
	c Add lines 4a and 4b	4c	F26 604
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) rt XIV Supplemental Information	5	536,684.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, I 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	ines 1b and 2b	o, Part V,
			
		-	

TEEA3304L 12/23/08

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
	
	
	- -

TEEA3305L 07/24/08

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Schedule **D** (Form 990) 2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

UFW Foundation

Name of the organization

Part I Identification of Disregarded Entities

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public

Employer Identification number 95-2703575

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

(A)	(8)	(3)	9	9	6
Name, address, and EliÑ of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-yeár assets	Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	ations				
(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 FARMWORKERS OF AMERICA 29700 Woodford Tehachapi Rd					
Keene	NOIND	CA	501 (C) (5)		N/A
NATIONAL FARMWORKERS SERVICE CENTER P.O. BOX 62	CHARITABLE &				
KEENE, CA 93531	EDUCATIONAL	Ø.	501 (0) (3)		4/ N
	ASSIST NOT FOR		(6) (2) 106		W/W
/BROOK CORPORATION	PROFIT				NATIONAL
<u>P.O. BOX 62</u> KEENE, CA 93531	ORGANIZATIONS WITH SUPPORT				FARMWORKERS SERVICE
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Ins	Instructions for Form 990.) 	TEEA5001L 12/23/08	Schedu	Schedule R (Form 990) (2008)

Schedule R (Form 990) 2008 UFW Foundation Ratilia Identification of Related Organizations Taxable as a Partnership

or Trust
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(A) Name, address, and ElN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(b) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(B) (C) (Direct Direct Type of entity (Share of total income Share of end-of-year Ownership controlling entity (C corp, S corp, country) (C corp, S corp, or trust)	(H) Percentage ownership
			_				
ВАА		TEEA5002L 12/23/08	123/08			Schedule R (Form 990) (2008)	990) (2008)

Page 3

Schedule R (Form 990) 2008 UFW Foundation [Part V] Transactions With Related Organizations

		_	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	_ _
		×	7
a receipt of () interest (ii) anniques (iii) Toyanas (iv) Tent noin a connoined ennity		1	.1
b Gift, grant, or capital contribution to other organization(s)	:		_1
c Gift, grant, or capital contribution from other organization(s)	:	1c X	
d Loans or loan guarantees to or for other organization(s)	•	X PI	١.
e Loans or loan grantees by other organization(s)		1e	١.
			Γ
(-) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	٦
To sale or assets to other organization(s)			
g Purchase of assets from other organization(s)		$\frac{1}{4}$.1
h Exchange of assets		14 X	I.
i Lease of facilities, equipment, or other assets to other organization(s)	٠	- X	[_
			\neg
j Lease of facilities, equipment, or other assets from other organization(s)	:	1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)		1k ×	
1 Performance of services or membership or fundraising solicitations by other organization(s)		- ×	1
m Sharno of facilities, equipment, mailing lists, or other assets	•	1 X	1.
received for the first of the f	•		J.
n sharing of pain employees	:	+	.[
• Bamburcament haid to other organization for exhances		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
בי ייייייי ליייי ליייי ליייי לייייי מיייייי מיייייייי			.1
p Reimbursement paid by other organization for expenses		V d	_ [
			\neg
q Other transfer of cash or property to other organization(s)	: : :	19 ×	
r Other transfer of cash or property from other organization(s)		1r X	. 1
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.	and transaction thresho	ds.	
(A)	(9)	9	
Name of other organization	Transaction type (a-r)	Amount involved	- 1
(1) UNITED FARMWORKERS OF AMERICA	1	81,010.	ا•
E 44	-	C L T	
(2) KUBEKI F KENNEUX MEDICAL PLAN	¥	15, 759.	-1
(3) JUAN DE LA CRUZ PENSION PLAN	×	2,389.	•
(4)			
			1
(5)			
(9)			
BAA TEEA5003L 07/02/08	Sched	Schedule R (Form 990) (2008)	6

95-2703575

Schedule R (Form 990) 2008 UFW Foundation

*<u>PatiWi</u> Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	ا or ing :r2
			Yes No		Yes No		Yes	S.
		; ;						
ВАА		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	z) (066 m	(8003

Page 2

	d Tax-Exempt Organizations
8 UFW Foundation	dentification of Related
Schedule R-1 (Form 990) 2008	Partill Continuation of I

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State	(D) Exempt Code section	(E) Public charity status	(F) Direct controlling
ROBBERS 9EGKENNEDY MEDICAL PLAN	SERVICES	or Foreign Country)	501 (C) (3)	(if 501(c)(3)) TYPE II	CENTER
KEENE, CA 93531	MEDICAL PLAN	CA	501 (C) (9)		N/A
JUAN DE LA CRUZ PENSION PLAN P.O. BOX 62					
KEENE, CA 93531	PENSION PLAN	C.A.	501 (c) (9)		N/A
ВАА	TEEA5102L 07/02/08	17/02/08		Schedul	Schedule R-1 (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

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

Name of the organization UFW Foundation	Employer identification number 95-2703575
Form 990, Part VI, Line 10 - Form 990 Review Process	
A copy of the form 990 was provided to the Organization's board	d_president_and
controller prior to filing, in keeping with their duties as de	legated by the
Organization's board. The form 990 was reviewed and approved	for filing. The form
990 will also be reviewed by the Organization's board at its an	nnual board meeting.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	nflicts
The human resource department has a routine employee evaluation	n_process it uses for
job performance and salary considerations that also includes the	ne monitoring of
conflict of interest issues.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
All documents required to be disclosed is done so upon request	•
	·
	·
	

2008

Federal Supplemental Information

Page 1

Client NFWHG

UFW Foundation

95-2703575

This amended 2008 form 990 is being filed to properly include certain omitted information from the originally filed form 990, particularly related to support information on page two of Schedule $\mathtt{A}.$

2008 Sche	edule A, Part IV	' - Supplem	ental Inforr	nation	Page 5
Client NFWHG	UF	W Foundation			95-270357
Part II, Line 10 - Other Inco	me				
Nature and Source	2008	2007	2006	2005	2004
Special events Investment losses Miscellaneous	14,730. -34,615. 8,517.	59,247. -24,064.		350.	
	al \$ -11,368. \$	35,183. \$	0. \$	350. \$	0.

.