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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

Open to Public

			ear, or tax year beginning 07/01/09, and ending 06/30/10			
<u> </u>	For the 200					
В	Check if applica		C Name of organization UNITED WAY OF MUSKINGUM, PERRY & MO	l D	Employ	er identification number
L] .	Address change	utse IRS	AND MORGAN COUNTIES, INC.			
$\overline{\Box}$	Nama ahasaa	label or print or	Doing Business As		31-	4379456
	Name change	type		om/suite E	Telenho	ne number
	Initial return	See		Jiii/Suite	reicprio	ne namber
一.	<u>.</u> .	Specific	526 PUTNAM AVENUE			
Ш	Termination	instruc-	City or town, state or country, and ZIP + 4	G	Gross receip	is 1,142,399
Π,	Amended return	tions	ZANESVILLE OH 43701			
$\overline{\Box}$		F Name	e and address of principal officer	Hía	a) Is this a	group return for
Ш.	Application pen	ding · · · · · · · · ·		'	affiliates	
				H(I	b) Are all a	ffiliates 🖂
				'	included	Yes No
					If "No," a	attach a list (see instructions)
1	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527	1		
	Website: ▶		JNITEDWAYOFMPM.ORG	Н(c) Groun e	xemption number
		(==)				
***	Type of organiz			f formation		State of legal domicile
<u> </u>	art I	Summa	<u>ry</u>			
	1 Brief	fly describe t	he organization's mission or most significant activities.			
	ا س	NITED W	AY AGENCY			
8	1					
Б						
Activities & Governance						
Š	2 Che	ck this box	If the organization discontinued its operations or disposed of more than 25% of it	ts net assets		
Ğ			members of the governing body (Part VI, line 1a)		3	14
•ర	ı		•		-	14
ĕ.	l		endent voting members of the governing body (Part VI, line 1b)		4	
≅	5 Tota	I number of	employees (Part V, line 2a)		5	8
ğ			volunteers (estimate if necessary)		6	
•	7a Tota	l aross unrel	ated business revenue from Part VIII, column (C), lineRECEIVED		7a	
			siness taxable income from Form 990-T, line 34		7b	0
	DINEL	unrelated bu	Silies taxable income ilon 1 orin 330-1, ilie 34	Pnor Year	1 .5	Current Year
	0 0		d grants (Part VIII, line 1h)	1,117,	903	1,025,375
Θ				1,11,	903	1,023,373
Revenue	9 Prog	ram service	revenue (Part VIII, line 2g)			
Š	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	8,	017	3,918
œ	11 Othe	er revenue (F	-411,	822	113,106	
	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ahd 11e)	714,		1,142,399
				578,		
	1		ar amounts paid (Part IX, column (A), lines 1–3)	576,	132	530,311
	14 Bene	efits paid to d	or for members (Part IX, column (A), line 4)			
S	15 Sala	ries, other co	ompensation, employee benefits (Part IX, column (A), lines 5–10)	244,	286	278,826
enses	16a Prof	essional fund	draising fees (Part IX, column (A), line 11e)			
eu	1		expenses (Part IX, column (D), line 25) ▶ 98,167			
Exp		_	• •	210	1 2 2	254 202
ш	17 Othe	er expenses	(Part IX, column (A), lines 11a–11d, 11f–24f)	210,		254,383
	18 Tota	l expenses .	Add lines 13–17 (must equal Part IX, column (A), line 25)	1,033,		1,063,520
	19 Rev	enue less ex	penses Subtract line 18 from line 12	-319,		78,879
Net-Aysets or Fund Balances			Be	ginning of Current	Year	End of Year
3 3	20 Tota	l assets (Pai	rt X, line 16)	2,629,	586	2,665,859
₩	21 Tota	•	rart X, line 26)	647,		604,533
¥ 5	22 1-4	-	nd balances Subtract line 21 from line 20	1,982,		2,061,326
				1,302,	77/	2,001,320
2 L	art II		re/Block			
>		Under penal	tyes of penjury, I declare that have examined this return, including accompanying schedules and sta	atements, and to the	he best of	my knowledge
2		and belief	is true, correct, and complete Declaration of preparer (other than officer) is based on all information	n of which prepare	er has any	knowledge
_ Şiç	ın	N X IV	VIIXIVITY IT VIZALIAIA		I III	9/10
He		-	ire of officer		1 - 1	
∏e P	י פי		ore or officer		Date	•
=			waarch A. Deedrick, Executive Director			
<u> </u>		Type or	r print hame and title			
Š		Dranasada	Date	Check if		Preparer's identifying number
Pa	id	Preparer's signature		self-		(see instructions)
	eparer's	Signature	/ mills fully (1) 11/02/	10 employed		P00448138
	e Only	Firm's name	WOLFE, WILSON & PHILLIPS, INC.		EIN 🕨	31-1389443
US	e Olliy	if self-emplo			Phone	
		address, an				740-453-9600
Mar Mar	the IRS di	scuse this re	turn with the preparer shown above? (see instructions)	<u></u>		
			rwork Reduction Act Notice, see the separate instructions.			Yes No
DAA		ci anu rape	THOTA REduction Act Notice, see the separate instructions.			Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

