

**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)

**2009**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See specific instructions. <b>UNITED WAY OF THE INLAND VALLEYS</b> <b>6215 RIVER CREST DRIVE, STE B</b> <b>RIVERSIDE, CA 92507</b>	<b>D</b> Employer Identification Number 95-1742174
		<b>E</b> Telephone number 951-697-4700
<b>F</b> Name and address of principal officer: Same As C Above		<b>G</b> Gross receipts \$ <b>3,537,658.</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>J</b> Website: <b>uwiv.org</b>		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of Formation: <b>1931</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Because community matters, UWIV is committed to being a leader in facilitating a proactive culture of responsiveness to improve the quality of life in our communities in a united way" - UWIV wishes to facilitate the donor's desire to advance the common good. In this regard, we</u>		
	2 Check this box <input type="checkbox"/> 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)	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	36
	5	Total number of employees (Part V, line 2a)	30
	6	Total number of volunteers (estimate if necessary)	3,086
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,971,817. Current Year: 3,522,903.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,447. 12,737.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,306. 2,018.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,019,570. 3,537,658.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,398,307. 2,119,272.
	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)	941,883. 930,288.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	528,959.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	546,381. 329,742.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,886,571. 3,379,302.
19	Revenue less expenses. Subtract line 18 from line 12	132,999. 158,356.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 3,088,392. End of Year: 3,054,249.
	21	Total liabilities (Part X, line 26)	1,740,341. 1,547,404.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,348,051. 1,506,845.

**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: [Signature] Date: 12/11

Mark Erickson, CFO KEVIN J. McGRATH, CEO

Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature: <u>[Signature]</u> Perry M Henderson	Date: <u>2/25/11</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions): N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4: Perry M. Henderson, CPA 222 E. Olive Avenue, Suite 5C Redlands, CA 92373-5268	EIN: N/A	Phone no.: (909) 792-4268	

May the IRS discuss this return with the preparer shown above? (see instructions)  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

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

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 \$ 1,656,054. including grants of \$ 1,115,615.) (Revenue \$ )

Distributions to nonprofit agencies that support a wide range of health and human services to people in need. Specific services funded through the UWIV Community Care Fund feature volunteer oversight, & accountability and provides priority local needs that fall within the following categories: affordable childcare; basic subsistence & economic stability; children/youth-at-risk; community organization & development; developmental & physical disabilities; disaster relief; domestic violence, child abuse & crime victim assistance; elder care & elder abuse; family stability & parenting skills; healthcare & supportive services; illiteracy; legal & civil rights; mental health education & treatment; outreach information & referral; substance abuse recovery; and youth development.

4b (Code: ) (Expenses \$ 826,895. including grants of \$ ) (Revenue \$ )

Public Sector programs: Through contracts with the federal, state, and county governments, this program consists of facilitating giving by public sector employees for the purpose of advancing the common good; managing the agency application process for inclusion in the various campaigns and overseeing document compliance per guidelines provided or approved by these governmental agencies. Additionally, annual training and printing costs are associated with this program expense.

4c (Code: ) (Expenses \$ 148,083. including grants of \$ 39,803.) (Revenue \$ )

Community education and resource materials that provide information about health and human services and programs available for those in need of the above mentioned categories (see Part III, section a); (2) free financial literacy workshops in the workplace, community centers, at non profit organizations and for foster children (called MoneyWork\$) to help people become more knowledgeable on how to manage their finances so they can become more financially stable; (3) support the local collaborative efforts of a county-wide VOAD (Voluntary Organizations Active in Disasters) to provide organization, preparation and training to nonprofits tasked with disaster response and recovery efforts

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,631,032.

**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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If 'Yes,' complete Schedule F, Part I.</i>		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? <i>If 'Yes,' complete Schedule F, Part II.</i>		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? <i>If 'Yes,' complete Schedule F, Part III.</i>		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? <i>If 'Yes,' complete Schedule G, Part I.</i>		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? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . . <b>1 a</b> 8		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . <b>1 b</b> 0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1 c</b>		X
<b>2 a</b>	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 . . . . . <b>2 a</b> 30		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b> X	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>3 a</b>		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . . <b>3 b</b>		
<b>4 a</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)? . . . . . <b>4 a</b>		X
<b>4 b</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.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . <b>5 c</b>		
<b>6 a</b>	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? . . . . . <b>6 a</b>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . . <b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	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? . . . . . <b>7 a</b>		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7 d</b>		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>		
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10 a</b>		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10 b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>11 a</b>	Gross income from other members or shareholders. . . . . <b>11 a</b>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>			
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</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
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
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	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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	X	
10 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?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 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	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?		
15 a	The organization's CEO, Executive Director, or top management official	X	
15 b	Other officers of key employees of the organization. See Schedule O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 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.  
 Own website     Another's website     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:  
Mark Erickson 6215 River Crest Drive, Ste B Riverside CA 92507 951-697-4700

