

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE MID-WILLAMETTE VALLEY	D Employer identification number 93-0395586
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 455 BLILER AVENUE NE	E Telephone number (503) 363-1651
	City or town, state or country, and ZIP + 4 SALEM, OR 97301-5069	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.UWMWV.ORG**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,529,166.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,449,952.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	25,000.		
	e Total (add lines 1a through 1d) (cash \$ 1,445,941. noncash \$ 29,011.)	1e			1,474,952.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			32,815.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less cost or other basis and sales expenses	8c			
	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	21,399.		
	b Less direct expenses other than fundraising expenses	9b	35,449.		
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c	SEE STATEMENT 1		<14,050.>
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,493,717.	
Expenses	13 Program services (from line 44, column (B))	13			921,117.
	14 Management and general (from line 44, column (C))	14			274,331.
	15 Fundraising (from line 44, column (D))	15			29,359.
	16 Payments to affiliates (attach schedule)	16	SEE STATEMENT 2		18,840.
	17 Total expenses. Add lines 13 and 44, column (A)	17			1,243,647.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			250,070.
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,793,962.
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		3,378.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			2,047,410.

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 818,734 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	818,734.	818,734.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	77,334.	0.	77,334.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	142,838.		142,838.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	20,847.		20,847.	
29 Payroll taxes	17,337.		17,337.	
30 Professional fundraising fees				
31 Accounting fees	16,061.		16,061.	
32 Legal fees	1,291.		1,291.	
33 Supplies	26,962.		4,349.	22,613.
34 Telephone	3,174.		3,174.	
35 Postage and shipping	2,978.		2,978.	
36 Occupancy	27,700.		27,700.	
37 Equipment rental and maintenance	5,742.		5,742.	
38 Printing and publications	4,086.		4,086.	
39 Travel	1,384.		1,384.	
40 Conferences, conventions, and meetings	736.		736.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	21,300.		21,300.	
43 Other expenses not covered above (itemize):				
a BANK CHARGES	3,238.		3,238.	
b ALLOCATED TO PROGRAM				
c SERVICES	0.	89,272.	<89,272.>	
d INSURANCE	5,187.		5,187.	
e UNCOLLECTIBLE PLEDGES	13,111.	13,111.		
f MARKETING	8,021.		8,021.	
g CAMPAIGN EXPENSES	6,746.			6,746.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,224,807.	921,117.	274,331.	29,359.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a COLLECTION AND ALLOCATION OF RESOURCES TO UNITED WAY AGENCIES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	921,117.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	921,117.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	75.	45	75.
	46 Savings and temporary cash investments	939,189.	46	1,032,679.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable	551,734.		
	b Less: allowance for doubtful accounts	173,349.	48c	378,385.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	839,031.		
b Less: accumulated depreciation	161,405.	57c	677,626.	
58 Other assets, including program-related investments (describe ▶ OTHER ASSETS)	21,770.	58	30,986.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,024,208.	59	2,119,751.	
Liabilities	60 Accounts payable and accrued expenses	3,147.	60	19,463.
	61 Grants payable	215,430.	61	51,461.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ ACCRUED EXPENSES)	11,669.	65	1,417.
66 Total liabilities. Add lines 60 through 65	230,246.	66	72,341.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,793,962.	67	2,047,410.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,793,962.	73	2,047,410.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,024,208.	74	2,119,751.

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question number, question text, and Yes/No columns. Includes questions 82a through 91b regarding organizational services, compliance, dues, lobbying, and financial accounts.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	32,815.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	<14,050.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		18,765.	0.
105 Total (add line 104, columns (B), (D), and (E))					18,765.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.


