Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01 **, 2009, and ending** 6/30 , 2010

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

C
UNITED WAY OF THE MID-WILLAMETTE VALLEY
455 BLILER AVE NE
SALEM, OR 97301-5069

D Employer Identification Number: 93-0395586

E Telephone number: (503) 363-1651

G Gross receipts $ 2,512,246.

F Name and address of principal officer: SAME AS C ABOVE

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

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status [X] 501(c) (3)◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J **Website:** ► WWW.UNITEDWAYMWV.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other►

L Year of Formation: 1937 **M** State of legal domicile: OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER COMMUNITY. OUR MISSION IS TO IMPROVE THE CONDITIONS OF MARION, POLK AND YAMHILL COUNTIES BY MOBILIZING PEOPLE, TIME, TALENT, RELATIONSHIPS, EXPERTISE, TECHNOLOGY, FINANCIAL ASSETS AND OTHER RESOURCES TO IMPROVE PEOPLE'S LIVES.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	2,130
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,364,040.	2,462,109.
	9	Program service revenue (Part VIII, line 2g)	12,128.	32,688.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,826.	11,746.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,911.	5,703.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,380,083.	2,512,246.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,482,984.	1,617,011.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	439,173.	446,492.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 257,818.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	289,620.	371,431.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,211,777.	2,434,934.
	19	Revenue less expenses. Subtract line 18 from line 12	168,306.	77,312.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,297,107.	2,431,194.
	21	Total liabilities (Part X, line 26)	236,531.	293,306.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,060,576.	2,137,888.

Part II Signature Block

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.

Sign Here

► Signature of officer Date

► GAYLE CALDARAZZO EXECUTIVE DIREC
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Date Check if self-employed ► [ ] Preparer's identifying number (see instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ► MICHELLE A. PECORA CPA P.C.
537 HIGH STREET SE
SALEM, OR 97301-3618

EIN ► N/A

Phone no. ► (503) 779-1902

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,050,799. including grants of $ 1,050,799.) (Revenue $)

DESIGNATIONS -- DOLLARS ARE DIRECTED TOWARDS SPECIFIC 501(C)(3) AGENCIES AS SPECIFIED BY THE DONOR.

4b (Code:) (Expenses $ 714,366. including grants of $ 566,212.) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 182,220. including grants of $) (Revenue $)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses $ 95,417. including grants of $ 95,417.) (Revenue $)

4e Total program service expenses ► 2,042,802.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations**. Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* — 12 A: Yes X / No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? I*f 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	**21**	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	**23**		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	**25b**		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**	X	
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	**1 a** 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1 b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1 c**	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2 a** 12			
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2 b**	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3 a**		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*		**3 b**		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4 a**		X
b	If 'Yes,' enter the name of the foreign country: ►				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5 a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5 b**		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5 c**		
6 a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6 a**		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		**6 b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7 a**		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		**7 b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7 c**		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7 e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7 f**		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7 g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7 h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9 a**		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		**9 b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10 a**			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10 b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from other members or shareholders	**11 a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**			
12 a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12 a**		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12 b**			

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a: 24		
b	Enter the number of voting members that are independent	1b: 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? SEE SCHEDULE O	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	X	
b	Other officers of key employees of the organization SEE SCHEDULE O	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► OR

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► BETTY HART 455 BLILER AVE NE SALEM OR 97301-5069 (503) 363-1651