UNITED	WAV	AGENCY

				·	
the prior	Form 990 or 990-EZ?	t program services during the year which	were not listed on .		Yes X No
3 Did the o services?	=	ske significant changes in how it conducts	s, any program		Yes X No
4 Describe Section 5	the exempt purpose achievements 601(c)(3) and 501(c)(4) organizations	for each of the organization's three larges s and section 4947(a)(1) trusts are requir revenue, if any, for each program service	ed to report the amount		
ALLOCA		875,134 including grants of \$ ED IN FALL TO RAISE ATING AGENCIES IN ST			
	·				
4b (Code) (Expenses \$	including grants of \$	·) (Revenue \$)
			·		
4c (Code.) (Expenses \$	including grants of \$) (Revenue \$)
			· · · · · ·		
	ogram services (Describe in Schedu	•) (0		
(Expense	ogram service expenses	ncluding grants of \$875,134) (Revenue \$		

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,"			ſ		x	
	complete Schedule A	•		-	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			-	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				ا ،		v
	candidates for public office? If "Yes," complete Schedule C, Part I		•	-	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				.		v
_	Schedule C, Part II			}	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			-	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						v
_	complete Schedule D, Part I			-	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			-	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						37
	complete Schedule D, Part III				8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part				1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				_		37
	complete Schedule D, Part IV			-	9		_ <u>x</u> _
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						37
	quasi-endowments? If "Yes," complete Schedule D, Part V			-	10		<u>x</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					7.7	
	VII, VIII, IX, or X as applicable			-	11	X	
•	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 related 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					3	
•	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			F		v	
	Schedule D, Parts XI, XII, and XIII.	ſ	1		12	X	-
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?	400	Yes	No X			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		-	4.0	1	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			-	13		X X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?			-	14a		
b					445		x
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			}-	14b		
13	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			ļ	4.5		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			}	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			ŀ	16		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			}	-''		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			 	10	-	
. •	If "Yes," complete Schedule G, Part III				19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			-	20		X
-						990	(2009)

11/02/2010 Form 990 (2009) UNITED WAY OF MUSKINGUM, PERRY & MO 31-4379456 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes," complete Schedule J 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? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 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 X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32

Schedule N. Part II

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2009)

X

X

X

X

X

33

34

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36

37

38

Pa	rt 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	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a				ŧ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
C	Did the ofganization comply with backup withholding rules for reportable payments to vendors and repo	rtable				ĺ
	gaming (gambling) winnings to prize winners?			1c		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			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b	X	L
	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	ру				ĺ
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cıal				
	account)?			. 4a		X
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 Ba	ınk				
	and Financial Accounts					ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ling				
	Prohibited Tax Shelter Transaction?			5c		ļ
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	i I	X
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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oas			1	İ
	and services provided to the payor?		•	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			10		
С	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	7 d	[10		
u e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per-				:	1
·	benefit contract?	301141		7e	•	Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	2		7f		
, g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		7g	ļ	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	s				
	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					l
	organization, have excess business holdings at any time during the year?			8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.					
а	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					1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				ŧ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				Ī
11	Section 501(c)(12) organizations. Enter					I
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					I
	amounts due or received from them)	11b	<u> </u>			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1	I	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		!	l	1

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.

