

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 4/01/08, and ending 3/31/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF GOODHUE, WABASHA & PIERCE COUNTIES	D Employer identification number 41-6043633
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 413 WEST THIRD STREET	E Telephone number 651-388-6309
		City or town, state or country, and ZIP + 4 RED WING MN 55066	F Group Exemption Number

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.UW-GWP.ORG

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **989,748**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	983,146
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4,403
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 1)	8	2,199	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	989,748	
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10	363,677
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	85,653
	13	Professional fees and other payments to independent contractors	13	28,217
	14	Occupancy, rent, utilities, and maintenance	14	9,324
	15	Printing, publications, postage, and shipping	15	10,058
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	555,471
17	Total expenses. Add lines 10 through 16	17	1,052,400	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-62,652
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	327,336
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-33,291
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	231,393

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	534,224	414,583
23 Land and buildings	12,859	8,938
24 Other assets (describe ▶ SEE STATEMENT 5)	189,886	184,857
25 Total assets	736,969	608,378
26 Total liabilities (describe ▶ SEE STATEMENT 6)	409,633	376,985
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	327,336	231,393

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

Form **990-EZ** (2008)

9-9

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SEE STATEMENT 7			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	PROGRAM SERVICES CONSIST OF THE COLLECTION AND DISTRIBUTION OF FUNDS TO VARIOUS NON-PROFIT AGENCIES APPROVED BY THE BOARD. (Grants \$ 363,677) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	952,060
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	952,060

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAURA BLAIR	SECRETARY 1	0	0	0
KAREN MAIN	PRESIDENT 1	0	0	0
GARY IOCCO	VICE PRESIDE 1	0	0	0
SCOTT WORDELMAN	BOARD DIRECT 1	0	0	0
DIANE HALLSTROM	BOARD DIRECT 1	0	0	0
LEE FINHOLM	BOARD DIRECT 1	0	0	0
RICH BODENSTEINER	BOARD DIRECT 1	0	0	0
JODY NEMCEK	BOARD DIRECT 1	0	0	0
AMY NELSON	PAST PRESIDE 1	0	0	0
MEG WALCH	EXECUTIVE DI 40	49,121	0	0
KEITH MEYERS	TREASURER 2	0	0	0
ARNE SKYBERG	BOARD DIRECT 1	0	0	0
HEATHER MARX	BOARD DIRECT 1	0	0	0
DEANNA VOTH	BOARD DIRECT 1	0	0	0
ANNE FRAME	BOARD DIRECT 1	0	0	0
BARB CARPENTER	BOARD DIRECT 1	0	0	0
PAM HORLITZ	BOARD DIRECT 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ MN		
42a	The books are in care of ▶ MARGARET WALCH Telephone no. ▶ 651-388-6309 413 W 3RD ST Located at ▶ RED WING, MN ZIP + 4 ▶ 55066		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000

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: Arne Skyberg Date: 2-9-10
 Type or print name and title: ARNE SKYBERG - TREASURER

Paid Preparer's Use Only

Preparer's signature: James L. Weber Date: 1/20/10 Check if self-employed:
 Preparer's Identifying Number (See instr): P00011604
 Firm's name (or yours if self-employed): ERICKSON, RIETMANN, ROUFS & KIECKER, LTD EIN: 41-1559248
 address, and ZIP + 4: 519 BUSH ST. RED WING, MN 55066 Phone no: 651-388-2858

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GOODHUE, WABASHA
& PIERCE COUNTIES**

Employer identification number
41-6043633

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: (Please check only one organization)

- 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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - 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 it 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	557,615	504,652	581,965	701,289	983,146	3,328,667
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	557,615	504,652	581,965	701,289	983,146	3,328,667
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	557,615	504,652	581,965	701,289	983,146	3,328,667

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	557,615	504,652	581,965	701,289	983,146	3,328,667
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,351	5,069	3,588	3,772	4,403	22,183
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,351	5,069	3,588	3,772	4,403	22,183
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	16,986	27,881	1,391	811	2,199	49,268
13 Total support. (Add lines 9, 10c, 11, and 12.)	579,952	537,602	586,944	705,872	989,748	3,400,118

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 2008 (line 8, column (f) divided by line 13, column (f))	15	97.8986 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.2182 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.6524 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.8816 %

19a 33 1/3 % support tests—2008. 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—2007. If the organization did not check a box on line 14 or line 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

SPECIAL EVENTS	\$	43,680
OTHER REVENUE	\$	5,588

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 1,659
ADMINISTRATIVE FEES RETAINED	540
TOTAL	<u>\$ 2,199</u>

105 United Way of Goodhue, Wabasha
 41-6043633
 FYE: 3/31/2009

Federal Statements

1/20/2010 4:24 PM

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	Purpose
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation
Property	Contribution	Contribution	Value	Explanation
VARIOUS				
GOODHUE, WABASHA & PIERCE COUNTIES	363,677			
UNITED WAY OF AMERICA				DUES
TOTAL	363,677			

