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Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less these 5700 COO and testing receipts less these 5500 COO and testing receipts less than 5500 COO and testin

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

09-01 2010, and ending

OMB No 1545-1150

2010

Open to Public Inspection •

A	ror the	ZUTU calenda	ar year, or tax year beginning 09-01 , 2010, and	a enaing		08-3	1 , 20 11			
		f applicable C Name of organization D Empl					loyer identification number			
Address change					66-3535078					
H۱	Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele					one nu	umber			
닏	nıtıal retun	n .								
Ã.	Terminated	i	PO BOX 216							
Ľ,	Amended i	return	City or town, state or country, and ZIP + 4		F Group	Exemp	otion			
=	Application	<del></del>	VERMILLION, SD 57069		Numbe					
G	Accoun	iting Method	X Cash	H	Check ►	X If	the organization is <b>not</b>			
I	Websit				required to	attach	Schedule B			
			check only one) - X 501(c) (3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or				Z, or 990-PF)			
			rganization is not a section 509(a)(3) supporting organization and its gross							
	Form 99	0-EZ or Form	n 990 return is not required though Form 990-N (e-postcard) may be required.	red (see instru	ictions) But	if the	organization chooses			
			e to file a complete return							
L	Add line	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	r more, or if to	tal assets (F	Part II,				
	ine 25, d	column (B) be	elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		• • • • • •	· <b>▶</b> \$	90,523			
P	äřt l'e		e, Expenses, and Changes in Net Assets or Fund Balan							
			ne organization used Schedule O to respond to any question in this Part I							
	1		s, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·			1	90,455			
	2		vice revenue including government fees and contracts			2				
	3		dues and assessments		1	3				
	4	Investment is			• • • • •	4	68			
			nt from sale of assets other than inventory • • • • • • • • • 5a			-3				
	1		r other basis and sales expenses · · · · · · · · · · · · · · 5b s) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	C	Gain or (loss	• • • • •	5c						
R	6	Gaming and	fundraising events			3				
e v	a a	Gross incom	ne from gaming (attach Schedule G if greater than			3.35°				
е	12	\$15,000) •	6a	_						
n u -	, b	Gross incom	ne from fundraising events (not including \$	าร						
e -	-3	from fundrais	sing events reported on line 1) (attach Schedule G if the							
		sum of such	gross income and contributions exceeds \$15,000) · · · · · · · 6b							
ļ	ء را	Less direct	expenses from gaming and fundraising events • • • • • • • • • 6c							
3	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract						
	<b>-</b> 7.	line 6c) · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • •	6d				
	1		of inventory, less returns and allowances • • • • • • • • • • • • • • • • • • •			· «·				
<u>(</u> .	b	Less. cost of	f goods sold · · · · · · · · · · · · · · · · · · ·			1:1				
į	. с	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a) • • • • •		$\cdots$	7c				
Č E	8		ue (describe in Schedule O)		• • • • •	8				
	9_		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	VEIVED.	· · · · ·	9	90,523			
	10	Grants and s	similar amounts paid (list in Schedule O)	EIVED	<u></u>	10	72,355			
E	11	Benefits paid	d to or for members · · · · · · · · · · · · · · · · · · ·	12	. 10,	11				
X	12	Salaries, oth	ier compensation, and employee benefits · · · · · · · · · 😂 · JAN · 🕻	2012	·   Ç · ·	12	10,839			
P	13	Professional	l fees and other payments to independent contractors 🕠 🔁 · · · · ·		$\cdot   \stackrel{\sim}{\kappa} \cdot \cdot  $	13	280			
n S	14	Occupancy,	rent, utilities, and maintenance	EALLIT	~!≒¦	14	8,252			
e	15	Printing, pub	olications, postage, and shipping	CIN, LII	<u></u> ]	15	2,208			
3	16	Other expens	ses (describe in Schedule O)			16	8,122			
	17	Total expenses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·					102,056			
Α	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)	· · · · <del>· · · ·</del>	• • • • •	18	(11,533			
NS	19	Net assets o		*						
			figure reported on prior year's return) • • • • • • • • • • • • • • • • • • •		• • • • •	19	45,705			
·	20	Other chang	es in net assets or fund balances (explain in Schedule O)		• • • • [	20				
s	21	21 Net assets or fund balances at end of year Combine lines 18 through 20 · · · · · · · · · · · · ·					34,172			
For	Paperv	vork Reducti	ion Act Notice, see the separate instructions.	EEA			Form 990-EZ (2010)			