Sec	tion A. Governing Body and Management			
		<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1 1 14			
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	x
_	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	,		x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	ł	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5	ļ	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	 	X
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members	•	 	<u> </u>
7a		7a		x
	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	 -	X
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		
0	the year by the following			
	The governing body?	8a	x	Ì
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	55		_
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
	ondo codo.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
ь				
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11		x
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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С				
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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		X
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		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶ OH			
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 ► UNITED WAY 526 PUTNAM AVENUE	5 40		
\mathbf{z}	ANESVILLE OH 43701	740-45	4 – 6	872

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.

hours per week veek veek veek veek veek veek veek	Check this box if the organization (A)					;)		 (D)	(E)	(F)
BOARD	ime and Title							from the organization	from related organizations	other compensation from the organization
SCOTT EICKELBERGER BOARD JIM EVANS BOARD O O JIM HEAGAN BOARD O O JIM HEAGAN BOARD O O MONICA JONES BOARD O O SHAWN PHELPS BOARD O O CINDY LINN BOARD O O WESS MCCULLOUGH BOARD DO O LINDA SAWYER BOARD O O BLAIR TOM BOARD O O LARRY TRIPLETT BOARD O O KAREN VINCENT BOARD O O MIKE VYNALEK BOARD O O BRIAN WAGNER BOARD O O BRIAN WAGNER BOARD O O O MEG DEEDRICK	OLE							0	0	
JIM EVANS BOARD 0	EICKELBERGEF	₹						*****		
BOARD			L					0	0	
JIM HEAGAN DOARD O	ANS									
BOARD								0	0	
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BOARD			ļ					 0	0	(
SHAWN PHELPS DOARD	JONES							_	_	
BOARD			ļ	ļ	ļ	<u> </u>		0	0	
CINDY LINN BOARD WESS MCCULLOUGH BOARD O LINDA SAWYER BOARD BOARD O C BLAIR TOM BOARD C C C C C C C C C C C C C C C C C C	PHELPS									
BOARD			<u> </u>	ļ			 	 0	0	(
WESS MCCULLOUGH BOARD LINDA SAWYER BOARD BOARD BLAIR TOM BOARD CARRY TRIPLETT BOARD CARRY VINCENT BOARD CARRY VINCENT BOARD CARRY VINCENT BOARD CARRY CONTINUES ON	LINN									
BOARD			<u> </u>			<u> </u>	1	 0	0	
LINDA SAWYER	ICCOLLOOGH							_		
BOARD O O O	CAMPED		├			_	1	<u> </u>	0	***
BOARD								 0	0	
LARRY TRIPLETT	TOM									
BOARD 0 0 KAREN VINCENT 0 0 BOARD 0 0 MIKE VYNALEK 0 0 BOARD 0 0 BRIAN WAGNER 0 0 BOARD 0 0 MEG DEEDRICK 0 0								0	0	
KAREN VINCENT BOARD MIKE VYNALEK BOARD BRIAN WAGNER BOARD O MEG DEEDRICK 0 0 0 0 0	TRIPLETT									-
BOARD 0 0 MIKE VYNALEK 0 0 BOARD 0 0 BRIAN WAGNER 0 0 BOARD 0 0 MEG DEEDRICK 0 0							Ш	 0	0	
MIKE VYNALEK BOARD 0 0 BRIAN WAGNER BOARD 0 0 MEG DEEDRICK	VINCENT									
BOARD 0 0 BRIAN WAGNER BOARD 0 0 MEG DEEDRICK			_	<u> </u>	<u> </u>			 0	0	
BRIAN WAGNER BOARD MEG DEEDRICK 0 0	YNALEK		1					_		
BOARD 0 0 MEG DEEDRICK			<u> </u>	<u> </u>			\sqcup	0	0	
MEG DEEDRICK	WAGNER							_	-	
	TERRI CIV		\vdash	_		<u> </u>	\vdash	 0	0	
EXECUTIVE DI X 58,131 0					.			FA 404	_	
	E DI				X		-	58,131	0	(
				<u> </u>						

Pai	Y VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees,	and	d Highest Compensated E	mployees (continued)		_
	(A) Name and Title	(B) Average hours per		,	chec		hat ap		compensation	(E) Reportable compensation	(F) Estimated amount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
												_
												_
			_									_
-												_
												_
												_
												_
					ļ	-						_
	Total								58,131			_
2	Total number of individuals (ind	cluding but not lim		to th	000	lieto	d abo	VA)		•	·	_
_	reportable compensation from	=		0	030	11310	u abc	,,,,	who received more than wi	00,000 111		
	Toportable compensation from	the organization i	_	_						······································	Yes No	<u> </u>
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ile J	for s	uch i	ndıv	ıdual	-			3 X	
4	For any individual listed on line the organization and related or individual										4 X	
5	Did any person listed on line 1a services rendered to the organ	ization? If "Yes,"		mpe							5 X	
Sec 1	tion B. Independent Contractor Complete this table for your five compensation from the organization	e highest comper	ısate	ed inc	depe	nder	nt cor	ntrac	ctors that received more tha	n \$100,000 of		_
		(A) I business address							Descrip	(C) Compensation	_	
-		,,						 				
		• • • • • • • • • • • • • • • • • • • •										
						_	,					_
									1000			_
2	Total number of independent of more than \$100,000 in comper						to th	ose	listed above) who received		0	_
DAA											Form 990 (200	<u></u>

