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990-EZ Form

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)

Sponsoring 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 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

OMB No 1545-1150

2011

Open to Rublic Inspection

A	For the	_	ar year, or tax year beginning 09-01 , 2011, and end	ding	08-31 , 20 12
В	Check if ap	plicable	C Name of organization	D Emplo	yer identification number
	Address ch	ange	UNITED WAY OF VERMILLION	36-	-3535078
	Name chan	ge	Number and street (or P O box, if mail is not delivered to street address) Room	√suite E Telephi	one number
	nitial return	י			
	Terminated	l	PO BOX 216		
	Amended re	eturn	City or town, state or country, and ZIP + 4	F Group	Exemption
	Application	pending	VERMILLION, SD 57069	Numbe	er 🕨
G	Accoun	ting Method	X Cash ☐ Accrual Other (specify) ►	H Check ▶	x if the organization is not
1	Websit	e: >		1	attach Schedule B
J	Tax-exe	mpt status (c	check only one) - X 501(c) (3)	527 (Form 990,	990-EZ, or 990-PF)
			ganization is not a section 509(a)(3) supporting organization or section 527 or		
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p		
			ses to file a return, be sure to file a complete return	, ,	,
	_		7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if total assets (F	Part II
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances		
<u> </u>	<u></u>		e organization used Schedule O to respond to any question in this Part I		
_	1		s, gifts, grants, and similar amounts received		1 87,277
	2		vice revenue including government fees and contracts		
	3	-	dues and assessments		3
	4	Investment in			4 38
	i -		nt from sale of assets other than inventory	• • • • • • • • • • • • • • • • • • • •	30
	1				
	1		<u> </u>		
	6		 from sale of assets other than inventory (Subtract line 5b from line 5a) fundraising events 	• • • • • • • • • •	5c
R		_	_		
e V	4		e from gaming (attach Schedule G if greater than		
e n	_		6a		
u	"			ontributions	d.s.
е			sing events reported on line 1) (attach Schedule G if the		
	_		gross income and contributions exceeds \$15,000) 6b expenses from gaming and fundraising events 6c		
	a		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	ct	
	l _			• • • • • • • • •	6d
	1		of inventory, less returns and allowances	·	
	1	Less cost of			
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
	8		ue (describe in Schedule O)		8
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	9 87,315
	10		similar amounts paid (list in Schedule O)	• • • • • • • • • • • • • • • • • • • •	10 68,844
Ε	11		to or for members	٠٠٠٠٠٠	11
Х Р	12	•	er compensation, and employee benefits	$\downarrow \bowtie \downarrow \cdots \cdots$	12 5,421
ė	13		fees and other payments to independent contractors . 1711- 97.2013.	- 1 <u>일</u> 1 · · · · · · · ·	13 279
n s	14	-	rent, utilities, and maintenance	- [22] · · · · · · ·	14 7,367
e	15	Printing, pub	olications, postage, and shipping	= · · · · · · · · · · · · · · · · · · ·	15 939
	16	Other expens	ses (describe in Schedule O)		16 6,530
	17	Total expens	ses. Add lines 10 through 16	<u></u> ▶	17 89,380
A	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18 (2,065)
NS	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must agree w	rith	307.
NS e e t t	. [end-of-year f	figure reported on prior year's return)		19 34,172
t s	20	Other change	es in net assets or fund balances (explain in Schedule O)		20
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20	<u></u>	21 32,107
Fo	Paperv	work Reducti	on Act Notice, see the separate instructions.	EEA	Form 990-EZ (2011)

Form 990-E7 (2011)

Pa	Balance Sheets.(see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	o any question in this F	Part II	<u> </u>	. <u>.</u> .	🔲
	•		(A) Be	ginning of year		(B) End of year
22	Cash, savings, and investments			34,172	22	32,107
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			34,172	25	32,107
26	Total liabilities (describe in Schedule O)	• • • • • • • • • •		0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21)		34,172	27	32,107
	artilli Statement of Program Service Accomplis			1)		Expenses
	Check if the organization used Schedule O to respond				(Red	quired for section
Wh	nat is the organization's primary exempt purpose? COMMUNITY S				501	(c)(3) and 501(c)(4)
			•			anizations and section
	scribe the organization's program service accomplishments for ea measured by expenses. In a clear and concise manner, describe	.			1	7(a)(1) trusts, optional
	rsons benefited, and other relevant information for each program to		the number of			others)
_	UNITED WAY OF VERMILLION IS A VOLUNTARY FUN				10.	1
	AND PLANNING AGENCY DEDICATED TO SERVING TH		.=			
	COMMUNITY					
		cludes foreign grants,	check here		28a	89,380
29	(Signal of the Control of the Contro	oludes foreign grants,	CHECK HEIC	····	204	- 03,300
						