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RYAN ALLBRITTON PAST PRESIDENT	1	X		X				0.	0.	0.
MICHELLE PECORA DIRECTOR	1	X						0.	0.	0.
BUD PIERCE DIRECTOR	1	X						0.	0.	0.
BILL WILKSON PRESIDENT	2	X		X				0.	0.	0.
DICK WITHNELL DIRECTOR	1	X						0.	0.	0.
BETTY HART TREASURER	2	X		X				0.	0.	0.
GLADYS BLUM SECRETARY	2	X		X				0.	0.	0.
RAY BURSTEDT DIRECTOR	1	X						0.	0.	0.
CARRIE CASEBEER DIRECTOR	1	X						0.	0.	0.
ROGER JORDAN DIRECTOR	1	X						0.	0.	0.
BRUCE WYATT DIRECTOR	1	X						0.	0.	0.
DENNIS MCINTIRE DIRECTOR	1	X						0.	0.	0.
JEANNETTE MOORE VICE PRESIDENT	2	X						0.	0.	0.
BRAD MOORE DIRECTOR	1	X						0.	0.	0.
SHARI SCOLES TREASURER	2	X		X				0.	0.	0.
GREG PETERSON DIRECTOR	1	X						0.	0.	0.
JACK CAYNON DIRECTOR	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GERRY FRANK HONARY DIRECTOR	1	X						0.	0.	0.
JAMES EDMONDS DIRECTOR	1	X						0.	0.	0.
JOCK DALTON DIRECTOR	1	X						0.	0.	0.
ALAN DEBACKER DIRECTOR	1	X						0.	0.	0.
MARK FREED DIRECTOR	1	X						0.	0.	0.
TINA HERNANDEZ DIRECTOR	1	X						0.	0.	0.
BRADY MERTZ DIRECTOR	1	X						0.	0.	0.
DAVE VANBOSSUYT DIRECTOR	1	X						0.	0.	0.
GAYLE CALDARAZZO EXECUTIVE DIREC	40			X				62,992.	0.	9,669.
1 b Total ►								62,992.	0.	9,669.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*	**3**		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	**4**		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*	**5**		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Part VIII **Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	**1a** Federated campaigns	1a 2,227,960.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 234,149.				
	g Noncash contribns included in lns 1a-1f:	$ 95,442.				
	h Total. Add lines 1a-1f ►		2,462,109.			
PROGRAM SERVICE REVENUE		Business Code				
	2a ADMINISTRATIVE FEES	900099	32,688.	32,688.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		32,688.			
OTHER REVENUE	**3** Investment income (including dividends, interest and other similar amounts) ►		11,746.			11,746.
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 **a**					
	b Less: direct expenses **b**					
	c Net income or (loss) from fundraising events ►					
	9a Gross income from gaming activities. See Part IV, line 19 **a**					
	b Less: direct expenses **b**					
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances **a**					
	b Less: cost of goods sold **b**					
	c Net income or (loss) from sales of inventory ►					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	624100	5,703.			5,703.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ►		5,703.			
	12 Total revenue. See instructions ►		2,512,246.	32,688.	0.	17,449.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,617,011.	1,617,011.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62,993.	32,302.	8,891.	21,800.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	302,711.	155,227.	42,725.	104,759.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	44,414.	22,775.	6,269.	15,370.
10 Payroll taxes	36,374.	18,652.	5,134.	12,588.
11 Fees for services (non-employees)				
a Management				
b Legal	1,489.		1,489.	
c Accounting	47,294.		47,294.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	4,407.	1,526.	1,511.	1,370.
12 Advertising and promotion	24,392.	16,903.	1,905.	5,584.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,628.	15,509.	4,318.	10,801.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,823.	10,038.	2,795.	6,990.
23 Insurance	3,359.	1,209.	605.	1,545.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER COSTS	96,886.	96,564.	84.	238.
b SPECIAL EVENTS	30,747.			30,747.
c TRAVEL & MEETINGS	29,023.	21,272.	2,314.	5,437.
d NONPERSONNEL EXPENSES	26,879.	14,791.	3,219.	8,869.
e MEMBERSHIP DUES	22,751.	9,208.	3,407.	10,136.
f All other expenses	33,753.	9,815.	2,354.	21,584.
25 **Total functional expenses.** Add lines 1 through 24f	2,434,934.	2,042,802.	134,314.	257,818.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing			100.	1	99.
	2	Savings and temporary cash investments			937,540.	2	1,094,576.
	3	Pledges and grants receivable, net			641,702.	3	637,912.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,829.	9	3,980.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	863,288.			
	b	Less: accumulated depreciation	10b	174,085.	709,025.	10c	689,203.
	11	Investments — publicly-traded securities				11	
	12	Investments — other securities. See Part IV, line 11				12	
	13	Investments — program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,911.	15	5,424.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			2,297,107.	16	2,431,194.
LIABILITIES	17	Accounts payable and accrued expenses			31,220.	17	19,140.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			205,311.	25	274,166.
	26	**Total liabilities.** Add lines 17 through 25			236,531.	26	293,306.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**					
	27	Unrestricted net assets			1,845,576.	27	1,928,770.
	28	Temporarily restricted net assets			215,000.	28	209,118.
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,060,576.	33	2,137,888.
	34	Total liabilities and net assets/fund balances			2,297,107.	34	2,431,194.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		X
b	Were the organization's financial statements audited by an independent accountant?	**2b**	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. SEE SCHEDULE O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III— Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) a family member of a person described in (i) above?	**11 g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of Support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,364,866.	1,464,276.	1,808,572.	2,364,040.	2,462,109.	9,463,863.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1-through 3	1,364,866.	1,464,276.	1,808,572.	2,364,040.	2,462,109.	9,463,863.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						9,463,863.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,364,866.	1,464,276.	1,808,572.	2,364,040.	2,462,109.	9,463,863.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	20,948.	32,815.	21,737.	13,826.	11,746.	101,072.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	873.		7,646.	5,495.	5,703.	19,717.
11 **Total support.** Add lines 7 through 10						9,584,652.