**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 organization'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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHIL ABRAHAM Director	1	X					0.	0.	0.	
DAN ANDERSON Director	1	X					0.	0.	0.	
ARCHIE BARKSDALE Director	1	X					0.	0.	0.	
ELLIE BENNETT Director	1	X					0.	0.	0.	
ARTHUR G. CLEVELAND PH.D. Director	1	X					0.	0.	0.	
JULIA COX Director	1	X					0.	0.	0.	
TOM DONAHUE Director	1	X					0.	0.	0.	
BEN EILENBERG Director	1	X					0.	0.	0.	
FRANK ESCOBEDO Director	1	X					0.	0.	0.	
THOMAS EVANS Director	1	X					0.	0.	0.	
BECKY FOREMAN Director	1	X					0.	0.	0.	
DEBBIE FRANKILN Director	1	X					0.	0.	0.	
JEANNE MC CLELLAN Director	1	X					0.	0.	0.	
MATT FRIEDLANDER Director	1	X					0.	0.	0.	
MICHAEL GOLDWARE Director	1	X					0.	0.	0.	
REBECCA GOLDWARE Director	1	X					0.	0.	0.	
AARON HAKE 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) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN LAPKE Director	1	X					0.	0.	0.	
BOB HICKS Director	1	X					0.	0.	0.	
LINDA HANLEY Director	1	X					0.	0.	0.	
LINDA ITZEN Director	1	X					0.	0.	0.	
MONICA KEEHFUSS Director	1	X					0.	0.	0.	
ANDY MELENDREZ Director	1	X					0.	0.	0.	
ROSE MAYES Director	1	X					0.	0.	0.	
DANIEL FOSTER Director	1	X					0.	0.	0.	
MARCIA MC QUERN Director	1	X					0.	0.	0.	
JAN MUTO Director	1	X					0.	0.	0.	
PHIL D. ORR Director	1	X					0.	0.	0.	
JOHN PATTERSON Director	1	X					0.	0.	0.	
BARBARA PURVIS Director	1	X					0.	0.	0.	
<b>1 b Total</b>							296,629.	0.	0.	

DO NOT FILE

**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 ▶ **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
<b>4</b> 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? <i>If 'Yes' complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		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**

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See instructions for Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

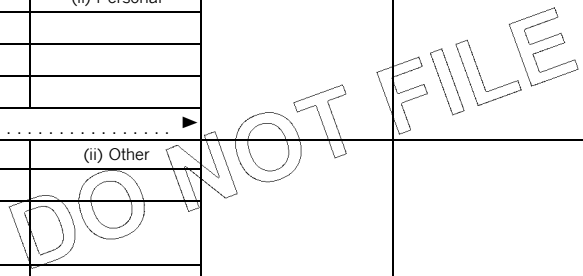
Name of the Organization <b>UNITED WAY OF THE INLAND VALLEYS</b>	Employer Identification number <b>95-1742174</b>
---------------------------------------------------------------------	-----------------------------------------------------

**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STAN SCHEER Director	1	X						0.	0.	0.
RALPH NUNEZ Director	1	X						0.	0.	0.
MIKE VANDERPOOL Director	1	X						0.	0.	0.
PAUL WOERZ Director	1	X						0.	0.	0.
SUSAN RAINEY Director	1	X						0.	0.	0.
JOHN WORDEN Chairman	5	X						0.	0.	0.
RANDAL R. WISBEY Director	1	X						0.	0.	0.
DARYL HICKMAN Director	1	X						0.	0.	0.
ART WELCH Director	1	X						0.	0.	0.
JOAN SPARKMAN Director	1	X						0.	0.	0.
OFELIA VALDEZ-YEAGER Director	1	X						0.	0.	0.
KARI SPENCER-HOLLIS Vice President	40			X				60,630.	0.	0.
KEVIN J MC CARTHY President & CEO	45			X				102,921.	0.	0.
MARK ERICKSON CFO	45			X				69,772.	0.	0.
JOHN ROBERTS Vice President	40			X				63,306.	0.	0.
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**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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b> 3,431,472.				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . .	<b>1 e</b> 91,431.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . .	<b>1 f</b>				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		3,522,903.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> -----					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		12,737.		12,737.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6 a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> Other income . . . . .	900099	2,018.	2,018.			
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		2,018.				
<b>12 Total revenue.</b> See instructions . . . . .		3,537,658.	2,018.	0.	12,737.	