Yes	No


	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here  Date 5-14-08
 Signature of officer
OFFICER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature  Date 5/14/08 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 **GROVE, MUELLER & SWANK, P.C.**
475 COTTAGE STREET NE, SUITE 200
SALEM, OR 97301
 Preparer's SSN or PTIN (See Gen. Inst. X) _____
 EIN _____
 Phone no **(503) 581-7788**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization

UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number

93 0395586

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,364,866.	1,633,733.	1,455,909.	1,457,854.	5,912,362.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	24,989.	21,946.	14,831.	13,441.	75,207.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,948.	10,854.	3,222.	5,867.	40,891.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	873.	794.	3,935.	4,167.	9,769.
23 Total of lines 15 through 22	1,411,676.	1,667,327.	1,477,897.	1,481,329.	6,038,229.
24 Line 23 minus line 17	1,386,687.	1,645,381.	1,463,066.	1,467,888.	5,963,022.
25 Enter 1% of line 23	14,117.	16,673.	14,779.	14,813.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0. (2004) 116,350. (2003) 53,722. (2002) 17,124.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 5,912,362. 16 _____ 17 75,207. 20 _____ 21 _____					27c 5,987,569.
d Add: Line 27a total 187,196. and line 27b total 0.					27d 187,196.
e Public support (line 27c total minus line 27d total)					27e 5,800,373.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f 6,038,229.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.0608%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .6772%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF THE MID-WILLAMETTE VALLEY FORM 990 PAGE 2

93-0395586

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	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	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,300.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	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 instr.	22	21,300.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
BUILDINGS								
162	LEASEHOLD IMPROVEMENTS							
	030100	SL	39.00	16	18,391.		2,989.	472.
163	LEASEHOLD IMPROVEMENTS							
	080400	SL	39.00	16	476.		71.	12.
164	LEASEHOLD IMPROVEMENTS							
	122200	SL	39.00	16	7,247.		1,023.	186.
175	BUILDING							
	083101	SL	39.00	16	616,331.		76,381.	15,803.
	* 990 PAGE 2 TOTAL BUILDINGS							
					642,445.	0.	80,464.	16,473.
FURNITURE & FIXTURES								
3	STORAGE CABINET							
	030580	SL	7.00	16	360.		360.	0.
13	PITNEY BOWES MAIL SCALE							
	010287	SL	5.00	16	724.		724.	0.
14	VCR							
	011689	SL	5.00	16	399.		399.	0.
16	STORAGE CABINETS							
	043090	SL	5.00	16	600.		600.	0.
18	KODAK 270 AUDIO VIEWER							
	071291	SL	5.00	16	804.		804.	0.
47	MICROTEK SCANMAKER II							
	032994	SL	5.00	16	759.		759.	0.
52	CANDELLA CAMPAIGN SOFTWARE							
	062295	SL	5.00	16	5,000.		5,000.	0.
55	MAXX - ACH SOFTWARE							
	103195	SL	5.00	16	600.		600.	0.
57	OKIDATA PRINTER							
	022796	SL	5.00	16	780.		780.	0.
59	TELEPHONE SYSTEM							
	070896	SL	5.00	16	2,375.		2,375.	0.
60	COMPUTER-IET							
	070996	SL	5.00	16	1,876.		1,876.	0.
61	CHAIRS & TABLES							
	063097	SL	5.00	16	899.		899.	0.
62	COMPUTER							
	071497	SL	5.00	16	2,577.		2,577.	0.
63	TABLES							
	071597	SL	7.00	16	300.		300.	0.
64	CHAIRS							
	071597	SL	7.00	16	600.		600.	0.
65	LASER JET PRINTER							
	091197	SL	5.00	16	400.		400.	0.
66	COMPUTER							
	111197	SL	5.00	16	607.		607.	0.
67	LASER PRINTER							
	033198	SL	5.00	16	400.		400.	0.
68	PROJECTOR							
	033198	SL	5.00	16	250.		250.	0.
69	LASER JET PRINTER							
	040998	SL	5.00	16	670.		670.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
70	COMPUTER EQUIPMENT							
	070798	SL	5.00	16	1,350.		1,350.	0.
71	TELEPHONES							
	081298	SL	7.00	16	350.		350.	0.
72	COMPUTER UPGRADES							
	082798	SL	5.00	16	1,105.		1,105.	0.
73	FAX MACHINE							
	092198	SL	5.00	16	500.		500.	0.
74	PRINTER							
	102198	SL	5.00	16	560.		560.	0.
75	COMPUTER							
	102198	SL	5.00	16	1,900.		1,900.	0.
994	PARTITIONS, WORK TABLE TOP							
	063000	SL	7.00	16	100.		84.	16.
100	MANAGERIAL CHAIR							
	063000	SL	7.00	16	35.		30.	5.
106	DESK AND CHAIR							
	063000	SL	7.00	16	250.		216.	34.
107	2 FILE CABINETS							
	063000	SL	7.00	16	80.		66.	11.
109	DESK							
	063000	SL	7.00	16	75.		66.	9.
110	CREDENZA							
	063000	SL	7.00	16	40.		36.	4.
111	2 CHAIRS/WHEELS							
	063000	SL	7.00	16	50.		42.	8.
112	END TABLE							
	063000	SL	7.00	16	15.		12.	3.
114	2 CHAIRS/WHEELS							
	063000	SL	7.00	16	85.		72.	13.
115	SIDE CHAIR							
	063000	SL	7.00	16	25.		25.	0.
117	SIDE CHAIR							
	063000	SL	7.00	16	25.		25.	0.
118	FILE CABINET							
	063000	SL	7.00	16	30.		24.	6.
119	CHAIR							
	063000	SL	7.00	16	35.		30.	5.
121	COMPUTER TABLE							
	063000	SL	7.00	16	25.		25.	0.
122	TASK CHAIR W/WHEELS							
	063000	SL	7.00	16	35.		30.	5.
132	FILE CABINET							
	063000	SL	7.00	16	30.		24.	6.
133	CHAIR							
	063000	SL	7.00	16	35.		30.	5.
134	CHAIR							
	063000	SL	7.00	16	10.		6.	1.
135	WORKSPACE							
	063000	SL	7.00	16	250.		216.	34.
137	TYPING TABLE							
	063000	SL	7.00	16	15.		12.	3.
138	FILE CABINET							
	063000	SL	7.00	16	30.		24.	6.