12 Gross receipts from related activities, etc. (see instructions)	12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	98.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.7 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MISCELLANEOUS INCOME	5,703.	5,495.	7,646.		873.
TOTAL	$ 5,703.	$ 5,495.	$ 7,646.	$ 0.	$ 873.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization	Employer identification number
UNITED WAY OF THE MID-WILLAMETTE VALLEY	93-0395586

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule —

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ __________

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I **Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 96,978.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 846,746.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 77,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 180,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 54,841.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED WAY OF THE MID-WILLAMETTE VALLEY	93-0395586

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

Part III *Exclusively* religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.

(Complete cols **(a)** through **(e) and** the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer Identification number
93-0395586

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts
Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	**(b)** Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements
Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ______

(ii) Assets included in Form 990, Part X ► $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ______ %
b Permanent endowment ► ______ %
c Term endowment ► ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	**3a(i)**		
(ii) related organizations	**3a(ii)**		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated Depreciation	**(d)** Book Value
1a Land		190,000.		190,000.
b Buildings		616,331.	140,255.	476,076.
c Leasehold improvements		26,114.	6,623.	19,491.
d Equipment		15,445.	14,844.	601.
e Other		15,398.	12,363.	3,035.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				689,203.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col. (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	**(b)** Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B), line 15).* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	**(b)** Amount
Federal Income Taxes	
ACCRUED PAYROLL LIABILITIES	29,585.
AMOUNTS DESIGNATED BY DONORS	244,581.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ►	274,166.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,512,246.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,434,934.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	77,312.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	77,312.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,473,571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	12,124.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	12,124.
3	Subtract line **2e** from line **1**			3	1,461,447.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	1,050,799.		
c	Add lines **4a** and **4b**			4c	1,050,799.
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	2,512,246.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,396,259.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,124.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	12,124.
3	Subtract line **2e** from line **1**			3	1,384,135.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	1,050,799.		
c	Add lines **4a** and **4b**			4c	1,050,799.
5	Total expenses. Add lines **3** and **4c** (This must equal Form 990, Part I, line 18.)			5	2,434,934.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV **Supplemental Information** *(continued)*

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

AMOUNTS DESIGNATED BY DONORS	$ 1,050,799.
TOTAL	$ 1,050,799.

SCHEDULE D, PART XIII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

AMOUNTS DESIGNATED BY DONORS	$ 1,050,799.
TOTAL	$ 1,050,799.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► **Attach to Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 675 ORCHARD HEIGHTS RD NW STE 20 SALEM, OR 97304	53-0196605		20,000.	0.			EDUCATION / INCOME
BOYS & GIRLS CLUB OF SALEM 1395 SUMMER STREET NE SALEM, OR 97301	93-0581470		27,500.	0.			EDUCATION
CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 97307	93-0903773		15,000.	0.			EDUCATION / HEALTH
CHEHALEM YOUTH & FAMILY SERVICES PO BOX 636 NEWBERG, OR 97132	93-0764541		6,500.	0.			EDUCATION / HEALTH
DIRECT DESIGNATIONS TO VARIOUS NONPROFIT ORGANIZATIONS VARIOUS, OR 99999	99-9999999		1,050,799.	0.			PROGRAM SUPPORT
EASTER SEALS/CHILDREN'S GUILD PO BOX 5193 SALEM, OR 97304	93-0386885		20,000.	0.			HEALTH
FAITH IN ACTION 310 VILLA ROAD SUITE 110 NEWBERG, OR 97132	93-0889144		8,000.	0.			INCOME / HEALTH
FAMILY BUILDING BLOCKS 2425 LANCASTER DR NE SALEM, OR 97305	93-1233373		20,000.	0.			EDUCATION / HEALTH