			<u> </u>			
	(Grants \$) If this amount in	alda.a.fa.a	-bl-b		00-	
20	(Grants \$) If this amount in	cludes foreign grants,	cneck nere	· · · · · · ·	29a	
30	***				1	
					1	
		cludes foreign grants,		<u>▶ ⊔</u>	30a	
31	Other program services (describe in Schedule O)					
		cludes foreign grants,			31a	
	Total program service expenses (add lines 28a through 31a)				32	
å₽:	art V. List of Officers, Directors, Trustees, and Key Emplo	_	•			•
	Check if the organization used Schedule O to respond	to any question in this	Part IV		<u></u>	<u> </u>
		(b) Title and average	(c) Reportable	(d) Health benefits		(e) Estimated amount of
	(a) Name and address	hours per week	compensation (Form W-2/1099-MISC)	contributions to emp benefit plans, an		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensa		- Other Compensation
	LSEY COLLIER WISE	EXECUTIVE DIREC	TOR		ŀ	
	BOX 216, VERMILLION SD 57069	15	5,42	<u>L</u>	q	0
	BORAH CHRISTENSEN	TREASURER				
10	40 VALLEY VIEW, VERMILLION SD 57069	1		o	þ	0
DA	NIEL KENTON	PRESIDENT				
50	8 LEE STREET, VERMILLION SD 57069	1		q	þ	0
GR	EGORY PAQUETTE	VICE PRESIDENT				
11	0 S UNIVERSITY, VERMILLION SD 57069	1		d	d	0
MA	XINE JOHNSON	SECRETARY			$\neg \neg$	
PO	BOX 216, VERMILLION SD 57069	1		d	d	0
					1	
_						
				1		
_		 		-		
			1			
				1		
_						
		1	I	1		

· Form	990-EZ (2011) UNITED WAY OF VERMILLION 36-	-3535078	F	Page 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) 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 significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	. [X
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 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	358	a	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	351	b	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	356	c	X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		3.1	اندیا
	Did the organization file Form 1120-POL for this year?	371	b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			311
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38	a	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9		1 1 1	
b	Gross receipts, included on line 9, for public use of club facilities	::		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		3. 2	100
_	section 4911 , section 4912 , section 4955 , sectio	—		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			الاعتبا
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401	_	,,
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40k)	X
·	organization managers or disqualified persons during the year under sections 4912,		`	(%)
	4955, and 4958			
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	—		
	reimbursed by the organization			h , 4
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	400	e	X
41	List the states with which a copy of this return is filed		-1	
42 a	The organization's books are in care of ▶ DEBORAH CHRISTENSEN Telephone no ▶	605-0	624-5	354
	Located at ▶ PO BOX 216 VERMILLION, SD ZIP + 4 ▶	57069		
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)?	42	b	X
	If "Yes," enter the name of the foreign country		38	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-8-	1/3	1
	and Financial Accounts.			ئــــــا.
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	c	<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	43	T.,	T
44.5	Did the experience maintain and demand find a discrete the constitution of the constit	_	Yes	No
44 d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
L	completed instead of Form 990-EZ	• • • 44	a	X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
•	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	-		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44		X
u	explanation in Schedule O	44	d	┨──┤
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u> </u>	_	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		_	A
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		``	
	Form 990-EZ (see instructions)	45	b	X