**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	2,119,272.	2,119,272.		
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	296,629.	101,798.	85,210.	109,621.
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	418,231.	195,056.	53,765.	169,410.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,429.	25,617.	17,538.	38,274.
9 Other employee benefits	76,689.	36,662.	4,754.	35,273.
10 Payroll taxes	57,310.	17,980.	11,938.	27,392.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,839.		14,839.	
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other	11,257.	4,513.	5,938.	806.
12 Advertising and promotion				
13 Office expenses	20,709.	10,056.	2,356.	8,297.
14 Information technology				
15 Royalties				
16 Occupancy	37,336.	12,567.	1,577.	23,192.
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	32,534.	13,888.	4,465.	14,181.
22 Depreciation, depletion, and amortization	23,769.	10,676.	1,097.	11,996.
23 Insurance				
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 <u>Awards &amp; Special Events</u>	50,501.	31,428.	375.	18,698.
b <u>Transportation &amp; campaign</u>	38,024.	9,875.	2,676.	25,473.
c <u>Equipment rent &amp; repair</u>	30,708.	15,773.	2,001.	12,934.
d <u>Printing and Publications</u>	27,327.	10,150.	608.	16,569.
e <u>Telecommunications</u>	20,749.	8,353.	1,959.	10,437.
f All other expenses	21,989.	7,368.	8,215.	6,406.
25 Total functional expenses. Add lines 1 through 24f	3,379,302.	2,631,032.	219,311.	528,959.
26 Joint costs. Check here <input type="checkbox"/> 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	467,755.	1	575,680.
	2	Savings and temporary cash investments	338,438.	2	303,892.
	3	Pledges and grants receivable, net	1,334,274.	3	1,268,669.
	4	Accounts receivable, net	26,847.	4	22,206.
	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	16,000.	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,389.	9	19,020.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	766,881.		
	b	Less: accumulated depreciation	458,199.	10c	308,682.
	11	Investments — publicly-traded securities	16,433.	11	13,330.
	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	556,100.	15	542,770.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,088,392.	16	3,054,249.	
LIABILITIES	17	Accounts payable and accrued expenses	156,838.	17	117,796.
	18	Grants payable	1,583,503.	18	1,429,608.
	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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,740,341.	26	1,547,404.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,207,714.	27	1,411,400.
	28	Temporarily restricted net assets	128,337.	28	83,445.
	29	Permanently restricted net assets	12,000.	29	12,000.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	1,348,051.	33	1,506,845.	
34	Total liabilities and net assets/fund balances	3,088,392.	34	3,054,249.	

BAA

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	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: .....		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		X
<b>3b</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. ....		

BAA

Form 990 (2009)

DO NOT FILE



**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'.)	3,887,176.	4,035,542.	3,922,714.	3,971,817.	3,522,903.	19,340,152.
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 <b>Total.</b> Add lines 1-through 3.	3,887,176.	4,035,542.	3,922,714.	3,971,817.	3,522,903.	19,340,152.
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 <b>Public support.</b> Subtract line 5 from line 4.						19,340,152.

**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.	3,887,176.	4,035,542.	3,922,714.	3,971,817.	3,522,903.	19,340,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	49,381.	58,255.	54,250.	30,447.	12,737.	205,070.
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.	-1,660.	-703.	4,890.	17,306.	2,018.	21,851.
11 <b>Total support.</b> Add lines 7 through 10.						19,567,073.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> 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 2009 (line 6, column (f) divided by line 11, column (f)).	14	98.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	98.8 %
16a <b>33-1/3 support test – 2009.</b> 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.	<input checked="" type="checkbox"/>	
b <b>33-1/3 support test – 2008.</b> 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 <b>10%-facts-and-circumstances test – 2009</b> 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 <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>Private foundation.</b> 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 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 from 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 in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add 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



## UNITED WAY OF THE INLAND VALLEYS

95-1742174

## Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Event fees	511.	15,115.	4,890.		
Sale of fixed assets				-703.	-1,660.
Misc	1,507.	2,191.			
Total	<u>\$ 2,018.</u>	<u>\$ 17,306.</u>	<u>\$ 4,890.</u>	<u>\$ -703.</u>	<u>\$ -1,660.</u>

DO NOT FILE

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

UNITED WAY OF THE INLAND VALLEYS

Employer identification number

95-1742174

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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 –

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).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

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 INLAND VALLEYS

Employer identification number

95-1742174

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures and amounts for revenues and assets.

**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	12,000.	12,000.			
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	12,000.	12,000.			

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

**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		75,720.		75,720.
b Buildings		446,239.	234,860.	211,379.
c Leasehold improvements				
d Equipment				
e Other		244,922.	223,339.	21,583.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 308,682.