Pa	rt V	III Statement of Reve	nue						
		+				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
_			 			<u> </u>	revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			1			
gra	þ	Membership dues	1b			1			
s, am	С	Fundraising events	1c			1			
gif	d	Related organizations	1d			1			
S,E	е		1e			1			
ion	f	All other contributions, gifts, grants,				1			
캶		and similar amounts not included above	1f	1.	025,375	1			
i i	_	Name to the second of the seco			02070.0	I			
Sor	9		-II Þ			1 005 375			
_	h	Total. Add lines 1a-1f			· •	1,025,375			
JE					Busn. Code				
Ş.	2a								
8	b								
/ice	С								
ĕ	d								
Ē	9	•							
gra	f	All other program service reve	nue						
5	q	Total. Add lines 2a-2f			` ▶				
	9	Investment income (including of	dwadonde	intoroc	•				
	3	· · · · · · · · · · · · · · · · · · ·	Jividends	, mieres		3,918			3,918
		other similar amounts)				3,910			3,910
	4	Income from investment of tax	-exempt	bond pro	ceeds				
	5	Royalties							
		(ı) Real		(II) P	ersonal				
	6a	Gross Rents				1			
	ь	Less rental exps						·	
	С	Rental inc or (loss)				1			
	d	Net rental income or (loss)							
	7a	Gross amount from (i) Securitie	s	(II)	Other				
		sales of assets							
	١.	other than inventory	+						
	D	Less cost or other			-				
		basis & sales exps				1			
		Gain or (loss)				†			
		Net gain or (loss)	_						
	8a	Gross income from fundraising eve	nts		Ì				
enue		(not including \$	l		-				
9		of contributions reported on line 1c)		1				
Other Rever		See Part IV, line 18	а		j				
ţ.	b	Less: direct expenses	b						
Ó		Net income or (loss) from fund	raisino e	vents	>				
	1	Gross income from gaming activities							
		See Part IV, line 19	a						
		Less direct expenses	ъ́Г						
		Net income or (loss) from gam	∟	<u> </u>	•		:		
			ing activi	ties					
	10a	Gross sales of inventory, less							
		returns and allowances	a						
	b	Less cost of goods sold	b∟			#			
	С	Net income or (loss) from sale	s of inve	ntory	•				
		Miscellaneous Revenu	e		Busn. Code				
	11a	UNREALIZED GAIN ON BE	EN. INT	ER		109,098			109,098
ļ	b	ADMINISTRATIVE FEES	-			3,715		_	3,715
	c	MISCELLANEOUS INCOME				293			293
	d	All other revenue							
	e	Total. Add lines 11a-11d			—	113,106			
						1,142,399		0	117 004
	12	Total Revenue. See instruction	115			1,142,333		<u> </u>	117,024

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).

	All other organizations must				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			<u> </u>	
•	organizations in the U.S. See Part IV, line 21	530,311	530,311		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			'' 	
J	trustees, and key employees				
6	Compensation not included above, to disqualified	<u> </u>			
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	231,608	145,487	30,007	56,114
		231,000	140,407		30,114
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	19,080	11,884	2,508	4,688
9	Other employee benefits	28,138	18,678	3,297	6,163
10	Payroll taxes Fees for services (non-employees)	20,138	10,070	5,231	0,105
11	, , ,				
a	Management				
b	Legal	35,496	211	35,018	267
C	Accounting	33,490	211	33,010	201
a	Lobbying Professional fundrations against See Bot IV line 17				
e	Professional fundraising services See Part IV, line 17				
Ť	Investment management fees				
g	Other	8,340	5,095	1,131	2,114
12	Advertising and promotion	8,340	5,095	1,131	2,114
13	Office expenses				
14	Information technology		1		
15	Royalties	3 001	1 220	892	1 660
16	Occupancy	3,881 2,313	1,320 1,325	344	1,669 644
17	Travel	2,313	1,325	344	044
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	505	0.00	115	
19	Conferences, conventions, and meetings	595	266	115	214
20	Interest	0 700		0.700	
21	Payments to affiliates	8,709	0.000	8,709	
22	Depreciation, depletion, and amortization	8,681	2,802	1,894	3,985
23	Insurance				
		1		1	
24	Other expenses Itemize expenses not	1		Į.	
	covered above (Expenses grouped together			Ī	
	and labeled miscellaneous may not exceed	1		1	
	5% of total expenses shown on line 25 below)			····	
а	NET SPECIFIC DESIGNATIONS	67,406	67,406		
b	AEP HEALTH AND HOUSING	29,205	29,205		
C	SUPPLIES	18,634	16,081	890	1,663
d	MUSKINGUM/MORGAN/PERRY	17,601	17,601		·
8	CAMPAIGN SUPPLIES	9,101			9,101
f	All other expenses	44,421	27,462	5,414	11,545
25	Total functional expenses. Add lines 1 through 24f	1,063,520	875,134	90,219	98,167
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and			1	
	fundraising solicitation				
DAA					Form 990 (2009)