Form	990-EZ (2011)	UNITED WAY OF VE	RMILLION			36-3535	078	Page 4
46	•	age, directly or indirectly,		vities on behalf of or in o	• •		Yes 46	
Par	Section 501(c) 501(c)(3) orga and 52, and co	(3) organizations a nizations and section omplete the tables fo	and section 4947(a) n 4947(a)(1) nonexe r lines 50 and 51	(1) nonexempt cha mpt charitable trusts	aritable trusts s must answer	only. All		
	Check if the or	rganization used Sch	edule O to respond	to any question in th	nis Part VI .	· · · · · ·		
47		age in lobbying activities of Schedule C, Part II		-			Yes	No
48		ool as described in sectio					48	X
49a		e any transfers to an exe		d organization?			49a	X
		organization a section 52	-				49b	<u></u>
50	-	ne organization's five high ceived more than \$100,00		•		•		
			(b) Title and average	(c) Reportable	(d) Health benefit	s,		
	(a) Name and address on paid more that		hours per week	compensation	contributions to emp benefit plans, and de	,	Estimated amo	
	paid filore tha	11 \$ 100,000	devoted to position	(Forms W-2/1099-MISC)	compensation		other compens	ation
						i		
NONE	<u>. </u>							
f 51	Complete this table for the \$100,000 of compensation	nployees paid over \$100, the organization's five high on from the organization	lest compensated indepe If there is none, enter "N	lone "				
(a)	Name and address of each indep	pendent contractor paid more than	1 \$100,000	(b) Type of service	e	(c) Cor	mpensation	,
		 						
								
							<u></u>	
d	Total number of other in-	dependent contractors ea	ch receiving over \$100,0	oo ▶	,			
52		nplete Schedule A? Note: usts must attach a comple			•	▶ [X Yes □	No
		I have examined this return, inclu			my knowledge and bel	ef, it is		
true, c	orrect, and complete Declaration	of preparer (other than officer) is	based on all information of which	preparer has any knowledge	-			
Sig:	(olgrigite groun	Ollin Ster	nge)		Date	4-20	213	
ner	Type of print na							
	Print/Type preparer		Preparer's signature	On CAPPAGE	Check	□"	TIN	
Paid	MARK CROWLE	_ 	Mark Cron	Wey 01-03-20		ployed P(00187179 21/ 	7//
Prep Use		MARK CROWLEY CP: 19 MARKET STREE			Firm's EIN	20-3	24263	14
	- Inno dudiess	VERMILLION SD 5			Phone no	605	-624-442	5
Мау	the IRS discuss this retur	n with the preparer showr	above? See Instruction	s			Yes 🛚	No
	•			- CEA			Form 900 F	7 /2011