2 Enter total number of section 501(c)(3) and government organizations ► 33

3 Enter total number of other organizations ► 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

THE UNITED WAY OF THE MID-WILLAMETTE VALLEY (UNITED WAY) REQUIRES FUNDED AGENCIES TO SUBMIT AN INTERIM REPORT AT NINE MONTHS INTO THE GRANT CYCLE AND A FINAL REPORT AFTER THE TWO-YEAR FUNDING CYCLE HAS ENDED. THE REPORTS ASK AGENCIES TO PROVIDE NARRATIVE AND DETAIL DESCRIBING HOW GRANT MONIES WERE USED, WHAT OUTCOMES WERE ACHIEVED AND THE NUMBER AND DEMOGRAPHIC PROFILE OF CLIENTS SERVED.

VOLUNTEER REVIEW PANELS REVIEW INTERIM REPORTS SUBMITTED BY EACH FUNDED PROGRAM FOR THE PURPOSE OF MONITORING IF DESIRED OUTCOMES ARE BEING ACHIEVED AND IF GRANT MONIES ARE BEING SPENT AS ORIGINALLY PROPOSED. BEFORE THE END OF YEAR ONE OF THE TWO-YEAR FUNDING CYCLE, THE VOLUNTEER REVIEW PANELS AND THE COMMUNITY IMPACT COUNCIL MAKE A

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

PROPOSAL TO THE UNITED WAY'S BOARD OF DIRECTORS ABOUT WHICH AGENCIES ARE RECOMMENDED FOR CONTINUED SECOND YEAR FUNDING AND WHICH EITHER NEED TO BE PUT ON PROBATION OR HAVE FUNDING DISCONTINUED. THE BOARD OF DIRECTORS, THE COMMUNITY IMPACT COUNCIL AND THE COMMUNITY IMPACT DIRECTOR WORK WITH PROBATIONARY PROGRAMS TO ENSURE THAT CONCERNS ARE ADDRESSED.

IN ADDITION, WE REQUIRE THAT FUNDED PARTNERS PERIODICALLY PROVIDE FINANCIAL REPORTS AND DOCUMENTS. REQUIRED FINANCIAL REPORTS AND DOCUMENTATION SHOULD BE ABLE TO BE PROVIDED AT A COST THAT IS REASONABLE TO THE SUBMITTING AGENCY.

REQUIRED FOR ALL AGENCIES REGARDLESS OF BUDGET SIZE:

- ANNUAL BALANCE SHEET AND STATEMENT OF INCOME FOR THE MOST RECENT FISCAL YEAR.
- IRS FORM 990 FOR THE MOST RECENT YEAR COMPLETED.

REQUIRED FOR AGENCIES BASED ON BUDGET SIZE (REVENUE PER LINE 12 OF FORM 990):

AGENCIES WITH REVENUE OF $100,000 - $499,999

- FINANCIAL REVIEW BY CPA REQUIRED EVERY THIRD YEAR.

AGENCIES WITH REVENUE OF $500,000 - $999,999

- AN INDEPENDENT, OUTSIDE AUDIT REQUIRED EVERY THIRD YEAR.

AGENCIES WITH REVENUE OF $1,000,000 OR MORE

- AN INDEPENDENT, OUTSIDE AUDIT REQUIRED EVERY YEAR.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FARMWORKER HOUSING DEVELOP CORP 1274 FIFTH ST STE 1-A WOODBURN, OR 97071	93-1055994		22,500.				EDUCATION
GARTEN SERVICES PO BOX 7310 SALEM, OR 97303	93-0582004		12,000.				HEALTH
GRAND SHERAMINA COMM SERVICES PO BOX 536 SHERIDAN, OR 97378	93-1243658		10,000.				INCOME
HELPING HANDS 1444 LIBERTY ST SE SALEM, OR 97302	93-0861491		6,500.				INCOME
HOUSE OF ZION MINISTRIES 1430 E CLEVELAND ST WOODBURN, OR 97071	93-0871543		17,500.				INCOME
JUNTOS PODEMOS 7690 SW MOHAWK ST BLDG K TUALATIN, OR 97062	52-1039368		32,500.				INCOME / HEALTH
LIBERTY HOUSE PO BOX 2613 SALEM, OR 97308	93-1236936		10,000.				HEALTH
LUTHERAN COMMUNITY SERVICES 819 NE HWY 99W STE B MCMINNVILLE, OR 97128	93-0386860		6,000.				HEALTH
MANO A MANO 2921 SADDLE CLUB ST SE #1009 SALEM, OR 97317	93-0992858		15,000.				EDUCATION
MARION COUNTY CASA PO BOX 12765 SALEM, OR 97309	81-0583065		16,000.				HEALTH