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
ADVERTISING	2,316
UNIVERSAL PLAYGROUND	455,079
COMMUNITY INITIATIVE PAYM	2,159
ALLOCATION EXPENSES	649
INVESTMENTS EXPENSES	532
TELEPHONE	2,891
SPECIAL EVENT EXPENSE	3,495
CAMPAIGN EXPENSE	15,563
INSURANCE AND BOND	2,608
EDUCATION	4,437
MISCELLANEOUS	1,577
COMPUTER MAINTENANCE	4,529
BOOKS AND SUPPLIES-IMAG.	19,555
UWA DUES	5,729
DOUBTFUL ACTS-BAD DEBT	33,057
MEMBERSHIP AND DUES	1,295
TOTAL	<u>\$ 555,471</u>

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN/LOSS ON INVEST	\$
UNREALIZED CAPITAL LOSSES	<u>-33,291</u>
TOTAL	<u>\$ -33,291</u>

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PLEDGES RECEIVABLE	\$ 247,431	\$ 259,484
LESS ALLOWANCE	60,267	76,403
ACCOUNTS RECEIVABLE	1,025	
PREPAID EXPENSES AND DEFERRED CHARGES	1,697	1,776
INTEREST IN ASSETS HELD BY OTHERS.		
	<u>189,886</u>	<u>184,857</u>

Federal Statements**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	\$ 27,542
GRANTS PAYABLE	396,990	338,677
SIMPLE IRA PAYABLE	104	45
DESIGNATED DONATIONS PAYABLE	12,138	10,320
MAKE THE MOVE INITIATIVE	401	401
	<u>409,633</u>	<u>376,985</u>

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

THE MISSION OF THE ORGANIZATION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITIES. THE VISION IS TO BUILD STRONGER GOODHUE, WABASHA AND PIERCE COUNTIES BY MOBILIZING OUR COMMUNITIES TO IMPROVE PEOPLE'S LIVES. THE ORGANIZATION RAISES AND DISTRIBUTES FUNDS TO OTHER NON-PROFIT ORGANIZATIONS.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	FILE CABINET & DESK	6/01/70	200			200	10 MO S/L	200	0
9	PAPER CUTTER	6/30/83	30			30	10 MO S/L	30	0
14	VINYL MAT UNDER DESK	8/15/84	53			53	10 MO S/L	53	0
17	HP LASER III P PRINTER	6/23/92	1,098			1,098	7 MO S/L	1,098	0
26	LATERAL FILE (DONATED)	12/17/99	250			250	7 MO S/L	250	0
27	PANIFAX UF-550 FAX MACHINE (DON	10/17/01	250			250	5 MO S/L	250	0
28	DELL COMPUTER	3/20/02	1,567			1,567	5 MO S/L	1,567	0
30	IKON PRINTER/COPIER	4/25/02	6,340			6,340	5 MO S/L	6,340	0
31	PANELS	12/09/05	4,256			4,256	7 MO S/L	1,388	608
32	EXEC DIRECTOR DESK UNIT	12/09/05	2,019			2,019	7 MO S/L	658	288
33	RES DEVEL DIRECTOR DESK	12/09/05	1,842			1,842	7 MO S/L	601	263
34	ADMIN ASSISTANT DESK	12/09/05	1,356			1,356	7 MO S/L	442	194
35	VOLUNTEER/GUEST DESK	12/09/05	613			613	7 MO S/L	200	88
36	EXEC DIRECTOR VERTICAL FILE	12/09/05	200			200	7 MO S/L	66	28
37	RES DEVL P DIR VERT FILE	12/09/05	200			200	7 MO S/L	66	28
38	SIX CONFERENCE CHAIRS	12/09/05	677			677	7 MO S/L	221	97
39	EXEC DIRECTOR CHAIR	12/09/05	258			258	7 MO S/L	84	37
40	RES DEVL P CHAIR	12/09/05	258			258	7 MO S/L	84	37
41	ADMIN ASSISTANT CHAIR	12/09/05	258			258	7 MO S/L	84	37
42	VOLUNTEER/GUEST CHAIR	12/09/05	258			258	7 MO S/L	84	37
43	CONFERENCE TABLE	12/09/05	527			527	7 MO S/L	172	75
44	HP COMPAQ NOTEBOOK	1/19/06	1,303			1,303	3 MO S/L	883	420
45	HP COMPAQ NOTEBOOK	1/19/06	1,303			1,303	3 MO S/L	883	420
46	SONY DIGITAL CAMERA	3/04/07	357			357	3 MO S/L	128	119
47	WEBSITE SOFTWARE	3/30/07	2,310			2,310	3 MO S/L	834	770
48	CELL PHONE	9/14/07	440			440	5 MO S/L	51	88
49	PHONE SYSTEM	12/13/07	1,453			1,453	5 MO S/L	97	290
Total Other Depreciation			29,676			29,676		16,814	3,924
Total ACRS and Other Depreciation			29,676			29,676		16,814	3,924
Grand Totals			29,676			29,676		16,814	3,924
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			29,676			29,676		16,814	3,924

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172

2008
 Attachment
 Sequence No **67**

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

Name(s) shown on return **UNITED WAY OF GOODHUE, WABASHA & PIERCE COUNTIES** Identifying number **41-6043633**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,924

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	3,924
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

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