BAA



**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)		3,537,658.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,379,302.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		158,356.
4	Net unrealized gains (losses) on investments		438.
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		438.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		158,794.

**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	3,789,669.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	438.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) See Part XIV	2d	251,573.
	e Add lines 2a through 2d	2e	252,011.
3	Subtract line 2e from line 1	3	3,537,658.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,537,658.

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

1	Total expenses and losses per audited financial statements	1	2,415,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,415,448.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) See Part XIV	4b	963,854.
	c Add lines 4a and 4b	4c	963,854.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,379,302.

**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 V, Line 4 - Intended Uses Of Endowment Fund**

To provide investment earnings in support of operations.

**Part X - FIN 48 Footnote**

In management's judgment there are no uncertain tax positions that would require measurement or disclosure. The statute of limitations is open on tax years ended 6/30/07 and following.

**Part XIV** Supplemental Information (continued)

DO NOT FILE

UNITED WAY OF THE INLAND VALLEYS

95-1742174

**Schedule D, Part XII, Line 2d**  
**Other Revenue Included In F/S But Not Included On Form 990**

Allowance for pledge losses..... \$ 251,573.  
Total \$ 251,573.

**Schedule D, Part XIII, Line 4b**  
**Other Revenue Included On Form 990 But Not Included In F/S**

Donor designated contributions..... \$ 963,854.  
Total \$ 963,854.

DO NOT FILE

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF THE INLAND VALLEYS

Employer identification number

95-1742174

**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?  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
ALTERNATIVES TO DOMESTIC VIOLENC P.O. BOX 910 RIVERSIDE, CA 92502	95-3212844	501 c 3	50,854.	0.			Domestic violence/child abuse
AMERICAN RED CROSS P.O. BOX 55040 RIVERSIDE, CA 92517	53-0196605	501 c 3	83,125.	0.			Disaster services/health care supportive
ARLINGTON TEMPORARY ASSISTANCE 9000 ARLINGTON AVE RIVERSIDE, CA 92503	95-1690961	501 c 3	8,726.	0.			Basic subs & eco stab
ASSISTANCE LEAGUE OF RIVERSIDE 3707 SUNNYSIDE DR RIVESIDE, CA 92506	95-2394523	501 c 3	5,804.	0.			Community org & development
BOYS & GIRLS CLUB OF SOUTHWEST PO BOX 892349 TEMECULA, CA 92589	33-0475756	501 c 3	63,289.	0.			Affordable child care
BOYS' & GIRLS' CLUB OF SOUTHWEST PO BOX 892349 TEMECULA, CA 92589	33-0475756	501 c 3	25,620.	0.			Low income & at-risk education
BOYS SCOUTS OF AMERICA PO BOX 8910 REDLANDS, CA 92375	95-1744350	501 c 3	45,093.	0.			Youth development
CAP-RIVERSIDE COUNTY 2038 IOWA AVE #B-102 RIVERSIDE, CA 92507		501 c 3	10,000.	0.			EITC Assistance

DO NOT FILE

2 Enter total number of section 501(c)(3) and government organizations ▶ 31

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**

There was only one grant process this year and it is the Base Support grant from the Community Care Fund. Eligible agencies that have been vetted through an initial application process submit an annual grant application requesting continuing funding of health and human services to advance the common good. The application consists of questions regarding need, target populations, collaborations/networking, agency and board governance, fiscal accountability, statistical reports of previous year populations served, and community support. Teams of 6 to 10 volunteers each review and evaluate three or four agency grants in a three step process: 1) A financial reviewer on each team analyzes and scores current audited financials, IRS 990 Forms, budgets, and income/expenses; 2) the team visits each of the agencies they are

**Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)**

tasked with reviewing; the agencies' staff, volunteers, clients and board provide oral presentations of the programs and services funded by UWIV; the teams ask questions, review administrative processes and procedures, board minutes, and other communiqués; 3) The team completes an assessment form which scores the agency's accountability, governance, viability and need based on the grant, financial review and site visit. The team also makes recommendations to continue funding, place agency on concern status (probation with more UWIV oversight), or discontinue funding. Team recommendations are reviewed by the Community Matters Committee which makes recommendations to the Executive Committee, and if approved, to the Board of Directors for final approval. Agencies approved for funding sign an agreement and must provide semi-annual reports complete with statistics/demographics of those receiving services and attest to governance compliances. Note: UWIV staff does not make any funding decisions nor has any vote in the process. All funding is determined by volunteers vested in the welfare of the community.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF THE INLAND VALLEYS	<b>Employer identification number</b> 95-1742174
---------------------------------------------------------------------	-----------------------------------------------------