	Balance Sheet			(A)		(B)		
				Beginning of year		End of year		
1	Cash—non-interest bearing				_1			
2	Savings and temporary cash investments			541,451	2	501,755		
3	Pledges and grants receivable, net			303,341	3	320,822		
4	Accounts receivable, net		[47,602	4			
5	Receivables from current and former officers, directors, tr	ustees, key						
	employees, and highest compensated employees. Compl	ete Part II of			1			
	Schedule L				5			
6	Receivables from other disqualified persons (as defined u		1					
	4958(f)(1)) and persons described in section 4958(c)(3)(B	3) Complete			-			
	Part II of Schedule L		. L		6			
7	Notes and loans receivable, net				7			
7 8	Inventories for sale or use		L		8			
9	Prepaid expenses and deferred charges			8,859	9	10,898		
10a	Land, buildings, and equipment cost or							
	other basis. Complete Part VI of Schedule D	10a	67,036		ŧ			
b	Less accumulated depreciation	10b	34,373	41,340	10c	32,663		
11	Investments—publicly traded securities				11			
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			1,686,993	15	1,799,721		
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,629,586	16	2,665,859		
17	Accounts payable and accrued expenses			647,139	17	604,533		
18	Grants payable				18			
19	Deferred revenue				19			
20	Tax-exempt bond liabilities				20			
21	Escrow or custodial account liability. Complete Part IV of	Schedule D	L		21			
22	Payables to current and former officers, directors, trustees	s, key	-		1			
21 22	employees, highest compensated employees, and disqua	lified			- 1			
í	persons Complete Part II of Schedule L				22			
23	Secured mortgages and notes payable to unrelated third p	parties			23			
24	Unsecured notes and loans payable to unrelated third par	ties			24			
25	Other liabilities Complete Part X of Schedule D				25			
26	Total liabilities. Add lines 17 through 25			647,139	26	604,533		
3	Organizations that follow SFAS 117, check here ▶ 🏻	and			1			
27 28 28	complete lines 27 through 29, and lines 33 and 34.				- 1			
27	Unrestricted net assets .	,		358,270 6,600	27	334,55 <u>2</u> 99		
28	Temporarily restricted net assets	porarily restricted net assets						
29	Permanently restricted net assets	4	. [_	1,617,577	29	1,726,675		
<u> </u>	Organizations that do not follow SFAS 117, check her	e ▶	ŀ		1			
;	and complete lines 30 through 34.		ŀ		- 1			
30	Capital stock or trust principal, or current funds		L	<u></u>	30			
31	Paid-in or capital surplus, or land, building, or equipment f	fund			31			
29 30 31 32 33 34	Retained earnings, endowment, accumulated income, or	other funds		·	32			
33	Total net assets or fund balances			1,982,447	33	2,061,326		
34	Total liabilities and net assets/fund balances			2,629,586	34	2,665,859		

Form **990** (2009)

orm	1990 (2009) UNITED WAY OF MUSKINGUM, PERRY & MO 31-4379456		Pa	ge 12
Pa	ert XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	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			Ė
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		
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	3ь		1

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service` Name of the organization

UNITED WAY OF MUSKINGUM, PERRY & MO AND MORGAN COUNTIES, INC.