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

2011

OMB No 1545-0047

Employer identification number

2011

Open to Public

UNI	TED	WAY OF VERMIL	LION						<u> </u>	535078			
Pa	rt I	Reason for	Public Charity	Status (All organiz	ations mus	complete	this part)	See instr	uctions				
The	orgar	nization is not a priva	te foundation beca	iuse it is (For lines 1 th	rough 11, c	heck only	one box)				-		
1		A church, convention	n of churches, or a	ssociation of churches	described ii	section	170(b)(1)(A)(i).					
2		A school described i	n section 170(b)(1)(A)(ii). (Attach Schedi	ıle E)								
3		A hospital or a coop	erative hospital se	rvice organization descr	ibed in sec	tion 170(l	b)(1)(A)(iii).					
4		A medical research	organization opera	ited in conjunction with	a hospital d	escribed i	n section	170(b)(1)(A)(iii). Ent	er the hos	pital's n	ame,	
		city, and state											
5		An organization ope	rated for the benef	fit of a college or univers	sity owned o	or operate	d by a gov	ernmental	unit descr	ibed in			
		section 170(b)(1)(A)(iv). (Complete Page 1	art II)									
6		A federal, state, or lo	ocal government o	r governmental unit des	cribed in se	ection 170)(b)(1)(A)(/).					
7		An organization that	normally receives	a substantial part of its	support fro	m a govei	nmental u	nit or from	the gener	al public			
		described in section	ı 170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Con	nplete Part	II)							
9	X	An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from c	ontribution	s, membe	rship fees,	and gross	;		
		receipts from activiti	es related to its ex	empt functions - subjec	t to certain	exception	s, and (2)	no more th	an 33 1/39	% of its			
		support from gross ı	nvestment income	and unrelated business	s taxable in	come (les	s section 5	11 tax) fro	m busines	ses			
		acquired by the orga	inization after June	e 30, 1975 See section	509(a)(2).	(Complete	e Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty See se	ection 509	(a)(4).					
11		An organization orga	anized and operate	ed exclusively for the be	nefit of, to p	erform th	e functions	of, or to	carry out th	ne			
		purposes of one or r	nore publicly supp	orted organizations des	cribed in se	ction 509	(a)(1) or se	ection 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizatio	on and cor	mplete line	s 11e thro	ugh 11h				
		a 🗌 Type I	b 🗌 Тур	ell c	Type III-	Functiona	illy integrat	ed	d [Type I	II-Other		
е		By checking this box	c, I certify that the	organization is not conti	olled direct	ly or indire	ectly by on	e or more	disqualifie	d			
		persons other than f	oundation manage	ers and other than one o	r more pub	licly suppo	orted orga	nizations d	escribed in	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IF	RS that it is	a Type I,	Type II, or	Type III si	upporting				
		organization, check								. .			. 🗆
g			06, has the organi	zation accepted any gift	or contribu	ition from	any of the						
		following persons?											
			-	y controls, either alone o									
		and (III) below,	and took halos the state of the									Yes	No
				y of the supported orga	nization?						11g(i)	Yes	No
			er of a person des	y of the supported organicribed in (i) above?	nization?			• • • • •			11g(i) 11g(ii)	Yes	No
		(iii) A 35% controlle	er of a person des ed entity of a perso	y of the supported organicribed in (i) above?on described in (i) or (ii)	nization? above?			• • • • •			<u> </u>	Yes	No
<u>h</u>		(iii) A 35% controlled Provide the following	er of a person des ed entity of a perso g information abou	y of the supported organiscribed in (i) above?on described in (i) or (ii) it the supported organiz	nization? above? ation(s)			• • • • •			11g(ii)	Yes	No
<u>h</u>		(iii) A 35% controlle	er of a person des ed entity of a perso	y of the supported organiscribed in (i) above? on described in (i) or (ii) it the supported organization	above? (iv) Is the or	ganization	(v) Did yo	ou notify	(vi) ls	s the	11g(ii) 11g(iii) (vii)	Amount	
<u>h</u>		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	nization? above? ation(s)	ganization ted in your	(v) Did yo the organi	ou notify zation in	(vi) l: organizatio (i) organiza	s the on in collect in the	11g(ii) 11g(iii) (vii)		
<u>h</u>		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organication (i) above? on described in (i) or (ii) the supported organization (described on lines 1-9	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s)	ganization ted in your	(v) Did yo the organi	ou notify zation in	(vi) l: organizatio (i) organiza	s the on in collect in the	11g(ii) 11g(iii) (vii)	Amount	
		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A) (B) (C)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	
(A) (B) (C)		(iii) A 35% controlled Provide the following ame of supported	er of a person des ed entity of a perso g information abou	y of the supported organicribed in (i) above? on described in (i) or (ii) t the supported organization (described on lines 1-9 above or IRC section	above? ation(s) (iv) Is the orin col (i) Is governing do	ganization ted in your ocument?	(v) Did yo the organi col (i) supp	ou notify zation in of your poort?	(vi) l: organizatio (i) organizi U S	s the on in colled in the 6.2	11g(ii) 11g(iii) (vii)	Amount	

UNITED WAY OF VERMILLION 36-3535078 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 tests listed below, please complete Part III)

Seci	ion A. Fublic Support								
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	i i							
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3			<u> </u>					
5	The portion of total contributions by each	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. \$		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.</u>		
	person (other than a governmental unit or		>	*					
	publicly supported organization) included			ě,					
	on line 1 that exceeds 2% of the amount				* 1				
	shown on line 11, column (f)	À Å	144	A 🛊	1,1				
6	Public support. Subtract line 5 from In 4		^ _	~		***			
Sec	tion B. Total Support				· · · · · ·				
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	(4, 200.	(5) 2000	(0) 2000	(4) 2010	(0) 2011	(1) 10101		
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 .		. **	★ * * *	1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, * 4 /8			
12	Gross receipts from related activities, etc	(see instructions)	3			12			
13									
Sec	tion C. Computation of Public Su	pport Percent	age						
14	Public support percentage for 2011 (line 6,					14	%		
15	Public support percentage from 2010 Sche					15	%		
16a	33 1/3% support test - 2011. If the organiz								
	and stop here. The organization qualifies	as a publicly suppo	orted organization				▶□		
þ	33 1/3% support test - 2010. If the organiz	zation did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore, check this			
	box and stop here. The organization qualif	fies as a publicly s	upported organiza	tion			▶□		
17a	10%-facts-and-circumstances test - 201 more, and if the organization meets the "fa	1. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is 10% or			
b	organization meets the "facts-and-circumss 10%-facts-and-circumstances test - 2010 more, and if the organization meets the "fa	0. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	d line 15 is 10% or	▶□		
18	organization meets the "facts-and-circums Private foundation. If the organization did						. —		