**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
CARE CONNEXXUS 4130 ADAMS ST #B RIVERSIDE, CA 92504	95-3516461	501 c 3	27,279.				Elder care/elder abuse
CAROLYN WYLIE CENTER 4164 BROCKTON AVE, 1ST FLOOR RIVERSIDE, CA 92501	93-0670286	501 c 3	71,784.				Devel & phys dis
CASA BLANCA HOME 7680 CASA BLANCA ST RIVERSIDE, CA 92504	95-6006198	501 c 3	55,607.				Community organization developmt
CATHOLIC CHARITIES 21250 BOX SPRINGS RD #206 MORENO VALLEY, CA 92557	95-3516461	501 c 3	56,191.				Basic subs & eco stab
COMMUNITY SETTLEMENT ASSN 4366 BERMUDA AVE RIVERSIDE, CA 92507	95-0642985	501 c 3	41,122.				Basic subs & eco stab
FAMILY SERVICE ASSN 21250 BOX SPRINGS RD #212 MORENO VALLEY, CA 92557	95-1803694	501 c 3	97,049.				Dom Vio/child abuse/victim assist
FIRST STEPS CHILD DEVELOPMENT 1235 INDIANA CT REDLANDS, CA 92374	95-2960130	501 c 3	10,415.				Youth development
GIRL SCOUTS OF SAN GORGONIO 1751 PLUM LANE REDLANDS, CA 92374	95-1967727	501 c 3	26,642.				Youth development
INLAND EMPIRE LATINO LAWYERS 2060 UNIVERSITY AVE #113 RIVERSIDE, CA 92507	33-0102667	501 c 3	12,723.				Community org & development
LA VISTA RECOVERY & WELLNESS 222 GIRARD ST SAN JACINTO, CA 92583	95-2902487	501 c 3	30,400.				Substance abuse

DO NOT FILE

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF THE INLAND VALLEYS	<b>Employer identification number</b> 95-1742174
---------------------------------------------------------------------	-----------------------------------------------------

**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
MFI RECOVERY CTR 5870 ARLINGTON AVE RIVERSIDE, CA 92504	95-2833715	501 c 3	53,478.				Substance abuse/child abuse
OLIVE CREST TREATMENT CTR 3050 CHICAGO AVE RIVERSIDE, CA 92507	95-2877102	501 c 3	7,085.				Substance abuse
OPERATION SAFEHOUSE 5870 ARLINGTON AVE RIVERSIDE, CA 92503	33-0326090	501 c 3	35,485.				Child/youth at risk
RIVERSIDE AREA RAPE CRISIS 1845 CHICAGO AVE #1 RIVERSIDE, CA 92507	95-3245057	501 c 3	32,561.				Health care supportive services
SALVATION ARMY 3695 FIRST ST RIVERSIDE, CA 92501	33-0644995	501 c 3	52,887.				Basic subs & eco stab
SAN GORGONIO CHILD CARE 671 N FLORIDA, STE A BANNING, CA 92220	95-3775656	501 c 3	15,959.				Youth development
SECOND HARVEST FOOD BANK 2930-B JEFFERSON ST RIVERSIDE, CA 92504	33-0072922	501 c 3	47,321.				Basic subs & eco stab
THESSALONIKA P.O. BOX 890326 TEMECULA, CA 92589	95-3551068	501 c 3	10,778.				Domestic violence
VISITING NURSE ASSOCIATION 6235 RIVER CREST DR, STE L RIVERSIDE, CA 92507	95-1641973	501 c 3	14,405.				Health care supportive services
VOLUNTEER CENTER OF RIVERSIDE 2060 UNIVERSITY AVE #212 RIVERSIDE, CA 92507	95-2287250	501 c 3	72,076.				Community orgs & developmt



Supplemental Information to Form 990

2009

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE INLAND VALLEYS

Employer identification number

95-1742174

**Form 990, Part III, Line 1 - Organization Mission**

Because community matters, UWIV is committed to being a leader in facilitating a proactive culture of responsiveness to improve the quality of life in our communities in a united way" - UWIV wishes to facilitate the donor's desire to advance the common good. In this regard, we strive to act as a convener and facilitator who avoids partisan positions and works to achieve understanding and a unity of purpose in meeting the community's needs.

We do this by:

- \* raising funds for community needs
- \*funding organizations that are responding to identified community needs that meet stringent standards that protect the investment of donor dollars
- \*convening community organizations and businesses to work together on common goals
- \*and by working to mobilize the community around improving financial literacy, health, education and disaster preparedness and recovery

**Form 990, Part III, Line 4d - Other Program Services Description**

Distributions to programs and services that meet emergency or critical response needs including support of a California statewide 2-1-1 Information & Referral collaboration effort with other United Ways, and a California initiative to provide health insurance for at-risk children. In addition, this distribution also partially funded a two-year local needs assessment study to provide critical resource information to local education, government, medical and non profit sectors to use for evaluating the needs and funding of services in the next 3 to 5 years.