616261 05-01-06

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
139	CHAIR							
	063000	SL	7.00	16	35.		30.	5.
140	CHAIR							
	063000	SL	7.00	16	10.		6.	1.
141	4 PANEL PARTITIONS/2 WORKTABLE TOPS							
	063000	SL	7.00	16	175.		150.	25.
142	2 FOLDING TABLES							
	071299	SL	7.00	16	173.		173.	0.
143	2 TABLE SKIRTS							
	071299	SL	7.00	16	257.		257.	0.
144	5 COMPUTERS							
	072199	SL	5.00	16	2,971.		2,971.	0.
145	5 FLOPPY DISK DRIVES							
	072999	SL	5.00	16	65.		65.	0.
146	5 KEYBOARDS							
	072999	SL	5.00	16	55.		55.	0.
147	4 CD ROM DRIVES							
	072999	SL	5.00	16	140.		140.	0.
148	15" MONITOR							
	072999	SL	5.00	16	113.		113.	0.
149	5 HEADPHONES							
	072999	SL	5.00	16	25.		25.	0.
150	HP 5 PRINTER							
	080499	SL	5.00	16	790.		790.	0.
151	POWER SUPPLY							
	082499	SL	5.00	16	30.		30.	0.
152	2 10 GIG HARD DRIVES							
	090399	SL	5.00	16	270.		270.	0.
153	DIGITAL VIDEO CAMERA AND 15 " MONITOR							
	100499	SL	5.00	16	194.		194.	0.
154	PRINTER AND CABLE							
	120299	SL	5.00	16	930.		930.	0.
155	COMPUTER SETUP W/ MONITOR							
	012400	SL	5.00	16	655.		655.	0.
156	4 17" MONITORS							
	022500	SL	5.00	16	730.		730.	0.
157	4 COMPUTERS							
	042000	SL	5.00	16	2,367.		2,367.	0.
158	HP 4000 PRINTER							
	051700	SL	5.00	16	935.		935.	0.
159	ILLUMINATED SIGN							
	061500	SL	7.00	16	1,945.		1,691.	254.
160	COMPUTER - LE AREA							
	061600	SL	5.00	16	1,466.		1,466.	0.
161	POSTAGE MACHINE							
	062700	SL	7.00	16	2,871.		2,460.	411.
165	SIGN							
	090500	SL	7.00	16	1,945.		1,622.	278.
166	FAX/PRINTER							
	090600	SL	7.00	16	499.		414.	71.
167	PC 921 COPIER							
	092100	SL	7.00	16	450.		368.	64.
168	ART WORK							
	101000	SL	7.00	16	841.		690.	120.