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)

Sec	tion A. Public Support	 					_
Cale	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	98,545	88,698	90,258	90,455	87,277	455,233
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	<u> </u>					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	I					
5	The value of services or facilities furnished by a governmental unit to the organization without charge	į					
6	Total. Add lines 1 through 5	98,545	88,698	90,258	90,455	87,277	455,233
	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)						455,233
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	98,545	88,698	90,258	90,455	87,277	455,233
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	83	83	208	68	38	480
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	83	83	208	68	38	480
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)	98,628	88,781	90,466	90,523	87,315	455,713
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, four	rth, or fifth tax year	as a section 501(c)(3)	▶ 🗀
Sec	ction C. Computation of Public Su	pport Percent	age				
	Public support percentage for 2011 (line 8,					15	99.89 %
	Public support percentage from 2010 Sched			· · · · · · · · · · · ·	<u></u> .	16	99.83 %
Sec	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2011 (lin	e 10c, column (f) o	divided by line 13,	column (f))		17	0.11 %
18	Investment income percentage from 2010 S	ichedule A, Part III	l, line 17			18	0.17 %
	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	ualifies as a public	ly supported organ	ization	▶⊠
	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this	s box and stop her	re. The organization	on qualifies as a pu	iblicly supported o	rganization	🟲 🗆
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ □

· 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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 35c (Proxy Tax), then

None	Section 501(c)(4), (5), or (6) organization	s Complete Part III			
	ne of organization			' '	r identification number
	VITED WAY OF VERMILLION			36-353	
		ization is exempt under sec			inization.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours	• • • • • • • • • • • • • • • • • • • •			
Pa	rt I-B Complete if the organ	ization is exempt under sec	tion 501/o\/2\		
1	Enter the amount of any excise tax incu				
2	Enter the amount of any excise tax incu				
3	If the organization incurred a section 49				. Yes No
4a	Was a correction made?	•			
b	If "Yes." describe in Part IV				
Pa	, , , , , , , , , , , , , , , , , , , ,	ization is exempt under sec	tion 501(c), exc	cent section 501(c)(3)
1	Enter the amount directly expended by t			<u> </u>	<u>-1</u>
	activities		•	▶ s	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ s	
3	Total exempt function expenditures Add				
	line 17b		•	▶ s	
4	Did the filing organization file Form 112				. Yes No
5	Enter the names, addresses and emplo				
	organization made payments For each				
	the amount of political contributions rece				
	as a separate segregated fund or a polit	ical action committee (PAC) If additi	onal space is neede	ed, provide information in	Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) LIN	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
(''					
(2)					
(3)					-
				_	
(4)					
(5)					
(6)					

• Schedu	ule C (Form 990 or 990-EZ) 2011 UNITED WAY O	- ·			36-3535	
Par	t II-A Complete if the organizatio	n is exempt un	der section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A C	Check 🕨 🔲 `if the filing organization belongs t	o an affiliated group	(and list in Part IV	each affiliated group	member's	
	name, address, EIN, expenses, a		, , ,	•		
<u>B</u> (Check In the filing organization checked	box A and "limited c	ontrol" provisions a	apply	,	
	Limits on Lob	bying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts pa	aid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying)			
b	Total lobbying expenditures to influence a legis	lative body (direct lo	bbying)			
С	Total lobbying expenditures (add lines 1a and 1	lb)	<i></i> .			
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines	1c and 1d)				
f	Lobbying nontaxable amount Enter the amount	t from the following	table in both			
_	columns					
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amou	ınt is :		25 4
	Not over \$500,000	20% of the am	ount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of la	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, en	ter -0				
i	Subtract line 1f from line 1c If zero or less, ent	er -0				
j	If there is an amount other than zero on either	line 1h or line 1i, did	the organization fil	le Form 4720		
	reporting section 4911 tax for this year?					🔲 Yes 📗 No
	(Some organizations tha		01(h) election do r			
	Lobb	ying Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b 	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e 	Grassroots ceiling amount (150% of line 2d, column (e))			Ì	, , , ,	
f	Grassroots lobbying expenditures					