Name of the organization

UNITED WAY OF THE INLAND VALLEYS

Employer identification number

95-1742174

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Family relationship: Michael & Rebecca Goldware.

**Form 990, Part VI, Line 11 - Form 990 Review Process**

Form 990 is annually prepared by the auditors and staff and first presented to the independent Audit Committee for their review. It is then presented to the Finance Committee for review. Next, it goes to the Executive Committee for review.

Finally, it is presented and approved by the full Board of Directors

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

UWIV has a formal Code of Ethics that contains Conflict of Interest guidelines. The policy applies to both staff and governing volunteers. It identifies activities that may create a conflict of interest or the appearance of a conflict of interest.

Staff and volunteers are required to avoid these activities, and in the event that certain conflicting activities cannot be avoided, full disclosure must be made and governing volunteers must recuse themselves from applicable voting activity.

All employees and governing volunteers are required to certify a conflict of interest statement annually. Volunteers are asked to sign the statement annually during the February board of directors meeting. The signers will certify that there is no conflict of interest or disclose all potential conflicts of interest. The potential conflicts of interest will be reviewed by senior management and if deemed necessary, the Executive Committee.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

a. Executive compensation was determined by the Executive Committee acting as and Executive Compensation Committee without participation by the President/CEO. The baseline data for the compensation package was derived from comparable data provided by United Way Worldwide. The Executive Compensation Committee reviews the performance of the President/CEO annually and seeks input from staff, board members

Name of the organization

UNITED WAY OF THE INLAND VALLEYS

Employer identification number

95-1742174

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees (continued)**

and other stakeholders.

b. Senior management compensation was determined during hiring or promotion. These budgeted amounts have been approved by the Finance Committee and the Executive Committee.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

These documents are available to the general public upon request. Our audited financial statements and Federal form 990 are also available on our Web site.