616261
05-01-06

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
169	ART WORK							
	10/31/00	SL	7.00	16	559.		453.	80.
170	TABLES							
	11/01/00	SL	7.00	16	1,070.		867.	153.
171	ROUND TRUCK FOR TABLES							
	11/01/00	SL	7.00	16	245.		198.	35.
172	8 FOOT TRUCK							
	11/01/00	SL	7.00	16	214.		175.	31.
173	MATS & FRAMING							
	11/02/00	SL	7.00	16	4,133.		3,344.	590.
176	2 SERVERS							
	09/06/01	SL	5.00	16	2,380.		2,301.	79.
177	LECTERN							
	11/21/01	SL	7.00	16	475.		312.	68.
178	ELECTRONIC SAFE							
	01/21/02	SL	7.00	16	330.		208.	47.
179	COMPUTER REBUILD - KATHY							
	09/18/01	SL	5.00	16	266.		252.	14.
180	IMB NET VISTA							
	07/10/03	SL	5.00	16	908.		546.	182.
181	EXECUTIVE DESK							
	11/03/03	SL	7.00	16	2,500.		952.	357.
182	COMPUTER							
	03/26/04	SL	5.00	16	1,694.		763.	339.
183	RELIANT TELEPHONE SYSTEM							
	05/17/06	SL	5.00	16	5,830.		97.	1,166.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					69,561.	0.	57,905.	4,544.
	LAND							
174	LAND							
	08/31/01	L			125,000.			0.
	* 990 PAGE 2 TOTAL LAND							
					125,000.	0.	0.	0.
	MAIN ENTRY HALL							
	FURNITURE & FIXTURES							
776	' NARROW TABLE							
	06/30/00	SL	7.00	16	15.		12.	3.
788	CHAIRS							
	06/30/00	SL	7.00	16	80.		66.	11.
79	ROUND TABLE							
	06/30/00	SL	7.00	16	25.		25.	0.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					120.	0.	103.	14.
	* 990 PAGE 2 TOTAL - MAIN ENTRY HALL							
					120.	0.	103.	14.
	LARGE CONFERENCE ROOM							
	* 990 PAGE 2 TOTAL - LARGE CONFERENCE ROOM							
					0.	0.	0.	0.
	SMALL CONFERENCE ROOM							

616261 05-01-06

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
FURNITURE & FIXTURES								
836	WOOD FRAMED CHAIRS							
	063000SL		7.00	16	180.		156.	24.
844	CHAIRS							
	063000SL		7.00	16	100.		84.	16.
* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					280.	0.	240.	40.
* 990 PAGE 2 TOTAL - SMALL CONFERENCE ROOM					280.	0.	240.	40.
RECEPTION								
FURNITURE & FIXTURES								
862	DRAWER FILE CABINET							
	063000SL		7.00	16	20.		20.	0.
* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					20.	0.	20.	0.
* 990 PAGE 2 TOTAL - RECEPTION					20.	0.	20.	0.
WORKROOM								
FURNITURE & FIXTURES								
88	TASK CHAIR							
	063000SL		7.00	16	35.		30.	5.
89	TYPEWRITER TABLE							
	063000SL		7.00	16	15.		12.	3.
90	METAL FILE							
	063000SL		7.00	16	5.		5.	0.
* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					55.	0.	47.	8.
* 990 PAGE 2 TOTAL - WORKROOM					55.	0.	47.	8.
2ND FLOOR OFFICES-OPEN WORK AREA								
FURNITURE & FIXTURES								
923	FILE CABINETS							
	063000SL		7.00	16	90.		78.	12.
935	DRAWER							
	063000SL		7.00	16	50.		42.	8.
9411	PARTITIONS							
	063000SL		7.00	16	275.		234.	41.
953	WORK TABLE TOPS							
	063000SL		7.00	16	75.		66.	9.
96	CHAIR							
	063000SL		7.00	16	10.		6.	1.
97	MANAGERIAL CHAIR							
	063000SL		7.00	16	35.		30.	5.
* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					535.	0.	456.	76.
* 990 PAGE 2 TOTAL - 2ND FLOOR OFFICES-OPEN WORK AREA					535.	0.	456.	76.