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-VALLEY WOMEN'S CRISIS SERVIC 795 WINTER STREET NE SALEM, OR 97301	51-0141214		25,000.				EDUCATION / HEALTH
MID-WILLAMETTE VALLEY COMM ACTIO 2475 CENTER STREET NE SALEM, OR 97301	23-7056987		17,500.				INCOME
NORTHWEST HUMAN SERVICES 681 CENTER STREET NE SALEM, OR 97301	93-0605570		34,000.				INCOME / HEALTH
S.A.B.L.E. HOUSE PO BOX 783 DALLAS, OR 97338	93-1122800		17,500.				HEALTH
SALEM KEIZER COALITION FOR EQUAL PO BOX 4296 SALEM, OR 97302	65-1203900		12,500.				EDUCATION
SILVERTON AREA COMMUNITY AID 421 S WATER ST SILVERTON, OR 97381	93-0884237		10,000.				INCOME
SKYBALL 3295 TRIANGLE DR SE STE 200 SALEM, OR 97302	93-1199079		8,500.				EDUCATION
ST FRANCIS SHELTER 1820 BERRY STREET SE SALEM, OR 97302	93-0943539		6,000.				INCOME
ST JOSEPH SHELTER 925 S MAIN ST MT ANGEL, OR 97362	93-0387331		12,500.				INCOME
THE SALVATION ARMY PO BOX 7047 SALEM, OR 97303	94-1156347		17,500.				INCOME

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE MID-WILLAMETTE VALLEY	93-0395586

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VORP 976 SE HAYTER DALLAS, OR 97338	93-0873123		6,000.				HEALTH
YAMHILL COMMUNITY ACTION PARTNER PO BOX 621 MCMINNVILLE, OR 97128	93-0758732		19,000.				INCOME
YAMHILL COUNTY CASA 1075 SW CEDARWOOD AVE MCMINNVILLE, OR 97128	93-1178086		10,000.				HEALTH
YOUTH IMPACT(MID VALLEY MENTORS) 3030 CENTER ST NE SALEM, OR 97301	20-5531237		7,125.				EDUCATION
YWCA 1255 BROADWAY NE SUITE 110 SALEM, OR 97301	93-0386985		40,500.				EDUCATION / INCOME

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art–Works of art				
2 Art–Historical treasures				
3 Art–Fractional interests				
4 Books and publications				
5 Clothing and household goods			95,417.	SALES VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities–Publicly traded				
10 Securities–Closely held stock				
11 Securities–Partnership, LLC, or trust interests				
12 Securities–Miscellaneous				
13 Qualified conservation contribution–Historic structures				
14 Qualified conservation contribution–Other				
15 Real estate–Residential				
16 Real estate–Commercial				
17 Real estate–Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (__________________)				
26 Other ► (__________________)				
27 Other ► (__________________)				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If 'Yes,' describe in Part II.			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number
93-0395586

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CHARITY BUILD 2008 LLC 455 BLILER AVE NE SALEM, OR 97301-5069	HOME CONSTRUCTION - SALES PROCEEDS TO PROVIDE SUPPORT	OR	0.	65,000.	UNITED WAY OF MWV