Int II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). each "Yes" response to lines 1a through 1i below, provide in Parl IV a detailed description (a) (b) (b) he lobbying activity. Parl of the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunders? Volunders? Parl staff or management (include compensation in expenses reported on lines 1c through 1i)? X Media advertisements? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Y X Natings to members, legislators, or the public? Profect contact with legislators, their staffs, government officials, or a legislative body? Total Add lines 1c through 1i. Did the activities? Total Add lines 1c through 1i. Did the activities? Total Add lines 1c through 1i. Did the activities? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization more as section 4912 If the filing organization material as eaction 4912 ax, did if files from 4720 for this year? Did the organization and section 4912 ax did if files from 4720 for this year? Did the organization material as eaction 4912 ax, did if files from 4720 for this year? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization material as eaction 4912 ax, did if files from 4720 for this year? Did the organization material as eaction 4912 ax, did if files from 4720 for this year? Did the organization material as eaction 4912 ax, did if files from 4720 for this year? Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Did is organization agree to carry over lobbying and political expenditures (do not in	(election under section 501(h)). ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description (b) (b) elobying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X Media advertisements? X Washings to members, legislators, or the public? X Publications, or published or broadcast statements? X Crants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? X Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X Contract and the ligislators, seminars, conventions, speeches, lectures, or any similar means? Total Add lines 1c through 1i. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If "He filing organization incurred a section 4912 tax, did it file Form 4720 for this year? TILLA Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization angere to carry over lobbying and political expenditures from the prior year? 2 Did the organization angere to carry over lobbying and political expenditures from the prior year? 2 Did the organization and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures from the prior year? 2 Did the organization and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not i	dule C (Form 990 or 990-EZ) 2011 UNITED WAY OF VERMILLION	36-	-3535	078	Р	age
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political expenses for which the section 527(f) tax was paid). Current year	political expenses for which the section 527(f) tax was paid). Current year			1			_
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Carryover from last year	Carryover from last year						
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and political expenditure next year?	and political expenditure next year?	·					
Taxable amount of lobbying and political expenditures (see instructions)	Taxable amount of lobbying and political expenditures (see instructions)						
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SCHEDULE 0 (Form 990 or 990-EZ)

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 2011

Open to Public Inspection Employer identification number

36-3535078

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF VERMILLION

01. List of grants and similar amo	ounts paid (Part I, line 10)	
AMOUNT 68,844		
02. Description of other expenses	(Part I, line 16)	
DESCRIPTION	AMOUNT	
OFFICE	3,109	
PROMOTION	896	
ADVERTISING	1,818	
DUES & SUBSCRIPTIONS	707	
		- 10 - To All 10 - E
	 	

EEA

United Way of Vermillion Statement Attached to Form 990-EZ For the Year Ended August 31, 2012

Part 1, Line 10, Grants:

American Red Cross	\$	885
Beyond School Adventure		2,655
Big Friend/Little Friend		1,159
Center for Children and Families		4,425
Dare		885
Domestic Violence Safe Option Services		4,424
Friends of the W.H. Over Museum		4,110
Imagination Library		5,153
Meals on Wheels		3,540
Sanford Visiting Nurses		2,655
Senior Citizens		8,001
Sioux Council Boy Scouts		2,744
Sioux Trails Girl Scouts		2,224
USD Vets Club		800
Vermillion Area Arts Council		2,478
Vermillion Public Transit		6,195
Vermillion Parks and Recreation		2,921
Vucurevich Center		5,225
Welcome Table		8,365
Total Grants	<u>\$</u>	68,844