616261
05-01-06

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	UPPER LEVEL STOREROOM							
	FURNITURE & FIXTURES							
102	STORAGE CABINET							
	063000	SL	7.00	16	35.		30.	5.
1038	FILE CABINETS							
	063000	SL	7.00	16	240.		204.	36.
1042	COMPUTER TABLES							
	063000	SL	7.00	16	30.		24.	6.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					305.	0.	258.	47.
	* 990 PAGE 2 TOTAL - UPPER LEVEL STOREROOM							
					305.	0.	258.	47.
	OPEN WORK AREA							
	FURNITURE & FIXTURES							
1244	WORKSTATIONS/PARTITIONS							
	063000	SL	7.00	16	200.		174.	26.
1254	TASK CHAIRS W/WHEELS							
	063000	SL	7.00	16	140.		120.	20.
1262	FILE CABINETS							
	063000	SL	7.00	16	60.		54.	6.
1274	CHAIRS							
	063000	SL	7.00	16	140.		120.	20.
128	ROUND TABLE							
	063000	SL	7.00	16	30.		24.	6.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					570.	0.	492.	78.
	* 990 PAGE 2 TOTAL - OPEN WORK AREA							
					570.	0.	492.	78.
	LOWER FLOOR STOREROOM							
	FURNITURE & FIXTURES							
1304	STORAGE CABINETS							
	063000	SL	7.00	16	140.		120.	20.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					140.	0.	120.	20.
	* 990 PAGE 2 TOTAL - LOWER FLOOR STOREROOM							
					140.	0.	120.	20.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					839,031.	0.	140,105.	21,300.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CAMPAIGN	21,399.		21,399.	35,449.	<14,050.>
TO FM 990, PART I, LINE 9	21,399.		21,399.	35,449.	<14,050.>

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>
UNITED WAY OF AMERICA	701 N FAIRFAX STREET ALEXANDRIA, VA 22314

<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
NATIONAL DUES	18,840.
TOTAL TO FORM 990, PART I, LINE 16	<u>18,840.</u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENTS	3,378.
TOTAL TO FORM 990, PART I, LINE 20	<u>3,378.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
ALLOCATIONS TO PARTNER AGENCIES AMERICAN RED CROSS, WILLAMETTE CHAPTER 675 ORCHARD HEIGHTS ROAD NW SALEM, OR 97304	40,700.
ALLOCATIONS TO PARTNER AGENCIES BOYS & GIRLS CLUB OF SALEM 1395 SUMMER NE SALEM, OR 97301	27,516.
ALLOCATIONS TO PARTNER AGENCIES CAMP FIRE BOYS & GIRLS 2264 JUDSON SE SALEM, OR 97302	18,200.
ALLOCATIONS TO PARTNER AGENCIES CASCADE PACIFIC BSA 4395 LIBERTY ROAD S SALEM, OR 97302	9,223.
ALLOCATIONS TO PARTNER AGENCIES CATHOLIC COMMUNITY SERVICES 3737 PORTLAND ROAD NE SALEM, OR 97303	44,868.
ALLOCATIONS TO PARTNER AGENCIES EASTER SEALS/CHILDREN'S GUILD 1313 MILL SE SALEM, OR 97301	25,000.
ALLOCATIONS TO PARTNER AGENCIES FAMILY BUILDING BLOCKS 2425 LANCASTER DRIVE NE SALEM, OR 97305	7,850.
ALLOCATIONS TO PARTNER AGENCIES GARTEN SERVICES 3334 INDUSTRIAL WAY NE SALEM, OR 97303	15,000.
ALLOCATIONS TO PARTNER AGENCIES GIRL SCOUTS, SANTIAM COUNCIL 1922 MCGILCHRIST SE SALEM, OR 97302	48,230.