DO NOT FILE

Name of the organization

UNITED WAY OF THE INLAND VALLEYS

Employer identification number

95-1742174

DO NOT FILE

ASSET DEPRECIATION SHORT REPORT

UNITED WAY Jun. 30, 2010

Sorted: ASSET A/C#  
Method: 1-BOOK-Std Conv Applied

Range: 1701 - 8100  
Include: All assets

Date	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 1701 - LAND</b>								
06/25/93	Land	LAND/ 7.00	75,720.13	0.00	75,720.13	0.00	0.00	0.00
Grand totals: 1701 - LAND (1 assets)			75,720.13	0.00	75,720.13	0.00	0.00	0.00
<b>ASSET A/C#: 1702 - BUILDING AND IMPROVEMENTS</b>								
06/25/93	Land improvements	SLP/15.00	45,298.28	0.00	45,298.28	45,298.28	0.00	45,298.28
06/25/93	Building Improvements	SLP/40.00	221,252.40	0.00	221,252.40	88,125.69	5,531.31	93,657.00
06/25/93	Building Shell	SLP/40.00	129,962.45	0.00	129,962.45	51,727.98	3,249.06	54,977.04
06/25/93	A/C and Heating System	SLP/10.00	33,429.00	0.00	33,429.00	33,429.00	0.00	33,429.00
08/14/98	Signage	SLP/15.00	5,094.82	0.00	5,094.82	3,693.71	339.85	4,033.36
01/22/01	Electrical outlets	SLP/15.00	1,840.00	0.00	1,840.00	1,042.69	122.67	1,165.36
10/30/01	External back door - steel	SLP/15.00	728.00	0.00	728.00	376.11	48.53	424.64
05/01/03	Air conditioning unit	SLMM/10.00	1,144.36	0.00	1,144.36	700.94	114.44	815.38
02/12/07	Monument sign in front lawn	SLP/15.00	1,736.40	0.00	1,736.40	279.75	115.76	395.51
02/12/07	Signage - logo on face of building	SLP/15.00	1,157.60	0.00	1,157.60	186.50	77.17	263.67
05/27/09	Data Cable Improvements	SLP/10.00	1,096.72	0.00	1,096.72	0.00	109.67	109.67
09/16/09 A	Data Cable	SLP/10.00	740.58	0.00	740.58	0.00	61.72	61.72
09/18/09 A	Repair Pavement	SLP/10.00	610.00	0.00	610.00	0.00	50.83	50.83
09/19/09 A	Electrical for Cubicals	SLP/10.00	550.00	0.00	550.00	0.00	45.83	45.83
09/19/09 A	Install Data Cable	SLP/10.00	1,598.48	0.00	1,598.48	0.00	133.21	133.21
Grand totals: 1702 - BUILDING AND IMPROVEMENTS (15 assets)			446,239.09	0.00	446,239.09	224,860.65	9,999.85	234,860.50
<b>ASSET A/C#: 1710 - OFFICE FURNITURE</b>								
06/30/85	Cabinet - 2 drawers	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	Table - rectangular	SLMM/ 5.00	45.00	0.00	45.00	45.00	0.00	45.00
06/30/85	12 Desks- 4 drawers	SLMM/ 5.00	1,615.54	0.00	1,615.54	1,615.54	0.00	1,615.54
06/30/85	1 Chairs- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Chair- secretary	SLMM/ 5.00	69.00	0.00	69.00	69.00	0.00	69.00
06/30/85	2 Bookcases - 4 shelves	SLMM/ 5.00	269.30	0.00	269.30	269.30	0.00	269.30
06/30/85	Table- folding	SLMM/ 5.00	86.00	0.00	86.00	86.00	0.00	86.00
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	Chair - executive	SLMM/ 5.00	185.75	0.00	185.75	185.75	0.00	185.75
06/30/85	Cabinet - 3 shelves locking	SLMM/ 5.00	115.00	0.00	115.00	115.00	0.00	115.00
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Desk - 2 drawers	SLMM/ 5.00	385.00	0.00	385.00	385.00	0.00	385.00
06/30/85 D	Credenza - 2 drawers with work spac	SLMM/ 5.00	95.00	0.00	95.00	95.00	0.00	95.00
06/30/85	1 Cabinet -3 shelves with lock	SLMM/ 5.00	115.00	0.00	115.00	115.00	0.00	115.00
06/30/85	Table - wood	SLMM/ 5.00	85.00	0.00	85.00	85.00	0.00	85.00
06/30/85	Desk - 5 drawers	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Chair- secretary with arms	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Desk- 3 drawers	SLMM/ 5.00	325.00	0.00	325.00	325.00	0.00	325.00
06/30/85	Cabinet - 3 shelves locking	SLMM/ 5.00	125.00	0.00	125.00	125.00	0.00	125.00
06/30/85	1 Cabinet- 3 shelves locking	SLMM/ 5.00	125.00	0.00	125.00	125.00	0.00	125.00
06/30/85	Chair- secretary with arms	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Credenza with PC workstation- 2 d	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	Chair- visitors with arms	SLMM/ 5.00	69.00	0.00	69.00	69.00	0.00	69.00
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Cabinet - metal 2 drawers	SLMM/ 5.00	105.65	0.00	105.65	105.65	0.00	105.65
06/30/85	Typewriter stand with wheels	SLMM/ 5.00	65.00	0.00	65.00	65.00	0.00	65.00
06/30/85	1 Couch	SLMM/ 5.00	295.00	0.00	295.00	295.00	0.00	295.00
06/30/85	1 Table- rectangular	SLMM/ 5.00	95.00	0.00	95.00	95.00	0.00	95.00
06/30/85	2 Chairs- visitors	SLMM/ 5.00	138.00	0.00	138.00	138.00	0.00	138.00
06/30/85	1 Cabinet- 2 drawers	SLMM/ 5.00	125.65	0.00	125.65	125.65	0.00	125.65
06/30/85	1 Cabinet- 2 drawer locking	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Chair- secretary with arms	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Cabinet- 8 drawers with work spac	SLMM/ 5.00	285.00	0.00	285.00	285.00	0.00	285.00
06/30/85	Bookcase - 5 shelves	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	Cabinet - 2 drawers fireproof locki	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65