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor-tionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to other organization(s)	**1b**		X
c	Gift, grant, or capital contribution from other organization(s)	**1c**		X
d	Loans or loan guarantees to or for other organization(s)	**1d**		X
e	Loans or loan guarantees by other organization(s)	**1e**		X
f	Sale of assets to other organization(s)	**1f**		X
g	Purchase of assets from other organization(s)	**1g**		X
h	Exchange of assets	**1h**		X
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		X
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		X
n	Sharing of paid employees	**1n**		X
o	Reimbursement paid to other organization for expenses	**1o**		X
p	Reimbursement paid by other organization for expenses	**1p**		X
q	Other transfer of cash or property to other organization(s)	**1q**		X
r	Other transfer of cash or property from other organization(s)	**1r**		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	**(B)** Transaction type (a-r)	**(C)** Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	**(B)** Primary activity	**(C)** Legal domicile (state or foreign country)	**(D)** Are all partners section 501(c)(3) organizations?		**(E)** Share of end-of-year assets	**(F)** Dispropor-tionate allocations?		**(G)** Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	**(H)** General or managing partner?	
			Yes	**No**		**Yes**	**No**		**Yes**	**No**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE MID-WILLAMETTE VALLEY	93-0395586

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER COMMUNITY. OUR MISSION IS TO IMPROVE THE CONDITIONS OF MARION, POLK AND YAMHILL COUNTIES BY MOBILIZING PEOPLE, TIME, TALENT, RELATIONSHIPS, EXPERTISE, TECHNOLOGY, FINANCIAL ASSETS AND OTHER RESOURCES TO IMPROVE PEOPLE'S LIVES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE UNITED WAY OF THE MID-WILLAMETTE VALLEY IS WORKING TO ADVANCE THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME AND HEALTH. THESE ARE THE BUILDING BLOCKS FOR A GOOD LIFE - A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT AND GOOD HEALTH. THROUGH THE STRATEGIC INVESTMENT OF RESOURCES, THE UNITED WAY OF THE MID-WILLAMETTE VALLEY HELPS CHILDREN, YOUTH AND ADULTS ACHIEVE THEIR POTENTIAL; PROMOTES FINANCIAL STABILITY AND INDEPENDENCE; AND IMPROVES PEOPLE'S HEALTH AND ACCESS TO BASIC HEALTHCARE.

THE UNITED WAY IS COMMITTED TO ALLOCATING RESOURCES TO ADDRESS THE MOST PRESSING NEEDS OF THE COMMUNITIES WE SERVE. COMMUNITY IMPACT FUNDS ARE AWARDED ON A TWO-YEAR CYCLE THROUGH A COMPETITIVE GRANT PROCESS. THE COMMUNITY IMPACT GRANT PROCESS ALLOWS UNITED WAY FUNDS TO BE AWARDED TO PROGRAMS, SERVICES, INITIATIVES AND COMMUNITY COLLABORATIONS THAT POSITIVELY IMPACT COMMUNITY CONDITIONS AND CREATE A FOUNDATION FOR LONG-TERM CHANGE. IMPACT FUNDS WILL BE ALLOCATED TO PROJECTS THAT DEMONSTRATE MEASURABLE OUTCOMES. COMMUNITY IMPACT GRANTS WERE AWARDED TO 46 AGENCIES MANAGING 63 UNIQUE PROGRAMS. THE BREAKDOWN OF COMMUNITY IMPACT GRANTS GIVEN IS AS FOLLOWS: EDUCATION - 25%; HEALTH PROGRAMS - 34%; INCOME - 41%. COMMUNITY WIDE INITIATIVES, FUNDED IN PART BY COMMUNITY IMPACT DOLLARS, INCLUDE THE VOLUNTEER ACTION CENTER, HANDSON MID-WILLAMETTE VALLEY AND YAMHILL 211.

Name of the organization	Employer identification number
UNITED WAY OF THE MID-WILLAMETTE VALLEY	93-0395586

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

THE FOLLOWING PROGRAMS ARE ALSO INCLUDED AS PART OF THE COMMUNITY IMPACT PROGRAM:

ANNUAL CAMPAIGN

ANNUALLY, THE UNITED WAY PROVIDES THE PLATFORM AND INFRASTRUCTURE FOR CHARITABLE CAMPAIGNS WITHIN MORE THAN 250 BUSINESSES, CORPORATIONS AND OTHER ORGANIZATIONS SERVING MARION, POLK AND YAMHILL COUNTIES. THE UNITED WAY COLLECTS, PROCESSES AND DISTRIBUTES CHARITABLE CONTRIBUTIONS AS DIRECTED BY THE COMMUNITY IMPACT PROCESS AND DONOR INTENTION.