Employer identification number 31-4379456

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 b Type !! c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support						
Cal	endar 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")	1,007,994	972,272	982,761	1,117,903	1,025,3	75 5,106,30 <u>5</u>
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	1,007,994	972,272	982,761	1,117,903	1,025,3	75 5,106,305
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						5,106,305
Sec	tion B. Total Support						
Cal	lendar year (or fiscal year beginning ın) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,007,994	972,272	982,761	1,117,903	1,025,3	75 5,106,305
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,038	23,409	20,377	8,017	3,9	18 68,759
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					112,8	112,813
11	Total support. Add lines 7 through 10						5,287,877
12	Gross receipts from related activities, etc. (s	see instructions)				1:	2
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	i, or fifth tax year as	s a section 501(c)(3)	. 🗀
	organization, check this box and stop here						b
_	tion C. Computation of Public Su	• •				1.	
14	Public support percentage for 2009 (line 6,			1))		. 10	
15	Public support percentage from 2008 Sched	·		and line 14 is 22 f	1/2 0/ 25 mass abo	ak this hav	98.53%
16a	33 1/3 % support test—2009. If the organization qualifies a			, and line 14 is 33	1/3 % or more, che	CK this dox	► X
b	and stop here. The organization qualifies a 33 1/3 % support test—2008. If the organization			r 16a, and line 15 is	s 33 1/3 % or more	check this	
	box and stop here. The organization qualifi			·	3 00 1/0 /0 01 111016	, check this	▶ □
17a	10%-facts-and-circumstances test—2009				or 16b. and line 14	ıs 10% or	•
	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circumsta			Ť	•		▶ [
b	10%-facts-and-circumstances test—2008	•	•		<u> </u>	e 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstanc	es" test, check this	box and stop here	e. Explain in Part I\	/ how the	
	organization meets the "facts-and-circumsta	ances" test. The org	janization qualifies	as a publicly suppo	rted organization		. ▶□
18	Private foundation. If the organization did						i i

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.)

Sec	tion A. Public Support	scred the box	OII III E 9 OI FA	11 1.)			
	lendar 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")	(4) 2000	(3) 2000	(6) 2001	(4) 2000	(0) 2000	(1) 10001
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			ļ	ļ		
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		1				_
8	Public support (Subtract line 7c from						
6	line 6.)	<u>t</u>	<u> </u>	<u> </u>	1	<u> </u>	L
	tion B. Total Support lendar year (or fiscal year beginning in) ▶	(-) 200E	(F) 2006	(-) 2007	(4) 2000	(-) 2000	(D. T)
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	Ĺ	<u></u>				
14	First five years. If the Form 990 is for the o	_	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						<u>▶</u>
	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,		-	(f))		15	%_
16	Public support percentage from 2008 Schei					16	
	tion D. Computation of Investme						T
17	Investment income percentage for 2009 (lin		•	column (f))		17	%
18	Investment income percentage from 2008 S					18	%_
19a	33 1/3 % support tests—2009. If the organ						. —
L	17 is not more than 33 1/3 %, check this bo						▶ ∐
b	33 1/3 % support tests—2008. If the organ						, _
20	line 18 is not more than 33 1/3 %, check thi						▶
20	Private foundation. If the organization did	tior cueck a pox or	1 line 14, 19a, or 19	o, cneck this box a	ana see instructions	<u>, , , , , , , , , , , , , , , , , , , </u>	P

Schedule A (Form 990 or 990-EZ) 2009 UNITED WAY OF MUSKINGUM, PERRY & MO 31-4379456

379456 Page 4

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	of the organization NITED WAY OF MUSKINGUM, PERRY & MO			er identification number
Pa	AND MORGAN COUNTIES, INC. rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Ad		1379456 s. Complete if
	the organization answered "Yes" to Form 990,	The second secon		
	ı	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that			□ v ₌₌ □ v ₌
	funds are the organization's property, subject to the organization's excl			∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in used only for charitable purposes and not for the benefit of the donor of			
	purpose conferring impermissible private benefit?	donor advisor, or for any other		Yes No
D:	rt II Conservation Easements. Complete if the org	nanization answered "Yes" to Form	990 F	
1	Purpose(s) of conservation easements held by the organization (check		000, 1	artiv, into 7.
•	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant lan	d area
	Protection of natural habitat	Preservation of certified historic st		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conservat	ion	
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17	/06	2d	<u> </u>
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organization	during	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is	located		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the year		
	-			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
_				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section		Yes No
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Tes No
9	In Part XIV, describe how the organization reports conservation easen balance sheet, and include, if applicable, the text of the footnote to the	•		
	the organization's accounting for conservation easements.	organization o manda statements that descri	1003	
Pa	rt III Organizations Maintaining Collections of Ar	t. Historical Treasures. or Other S	imilar	Assets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance sheet v	vorks of	
	art, historical treasures, or other similar assets held for public exhibition			ce,
	provide, in Part XIV, the text of the footnote to its financial statements	that describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in i	ts revenue statement and balance sheet work	s of art,	
	historical treasures, or other similar assets held for public exhibition, ed	ducation, 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	r other similar assets for financial gain, provide	e the	
	following amounts required to be reported under SFAS 116 relating to	these items.		
а	Revenues included in Form 990, Part VIII, line 1		•	· \$
b	Assets included in Form 990, Part X		•	\$