'Pa	Other Information (Note the statement requirements in the instructions for Part V)			<u></u> -
	Check if the organization used Schedule O to respond to any question in this Part V			•
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	1.	,	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	_	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • •	¥ .%	. `	1
39	Section 501(c)(7) organizations Enter.	] .	,	
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	```	2. 3. 2. 2. 3. 2.	
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·		7	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		1	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			<b></b> _
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		24.1	
	organization managers or disqualified persons during the year under sections 4912,	2.3	7,8≷ , ≥≥	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	'`		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·		. *3	ĺ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			<b> </b>
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ DEBORAH CHRISTENSEN  Telephone no ▶ 605-6		354	
	Located at ▶ PO BOX 216 VERMILLION, SD ZIP + 4 ▶ 570	69		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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.			اـــــا
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		<u> X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	· · ·	• • •	_
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •			
				<del></del>
	Dulaborary at a second		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		ļ	- <u></u> -
	completed instead of Form 990-EZ	44a	<u> </u>	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		<b> </b>	<u> </u>
_	completed instead of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<b> </b> -	X
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School is 0.			<del> </del>
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d om 99	00 57	(2010)
	FFA F	UIIII MY	JU-E/-	140 [1]

**Use Only** 

Firm's address

▶ 19 MARKET STREET

May the IRS discuss this return with the preparer shown above? See Instructions

**VERMILLION SD 57069** 

605-624-4425

Yes X No Form 990-EZ (2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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

2010

Open to Public

		WAY OF VERMIL	LION						1	535078	Minde		
På	rt (	Reason for	Public Charity	/ Status (All organiz	ations mus	t complete	this part	) See instr	l				
				use it is (For lines 1 th									
1	$\tilde{\Box}$	A church, convention	n of churches, or a	ssociation of churches	described	n section	170(b)(1)	(A)(i).					
2	$\exists$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	H			rvice organization desc		tion 170	b)(1)(A)(iii	i).					
4	H		•	ited in conjunction with		•		•	(A)(iii). Ent	er the hos	oital's r	ame	
•	ш	city, and state							(, ,\(,), =		p.1.2	,	
5		<u> </u>	rated for the benef	it of a college or univer	sity owned	or operate	d by a gov	/ernmenta	Lunit descr	ibed in		<del></del>	
		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6			• •	r governmental unit des	cribed in s	ection 17	1/6\/1\/ <b>6</b> \/	v١					
7	H		-	a substantial part of its				•	the gener	al nublic			
•		•	•	•	Support	m a govo	initionital c	01 110111	the gener	ai public			
8	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 )												
9	X	<u> </u>		(1) more than 33 1/3%	-	•	ontribution	is membe	rship fees	and orose			
•		-		empt functions - subjec						_	-		
				and unrelated business									
		•		30, 1975 See section		•		•	54000				
10				ed exclusively to test for									
11	H	•	•	ed exclusively for the be	•	•			carry out th	ne			
•	لــا	•	•	orted organizations des	•				•				
		•		s the type of supporting									
		a Type I	<b>b</b> Пур	• • • • • • • • • • • • • • • • • • • •			illy integra		d [	Type I	II-Other		
е				organization is not conti			•						
-		•	•	ers and other than one of		•			•				
		509(a)(1) or section				.,	<b>J</b>						
f				etermination from the IF	RS that it is	a Type I.	Type II. or	Type III s	upporting				
		organization, check											
g		-		zation accepted any gift	t or contrib	ution from	any of the						
ŭ		following persons?		. , , ,			•						
		<del>-</del> -	directly or indirectly	controls, either alone of	or together	with perso	ns describ	ed in (ii)				Yes	No
		• • •		y of the supported orga	-	•					11g(i)		1
		• • •		cribed in (i) above? • •							119(1)	_	t
		• •	<u> </u>	on described in (i) or (ii)							11g(E)		1
h		• •		t the supported organization							(		1
	(i) N	ame of supported	(ii) EIN	( Type of organization	(iv) Is the d	rganization	(v) Did y	ou notify	(vi) Is	s the	(vii)	Amoun	t of
		organization		(described on lines 1-9	ın col (1) İs		the organ	zation in	organizatio	on in col		upport	
				above or IRC section (see instructions)	governing	locument?	col (i) sup	of your port?	(ii) organize				
					Yes	No	Yes	No	Yes	No			
(A)												_	
							ļ						
(B)												_	
(C)													
						1							
(D)		_	_										
						1							
(E)			-		<u> </u>	1		<u>†</u>					
						1							
				160 148 Tale 14		(3340) ·	<b>%</b> -%	~ ( * jt	11 age 1				