ALLOCATIONS TO PARTNER AGENCIES HELPING HANDS 1755 13TH SE SALEM, OR 97302	6,000.
ALLOCATIONS TO PARTNER AGENCIES HOUSE OF ZION 438 OGLE STREET WOODBURN, OR 97071	31,200.
ALLOCATIONS TO PARTNER AGENCIES LIBERTY HOUSE PO BOX 2613 SALEM, OR 97308	53,259.
ALLOCATIONS TO PARTNER AGENCIES MARION-POLK LEGAL AID SERVICE 1655 STATE STREET SALEM, OR 97301	10,000.
ALLOCATIONS TO PARTNER AGENCIES MID-VALLEY WOMENS CRISIS CENTER PO BOX 851 SALEM, OR 97308	14,250.
ALLOCATIONS TO PARTNER AGENCIES MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY 2475 CENTER STREET NE SALEM, OR 97301	34,250.
ALLOCATIONS TO PARTNER AGENCIES NORTHWEST HUMAN SERVICES 681 CENTER STREET NE SALEM, OR 97301	39,171.
ALLOCATIONS TO PARTNER AGENCIES S.A.B.L.E. HOUSE PO BOX 783 DALLAS, OR 97338	14,342.
ALLOCATIONS TO PARTNER AGENCIES SALVATION ARMY 1230 WINTER NE SALEM, OR 97303	50,000.
ALLOCATIONS TO PARTNER AGENCIES SILVERTON COMMUNITY AID 421 S WATER STREET SILVERTON, OR 97381	7,000.

ALLOCATIONS TO PARTNER AGENCIES SALEM KEIZER YOUTH BASKETBALL PO BOX 4386 SALEM, OR 97302	6,000.
ALLOCATIONS TO PARTNER AGENCIES ST FRANCIS SHELTER 1820 BERRY STREET SE SALEM, OR 97302	7,250.
ALLOCATIONS TO PARTNER AGENCIES VICTIM OFFENDER RECONCILIATION PROGRAM 450 SE WASHINGTON DALLAS, OR 97338	6,000.
ALLOCATIONS TO PARTNER AGENCIES SALEM FAMILY YMCA 685 COURT STREET NE SALEM, OR 97301	32,300.
ALLOCATIONS TO PARTNER AGENCIES YWCA 1255 BROADWAY NE STE 110 SALEM, OR 97301	56,291.
ALLOCATIONS TO PARTNER AGENCIES BOYS & GIRLS AID SOCIETY 18 SW BOUNDARY COURT PORTLAND, OR 97201	5,000.
ALLOCATIONS TO PARTNER AGENCIES OREGON FOSTER PARENTS ASSOCIATION 707 13TH STREET SE, STE 275 SALEM, OR 97301	15,000.
ALLOCATIONS TO PARTNER AGENCIES CHEHALEM YOUTH & FAMILY SERVICES PO BOX 636 NEWBERG, OR 97132	5,353.
ALLOCATIONS TO PARTNER AGENCIES FAITH IN ACTION 310 VILLA ROAD, STE 110 NEWBERG, OR 97132	7,807.
ALLOCATIONS TO PARTNER AGENCIES GRAND SHERAMINA COMMUNITY SERVICES 102 S BRIDGE SHERIDAN, OR 97378	7,807.

ALLOCATIONS TO PARTNER AGENCIES HOLT INTERNTIONAL 1195 CITY VIEW EUGENE, OR 97402	25,000.
ALLOCATIONS TO PARTNER AGENCIES KING'S SCHOOLS 67-675 BOLERO ROAD PALM SPRINGS, CA 92264	12,650.
ALLOCATIONS TO PARTNER AGENCIES MARION-POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301	10,000.
ALLOCATIONS TO PARTNER AGENCIES UNITED METHODIST RETIREMENT CENTER 1625 CENTER STREET NE SALEM, OR 97301	10,250.
ALLOCATIONS TO PARTNER AGENCIES WILLAMETTE ACADEMY 900 STATE STREET SALEM, OR 97301	25,000.
ALLOCATIONS TO PARTNER AGENCIES WORLD OUTREACH MINISTRIES 975 COBB PLACE BLVD, STE 205 KENNESAW, GA 30144	12,000.
ALLOCATIONS TO PARTNER AGENCIES YAMHILL COUNTY COMMUNITY ACTION AGENCY 800 NE SECOND STREET MCMINNVILLE, OR 97128	5,353.
ALLOCATIONS TO PARTNER AGENCIES YAMHILL COUNTY CASA 2045 SW HWY 18 MCMINNVILLE, OR 97128	9,368.
ALLOCATIONS TO PARTNER AGENCIES BOYS & GIRLS AID SOCIETY 18 SW BOUNDARY COURT PORTLAND, OR 97201	5,000.
MISCELLANEOUS SMALL GRANTS	59,246.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<hr/> <hr/> 818,734.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
 PART III