Sche	dule D (Form 990) 2009 UNITED WAY	OF MUSKING	UM, PERRY	& MO	31-43	79456		Page 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Trea	sures, c	or Other S	Similar Assets	(continu	ied)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, chec	k any of the followin	g that are a	a significant i	use of its		
а	Public exhibition	d 🗀 Loan	or exchange progra	ıms				
b	Scholarly research	e Othe	er					
c	Preservation for future generations	С	" — — -					
4	Provide a description of the organization's collect	ctions and explain how the	hey further the orgar	nization's e	xempt purpo	se in		
5	During the year, did the organization solicit or re				ıılar			
	assets to be sold to raise funds rather than to be rt IV Escrow and Custodial Arrai				acwored "	Vos" to Form (Ye	
Fd	IV, line 9, or reported an amo	•	•		iswered	ies to Folilis	990, Fait	•
та	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	er assets n	iOt			
	included on Form 990, Part X?	d	4-61-				Ye	es 📙 No
b	If "Yes," explain the arrangement in Part XIV and	a complete the following	table.			<u> </u>	A	
	_					<u> </u>	Amoun	<u> </u>
	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year	•				1e		
f	Ending balance .					. 1f		
	Did the organization include an amount on Form	n 990, Part X, line 21?					Y€	es 📙 No
	If "Yes," explain the arrangement in Part XIV.					 		
Pa	rt V Endowment Funds. Comple	† †		_				
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years bad	ck (e) Fou	r years back
1a	Beginning of year balance							
þ	Contributions							
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	<u> </u>				<u> </u>		
f	Administrative expenses							
g	End of year balance		-					
2	Provide the estimated percentage of the year er	nd balance held as				•		
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	on of the organization the	at are held and admi	nistered fo	r the			
	organization by.	_						Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations				•		3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sche	edule R?			•	3b	
4	Describe in Part XIV the intended uses of the or							. ·
Pa	rt VI Investments—Land, Buildir			0 Part	X line 10			
	Description of investment	(a) Cost or other basis				cumulated	(d) Book	value
		(investment)	basis (oth		, ,	eciation	(4) 500.	10.00
12	Land		<u> </u>	-	·			·
	Buildings							
	Leasehold improvements	<u> </u>						
	Equipment							
	Other							
	. Add lines 1a through 1e (Column (d) must equi	al Form 990 Part Y col	umn (B) line 10(c) \					
· Juli	ia direagn to (Column (c) must equi	a 3 330, I alt A, Wi	(D), IIIG 10(C))			~		

Schedule D (Form 990) 2009 UNITED WAY OF MUSKING		31-43/9456	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	1
(including name of security)		Cost or end-of-year market	value
Financial derivatives *			
			-
Closely-held equity interests			
Other		· · · · · · · · · · · · · · · · · · ·	
	ļ		2
	1		
	ļ		
	<u> </u>		
			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)	1		
Part VIII Investments—Program Related. See Form 99	O Part Y line 13		
	·		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
	-		
	l		
· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		V	
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Book value
BENEFICIAL INTEREST IN	TRUST		1,726,675
TRUST ENDOWMENT AGENCY			73,046
,		•	•
			-
F-1-1 (O-1 (h)			1,799,721
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · · · · · · ·	.	1,133,121
Part X Other Liabilities. See Form 990, Part X, line 2	·· 1	······································	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
	+		
			
	- 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organi	zation's financial statements t	hat reports the	
organization's liability for uncertain tax positions under FIN 48		•	