Total

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 or if the organization failed to qualify under

Part III. If the organization fails to	qualify under the	e tests listed helow	nlesse complete Part III )
rait iii. Ii tile olganization ians to	quanty under the	e legig ligiçu beluw,	Dicase complete rait in i

	tion A. Public Support			-,-		<del> </del>	
Cale	ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •	_					
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each	a. a. x				. &	
	person (other than a governmental unit or	* * .	, °	*			
	publicly supported organization) included	4 1:16 7:	\$ \$ 1			*	
	on line 1 that exceeds 2% of the amount	ۇ ئۆ		* ` * } *	* * ,	₹′ ì	
	shown on line 11, column (f) · · · · ·		*	( ) ;			
6_	Public support. Subtract line 5 from ln 4		,	A \$	Ÿ		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on • • • • • • • • • • • • • • • • • •						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) · · · · · · · · ·						
11	Total support. Add lines 7 through 10 -		ž	۵.		× 300 %	
12	Gross receipts from related activities, etc	(see instructions)				12	·
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, foi	urth, or fifth tax yea	r as a section 501	(c)(3)	▶□
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6,	• • •	-			14	%
15	Public support percentage from 2009 Sche					15	<u></u>
16a	33 1/3% support test - 2010. If the organiz						
	and stop here. The organization qualifies						• • • • • • • • • • • • • • • • • • •
b	33 1/3% support test - 2009. If the organiz						
	box and stop here. The organization qualif						• • • • • • • • • • • • • • • • • • •
17a	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
h	10%-facts-and-circumstances test - 2009		_	· ·	=		-
U	more, and if the organization meets the "fa						
18	organization meets the "facts-and-circumst Private foundation. If the organization did	tances" test. The o	organization qualifi	es as a publicly su	pported organizati	on • • • • • •	
	ate localidation. If the organization did	HOL CHECK & DUX U	m mie 15, 10a, 10	5, 17a, 01 175, Cile	on this box and St		· / · · · · ·

Page 3

## 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 or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II )

UNITED WAY OF VERMILLION

				,			
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") • • • • • • • • • • • • • • • • • • •	88,919	98,545	88,698	90,258	90,455	456,875
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 bus under sec 513						·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·		<u> </u>				
5	The value of services or facilities furnished by a governmental unit to the organization-without-charge						
6	Total. Add lines 1 through 5 · · · · · ·	88,919	98,545	88,698	90,258	90,455	456,875
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
C	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·		· ·	\$ \$\cdot\{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi			456,875
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · ·	88,919	98,545	88,698	90,258	90,455	456,875
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	322	83	83	208	68	764
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · ·	322	83	83	208	68	764
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) · · · · · · · · · · · · · · · · · · ·	89,241	98,628	88,781	90,466	90,523	457,639
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(	c)(3)	▶ □
<u>Sec</u> 15	ction C. Computation of Public Su Public support percentage for 2010 (line 8,			(f)) · · · · ·	• • • • • • •	15	99.83 %
16_	Public support percentage from 2009 Scheo	dule A, Part III, line	15		· · · · · · · · · · · · · · · · · · ·	16	99.80 %
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2010 (lin			column (f)) · · ·		17	0.17 %
18	Investment income percentage from 2009 S	Schedule A, Part III	, line 17 • • • •			18	0.20 %
	33 1/3% support tests - 2010. If the organi 17 is not more than 33 1/3%, check this box	x and stop here. T	he organization qu	ialifies as a publicl	y supported organ	ization • • • •	▶ 🗓
D	33 1/3% support tests - 2009. If the organi line 18 is not more than 33 1/3%, check this	zation did not chec	k a box on line 14 e. The organizatio	or line 19a, and li n qualifies as a pu	ne 16 is more thar iblicly supported o	1 33 1/3%, and rganization •••	▶ □
20		•	_	•			