EXPLANATION

TO ASSESS AND MEET THE NEEDS FOR COMMUNITY HUMAN SERVICE PROGRAMS IN COLLECTION AND ALLOCATION OF RESOURCES TO UNITED WAY AGENCIES.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 6

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIRECT EXPENSE ON SPECIAL EVENTS	35,449.
LESS AMOUNTS DESIGNATED BY DONORS	<262,011.>
TOTAL TO FORM 990, PART IV-A	<u><226,562.></u>

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 7

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIRECT EXPENSES ON SPECIAL EVENTS	35,449.
LESS AMOUNTS DESIGNATED BY DONORS	<262,011.>
TOTAL TO FORM 990, PART IV-B	<u><226,562.></u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUE BLOOM 455 BLILER AVENUE NE SALEM, OR 97303	EXECUTIVE DIRECTOR 40.00	55,350.	21,984.	0.
RYAN ALLBRITTON 455 BLILER AVENUE NE SALEM, OR 97303	PRESIDENT 1.00	0.	0.	0.
MICHELLE PECORA 455 BLILER AVENUE NE SALEM, OR 97303	TREASURER 1.00	0.	0.	0.
DICK WITHNELL 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
BILL WILKSON 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
EDUARDO ANGULO 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
GLADYS BLUM 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
ART BOBROWITZ 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
CAROLYN BOLTON 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
RAY BURSTEDT 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
CRAIG CHRISTOFF 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.

GERRY FRANK 455 BLILER AVENUE NE SALEM, OR 97303	HONORARY DIRECTOR 1.00	0.	0.	0.
GLENN GELBRICH 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
KATHY GOSS 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
BYRON HENDRICKS 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
BRYAN JOHNSTON 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
PAUL KRISSEL 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
LONA O'DELL 455 BLILER AVENUE NE SALEM, OR 97303	ALLIANCE PRESIDENT 1.00	0.	0.	0.
DENNIS MCINTYRE 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
BRADY MERTZ 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
JEANETTE MOORE 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
ROBYN MOORE 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
BARB RESCH 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
ELIAS VILLEGAS 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.

TODD WEIR 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
DIANE WILKSON 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.
GAYLE CALDARAZZO 455 BLILER AVENUE NE SALEM, OR 97303	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

55,350.	21,984.	0.
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FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 9

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
BILL WILKSON	DIRECTOR

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
DIANE WILKSON	DIRECTOR

EXPLANATION OF RELATIONSHIP
HUSBAND AND WIFE.

<u>SCHEDULE A</u>	<u>OTHER INCOME</u>				<u>STATEMENT</u>	<u>10</u>
<u>DESCRIPTION</u>	<u>2005 AMOUNT</u>	<u>2004 AMOUNT</u>	<u>2003 AMOUNT</u>	<u>2002 AMOUNT</u>		
OTHER	873.	794.	3,935.	4,167.		
TOTAL TO SCHEDULE A, LINE 22	<u>873.</u>	<u>794.</u>	<u>3,935.</u>	<u>4,167.</u>		

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization UNITED WAY OF THE MID-WILLAMETTE VALLEY	Employer identification number 93-0395586
	Number, street, and room or suite no. If a P.O. box, see instructions. 455 BLILER AVE NE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALEM, OR 97301-5069	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **UNITED WAY OF THE MID-WILLAMETTE VA**
Telephone No. **(503) 363-1651** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2008**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2-12-08**

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GROVE, MUELLER & SWANK PC
	Number and street (include suite, room, or apt. no.) or a P.O. box number P.O. BOX 2122
	City or town, province or state, and country (including postal or ZIP code) SALEM, OR 97308-2122

623832 05-01-07

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization UNITED WAY OF THE MID-WILLAMETTE VALLEY	Employer identification number 93-0395586
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 455 BLILER AVE NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALEM, OR 97301-5069	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **UNITED WAY OF THE MID-WILLAMETTE VA**
Telephone No. ▶ **(503) 363-1651** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.