	dule D (Form 990) 2009 UNITED WAY OF MUSKINGUM, PERR	 		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1	1,142,399
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,063,520
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	78,879
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)	•	8	4
9	Total adjustments (net) Add lines 4 through 8		9	70 003
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	nto With Doverno non D	10	78,883
	rt XII Reconciliation of Revenue per Audited Financial Stateme	ints with Kevenue per K	1	1,142,399
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.			1,142,333
a	Net unrealized gains on investments	2a		
a b	Donated services and use of facilities	2b	\dashv \parallel	
	Recoveries of prior year grants	2c	\dashv \parallel	
d	Other (Describe in Part XIV.)	2d	┥ !	
9	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	1,142,399
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]. [
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV)	4b	7	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,142,399
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	1,063,516
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d	_	
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1) (3	1,063,516
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	•	4b	4	
С	Add lines 4a and 4b		4c	4
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		. 5	1,063,520
	rt XIV Supplemental Information	- 4 4 A. D. 4 D. 1		
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line			
	b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines art to provide any additional information.	s 20 and 40 Also complete		
	ART XI, LINE 8 - RECONCILATION OF CHANGES -	OTHER		
		·		
_B	OOK / TAX DEPRECIATION_DIFFERENCE		<u>\$</u>	4
_				
— -	NOW WILL IINE AR - EXPENSE AMOUNTS INCLUDE		— — -	
_==	ART XIII, LIME 4B - EXPENSE AMOUNTS INCLUDE	POW KETOKW - O	TUEK -	
_B	OOK / TAX DEPRECIATION_DIFFERENCE		<u>\$</u>	4
				— -

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11/02/2010

(Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047

2009

Open to Public Inspection			Yes X No	"Yes" to an \$5,000. Use ▶ ☐	(h) Purpose of grant or assistance			:			
	Employer identification number 31-4379456		and .	organization answered pient received more th	ion (g) Description of sal. non-cash assistance						
es 21 or 22.	Employ 31-		s or assistance,	nplete if the one recip	(f) Method of valuation (book, FMV, appraisal, other)						
Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22 ▶ Attach to Form 990.			eligibility for the grant	nited States. Corr Check this box if	(e) Amount of non-cash assistance						
nanswered "Yes" on Fo ► Attach to Form 990.	MO		sistance, the grantees in the United States	izations in the Uniore than \$5,000.	(d) Amount of cash grant		530,311				
rganizatior	RRY &	:	rants or ass grant funds	d Organ ceived m	(c) IRC section if applicable						
Complete if the o	INGUM, PER FIES, INC.	Assistance	he amount of the g nce? nitoring the use of	vernments an ecipient that re) if additional s	(b) EIN						
	UNITED WAY OF MUSKINGUM, AND MORGAN COUNTIES,	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government						
Department of the Treasury		Part i General In	1 Does the organization me the selection criteria use 2 Describe in Part IV the contraction of the contracti	# ==	1 (a) Name and ac	LOCAL AGENCIES	•				-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations

Schedule I (Form 990) 2009

O

Schedule I (I	Schedule (Form 990) 2009 UNITED WAY OF MUSKINGUM, PERRY & MO 31-4379456	F MUSKINGUM,	PERRY & MO 3	1-4379456		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	e United States. Com inal space is needed.	nplete if the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addıti	onal information.

11/02/2010

SCHEDULE 0

Supplemental Information to Form 990

OMB No 1545-0047

inspection

Open to Public

(Form 990) Department of the Treasury Internal Revenue Service*

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

Attach to Form 990.

Name of the organization

UNITED WAY OF MUSKINGUM, PERRY & MO AND MORGAN COUNTIES, INC.

Employer identification number

31-4379456

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS ANNUAL CAMPAIGN CONDUCTED IN FALL TO RAISE SUPPORT FOR ALLOCATIONS TO PARTICIPATING AGENCIES IN SUBSEQUENT CALENDAR YEAR.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 IS PRESENTED TO BOARD FOR APPROVAL BEFORE FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION IF A REQUEST IS MADE, IT IS PRESENTED TO BOARD BEFORE INFORMATION IS AVAILABLE.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

See separate instructions. Name(s) shown on return

Attach to your tax return. UNITED WAY OF MUSKINGUM, PERRY & MO

Identifying number

AND MORGAN COUNTIES, 31-4379456 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 8,677 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use (e) Convention period only-see instructions) service 19a 3-year property b 5-year property 7-year property 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs q S/L h Residential rental 27 5 yrs MM property ММ 27 5 yrs S/L MM Nonresidential real 39 yrs S/L property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Summary (See instructions.) Part IV Listed property Enter amount from line 28 21

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Form 4562 (2009)

8,677

22

22

23

11/2/2010

31-4379456

Federal Statements

Tax-Exempt Interest on Investments

_	Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
I	NTEREST	\$ 3,918		14	ОН	
	TOTAL	\$ 3,918				

11/2/2010 '

31-4379456

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

 Donor Name
 Total
 Excess

 \$ 4,080,930
 \$ 3,975,172

 TOTAL
 \$ 4,080,930
 \$ 3,975,172