# United Way of Vermillion Statement Attached to Form 990-EZ For the Year Ended August 31, 2011

# Part 1, Line 10, Grants:

	\$	860
Beyond School Adventure		2,955
		1,067
		4,926
		485
		4,925
		3,385
		6,853
		3,490
		250
		2,743
Senior Citizens		8,126
		3,054
		3,054
		2,596
		6,895
		3,251
W. 1		5,725
Welcome Table	_	<u>7,715</u>
Total Grants	<u>\$</u>	72,355

#### **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 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public** <u>Inspection</u>

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
	e of organization			' '	entification number
UN	IITED WAY OF VERMILLION			36-353	5078
Pa		<u>ization is exempt under sec</u>			nization
1	Provide a description of the organization				
2	Political expenditures · · · · · · · ·				
3	Volunteer hours				
			<u></u>		
	rt I-B Complete if the organi	<u>ization is exempt under sec</u>	tion 501(c)(3).		
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495				
4a	Was a correction made? • • • • • •				·Yes No
_ <u>b</u>					
		zation is exempt under sec		cept section 501(c)(3	)
1	Enter the amount directly expended by the activities		-	<b>.</b> .	
_				· · · · · · · · • <b> </b>	
2	Enter the amount of the filing organization 527 exempt function activities • • • • •			<b>▶</b> ¢	
•	Total exempt function expenditures Add			· · · · · · · · • <b>&gt;</b> \$	
3	line 17b · · · · · · · · · · · · · · · · ·			<b> </b>	
4	Did the filing organization file Form 1120				· Yes No
5	Enter the names, addresses and employ				
9	organization made payments. For each of	, ,	•	•	-
	the amount of political contributions rece	•		•	
	as a separate segregated fund or a politi		•		
_	as a separate segregated fund of a point		onar space is neede	July provide information in t	T T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			<del> </del>		

'Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	led F	orm	5768		
	(election under Section 30 I(II)).	T	(a)	l	(b)	
		Yes	1	,	Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	*		;	-	- (4)
	legislation, including any attempt to influence public opinion on a legislative matter or	\$	Š	4	ż	3
	referendum, through the use of		¥.			*
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		X	,		À 1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			3.3
С	Media advertisements? • • • • • • • • • • • • • • • • • • •		Х			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? • • • • • • • • • • • • • • • • • • •		X			
i	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·		X			
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to-be not described-in section 501(c)(3)? · · · · · · · · · · ·		X			erie de la companya della companya della companya della companya de la companya della companya d
b	If "Yes," enter the amount of any tax incurred under section 4912 · · · · · · · · · · · · · · · · · · ·	3,	ŝ ,			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		W104> 1144			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • • • • • • • • • • • • • • • •		<u> </u>	( )	*Z }	* 1,
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), (	or se	ction		
	50 ((с)(о).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •			1	+:	+
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •			2	+	+
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	†	+
:r:a 1	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines "Yes."  Dues, assessments and similar amounts from members				d	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
_	political expenses for which the section 527(f) tax was paid).		š '			
а	Current year · · · · · · · · · · · · · · · · · · ·		2a			
b	Carryover from last year • • • • • • • • • • • • • • • • • • •		2b			
c	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		* *			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		13			
	and political expenditure next year? • • • • • • • • • • • • • • • • • • •		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		_	
	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, lii	ne 11 /	Also.			
	plete this part for any additional information		,			

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

UNITED WAY OF VERMILLION

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

36-3535078

01. List of grants and similar amou		
AMOUNT 72,355		
02. Description of other expenses	(Part I, line 16)	
DESCRIPTION	AMOUNT	<u> </u>
OFFICE	715	
PROMOTION	5,790	
ADVERTISING	372	
DUES & SUBSCRIPTIONS	1,245	
		<del></del>
<del>-</del>		<del></del>