YAMHILL 211

THE UNITED WAY, IN PARTNERSHIP WITH YAMHILL COUNTY COMMISSION ON CHILDREN AND FAMILIES, INVESTED $20,000 IN THE INITIAL YEAR OF 211 SERVICE THROUGHOUT YAMHILL COUNTY. 211 IS AN EASY TO REMEMBER NUMBER THAT CONNECTS INDIVIDUALS WITH RESOURCES IN THE COMMUNITY. JUST AS PEOPLE CALL 911 FOR EMERGENCIES AND 411 FOR DIRECTORY ASSISTANCE, CALLERS THROUGHOUT YAMHILL COUNTY ARE ABLE TO DIAL 211 AND SPEAK WITH A TRAINED REFERRAL SPECIALIST ABOUT CRITICAL HEALTH AND HUMAN SERVICES AVAILABLE IN THEIR COMMUNITY. THE SERVICE WAS ADVERTISED THROUGHOUT THE COUNTY SO RESIDENTS WOULD KNOW TO CALL IF THEY NEEDED ASSISTANCE.

SALEM AREA MASS TRANSIT BUS PASS PROGRAM

THE UNITED WAY HAS PARTNERED WITH SALEM AREA TRANSIT TO ADMINISTER A BUS PASS PROGRAM TO MID-VALLEY NON-PROFITS WHOSE CLIENTS NEED TRANSPORTATION SUPPORT THROUGHOUT THE AREA. THE UNITED WAY AWARDED 3,400 TRANSIT PASSES TO 20 PROGRAMS IN THE SALEM-KEIZER AREA.

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

HANDSON MID-WILLAMETTE VALLEY

HANDSON MID-WILLAMETTE VALLEY (HANDSON), PREVIOUSLY THE VOLUNTEER AND MENTOR CENTER, IS THE VOLUNTEER ACTION CENTER FOR MARION, POLK, AND YAMHILL COUNTIES, PROVIDING SUPPORT AND RESOURCES FOR THE MOBILIZATION OF VOLUNTEERS. HANDSON PARTNERS WITH LOCAL COMMUNITY AGENCIES TO PROVIDE AN ONLINE DATABASE OF UNIQUE VOLUNTEER OPPORTUNITIES AND A REGULAR OFFERING OF VOLUNTEER PROJECTS. HANDSON PROVIDES SERVICES THAT HELP VOLUNTEERS DISCOVER THEIR PASSION FOR GIVING BACK, PREPARE AGENCIES TO RECRUIT, TRAIN, AND RETAIN VOLUNTEERS, AND HELP BUSINESSES TO ENGAGE THEIR EMPLOYEES IN MUTUALLY BENEFICIAL COMMUNITY INVOLVEMENT. HANDSON MADE 4,682 VOLUNTEER CONNECTIONS DURING 2009-2010; RECRUITED 183 PARTNER AGENCIES FROM ACROSS MARION, POLK, AND YAMHILL COUNTIES, THAT HAVE POSTED ON THE HANDSON WEB SITE (WWW.HANDSONMWV.ORG) 951 UNIQUE OPPORTUNITIES FOR VOLUNTEERS TO GET INVOLVED; AND THROUGH THE HANDSON WEBSITE, REGISTERED 2,064 INDIVIDUALS WHO ARE INTERESTED IN SERVING AS A VOLUNTEER. THE PROGRAM PROVIDED 22 VOLUNTEER MANAGEMENT TRAININGS FOR 319 PARTICIPANTS REPRESENTING 169 ORGANIZATIONS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

GIFTS IN KIND

THROUGH THE GIFTS IN KIND PROGRAM, THE UNITED WAY PROVIDES NON-PROFIT AGENCIES WITH NEW PRODUCTS DONATED FROM NATIONAL CORPORATIONS. ITEMS FROM HOME GOODS AND CLOTHING RETAILERS, AS WELL AS HOME DEPOT ARE DISTRIBUTED LOCALLY WHERE THEY ARE NEEDED MOST. GIFTS IN KIND PROVIDED $95,417 IN NEW GOODS TO 30 AGENCIES IN THE MID-WILLAMETTE VALLEY

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT

BOARD MEMBERS BRAD AND JEANETTE MOORE ARE HUSBAND AND WIFE.

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE

(1) EVERY INDIVIDUAL AND ENTITY CONTRIBUTOR TO THE UNITED WAY OF THE MID-WILLAMETTE VALLEY (UWMWV) WILL BECOME AN AFFILIATED MEMBER WITH THE ORGANIZATION AND WILL BE ENTITLED TO VOTE AT ALL ANNUAL MEETINGS FOR A PERIOD OF ONE CALENDAR YEAR IMMEDIATELY FOLLOWING THEIR CONTRIBUTION. MEMBER ORGANIZATIONS SHALL NOT HAVE THE RIGHT TO VOTE FOR THE ELECTION OF UWMWV OFFICERS.

(2) ANY NOT-FOR-PROFIT AGENCY OR ORGANIZATION WITH A LEGITIMATE HEALTH AND HUMAN SERVICE PROGRAM, UPON ACCEPTANCE BY THE BOARD OF DIRECTORS, MAY BECOME A MEMBER AGENCY OF THE UWMWV AND CONTINUE SO LONG AS IT IS APPROVED BY THE BOARD OF DIRECTORS. THE PRESIDENT OR CHAIR OF THE BOARD OF EACH AGENCY OR ORGANIZATION WILL BE REGARDED AS THE OFFICIAL SPOKESPERSON FOR EACH AGENCY OR ORGANIZATION. (3) ACCEPTANCE OF SUCH MEMBERSHIP BY AN AGENCY OR ORGANIZATION WILL IMPOSE AN OBLIGATION TO CONFORM TO ALL RULES AND REGULATIONS ESTABLISHED BY UWMWV BOARD OF DIRECTORS AND THE PROVISIONS OF UWMWV'S BYLAWS.

(4) MEMBERSHIP BY AN AGENCY DOES NOT GUARANTEE FUNDING.

(5) THE UWMWV BOARD OF DIRECTORS MAY ELECT HONORARY MEMBERS WHO SHALL SERVE CONTINUOUSLY IN PERPETUITY IN RECOGNITION OF OUTSTANDING SERVICE TO THE UWMWV. HONORARY MEMBERS SHALL HAVE THE RIGHT TO VOTE FOR THE ELECTION OF OFFICERS.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

FORM 990 WAS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE PRIOR TO FILING. IN ADDITION, THE FORM 990 WAS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO ITS FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

AN ANNUAL REVIEW IS PERFORMED OF THE CONFLICT OF INTEREST STATEMENTS FILED BY EACH MEMBER OF THE BOARD.

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGTMI

THE EXECUTIVE DIRECTOR'S SALARY REVIEW IS PERFORMED BY THE EXECUTIVE COMMITTEE, ON BEHALF OF THE FULL BOARD. THE SALARY REVIEW PROCESS INCLUDES A COMPARISON TO THE COMPENSATION LEVELS OF OTHER EXECUTIVE DIRECTOR'S SALARIES OF SIMILAR UNITED WAY ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE BOARD HAS GIVEN AUTHORITY TO THE EXECUTIVE DIRECTOR TO SET STAFF SALARIES IN ACCORDANCE WITH ESTABLISHED RANGES AS LONG AS SALARIES ARE WITHIN THE BOARD APPROVED BUDGET.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

DURING THE CURRENT FISCAL YEAR, THE ORGANIZATION FORMED AN AUDIT COMMITTEE WHICH HAS RESPONSIBILITY FOR OVERSEEING THE AUDIT PROCESS.

Name of the organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number: 93-0395586

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- 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).

A corporation 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 a corporation 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 File by the due date for filing your 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 number. 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):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► BETTY HART

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 corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

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**	$ 0.
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**	$ 0.
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**	$ 0.

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ► [X]

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. Only file the original (no copies needed).

Type or print	Name of Exempt Organization: UNITED WAY OF THE MID-WILLAMETTE VALLEY	**Employer identification number**: 93-0395586
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.: MICHELLE A. PECORA CPA P.C. 537 HIGH STREET SE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.: SALEM, OR 97301-3618	

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

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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 care of. ► BETTY HART
  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 5/15 , 20 11.

5 For calendar year ____ , or other tax year beginning 7/01 , 20 09 , and ending 6/30 , 20 10 .

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 . . . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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 instrs	**8c**	$

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 ► EXECUTIVE DIREC Date ►