ASSET DEPRECIATION SHORT REPORT  
 UNITED WAY Jun. 30, 2010

Sorted: ASSET A/C#  
 Method: 1-BOOK-Std Conv Applied

Range: 1701 - 8100  
 Include: All assets

Date	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 1710 - OFFICE FURNITURE</b>								
06/30/85	2 Chairs - secretary	SLMM/ 5.00	171.30	0.00	171.30	171.30	0.00	171.30
06/30/85	Cabinet - 3 drawers	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	File cabinet - 4 shelves locking	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Desk	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	Printer stand for monitor	SLMM/ 5.00	125.00	0.00	125.00	125.00	0.00	125.00
06/30/85	Cabinet- 2 door locking	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Paper cutter- Premiere	SLMM/ 5.00	85.00	0.00	85.00	85.00	0.00	85.00
06/30/85	1 Table- rectangular	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	File cabinets - 4 drawer	SLMM/ 5.00	1,604.57	0.00	1,604.57	1,604.57	0.00	1,604.57
06/30/85	File cabinet - lateral 4 drawer	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	11 Storage shelves	SLMM/ 5.00	1,481.16	0.00	1,481.16	1,481.16	0.00	1,481.16
06/30/85	File cabinet -2 drawer locking	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Bookcase - 6 shelves	SLMM/ 5.00	269.30	0.00	269.30	269.30	0.00	269.30
06/30/85	File cabinet - lateral 2 drawer	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	Bookcase - 5 shelves	SLMM/ 5.00	269.30	0.00	269.30	269.30	0.00	269.30
06/30/85	Credenza with P/C workstation -2 dr	SLMM/ 5.00	295.00	0.00	295.00	295.00	0.00	295.00
06/30/85	3 Chairs- visitors	SLMM/ 5.00	207.00	0.00	207.00	207.00	0.00	207.00
06/30/85	Credenza with 2 drawers	SLMM/ 5.00	275.00	0.00	275.00	275.00	0.00	275.00
06/30/85	File cabinet - 2 drawer fireproof	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Desk	SLMM/ 5.00	85.00	0.00	85.00	85.00	0.00	85.00
06/30/85	1 Bookcase- 5 shelves	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	2 Chairs with arms- visitors	SLMM/ 7.00	138.00	0.00	138.00	138.00	0.00	138.00
06/30/85	1 Desk- 3 drawers/ computer workpla	SLMM/ 5.00	275.00	0.00	275.00	275.00	0.00	275.00
06/30/85	1 Desk- 5 drawers with credenza	SLMM/ 5.00	395.00	0.00	395.00	395.00	0.00	395.00
06/30/85	Bookcase - 4 shelves	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Desk- jr. executive 2 drawers	SLMM/ 5.00	245.00	0.00	245.00	245.00	0.00	245.00
06/30/85	1 Chair with arms - visitors	SLMM/ 5.00	69.00	0.00	69.00	69.00	0.00	69.00
06/30/85	2 Chairs- visitors	SLMM/ 5.00	138.00	0.00	138.00	138.00	0.00	138.00
06/30/85	1 Credenza Cabinet- 2 drawers	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Desk with credenza	SLMM/ 5.00	295.00	0.00	295.00	295.00	0.00	295.00
06/30/85	1 Bookcase- 2 shelves	SLMM/ 5.00	114.65	0.00	114.65	114.65	0.00	114.65
06/30/85	Bookcases - 6 shelves	SLMM/ 5.00	269.30	0.00	269.30	269.30	0.00	269.30
06/30/85	Credenza - P/C workstation - 2 draw	SLMM/ 5.00	225.00	0.00	225.00	225.00	0.00	225.00
06/30/85	2 Bookcases- 5 shelves	SLMM/ 5.00	269.30	0.00	269.30	269.30	0.00	269.30
06/30/85	Table- round	SLMM/ 5.00	365.00	0.00	365.00	365.00	0.00	365.00
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 credenza - 4 drawers, 2 doors	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	1 Table- coffee	SLMM/ 5.00	95.00	0.00	95.00	95.00	0.00	95.00
06/30/85	1 Bookcase- 5 shelves	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	17 Chairs- conference	SLMM/ 5.00	1,615.00	0.00	1,615.00	1,615.00	0.00	1,615.00
06/30/85	2 Tables- conference	SLMM/ 5.00	808.74	0.00	808.74	808.74	0.00	808.74
06/30/85	File cabinet - 4 drawer	SLMM/ 5.00	145.89	0.00	145.89	145.89	0.00	145.89
06/30/85	File cabinet - 2 drawer locking	SLMM/ 5.00	105.65	0.00	105.65	105.65	0.00	105.65
06/30/85	1 Chair- Executive	SLMM/ 5.00	185.75	0.00	185.75	185.75	0.00	185.75
06/30/85	1 Chair- Executive	SLMM/ 5.00	185.75	0.00	185.75	185.75	0.00	185.75
06/30/85	1 File cabinet - lateral 2 drawer	SLMM/ 5.00	134.65	0.00	134.65	134.65	0.00	134.65
06/30/85	2 Metal storage units - 4 shelves	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 Table- folding (formica top)	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 Table - typewriter with wheels	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 Chair- secretary	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Chair- jr. executive	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Supply cabinet - 4 shelves lockin	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	D Chairs with arms- visitors	SLMM/ 5.00	138.00	0.00	138.00	138.00	0.00	138.00
06/30/85	Chair with arms - visitors	SLMM/ 5.00	69.00	0.00	69.00	69.00	0.00	69.00
06/30/85	1 Chair with arms- visitors	SLMM/ 5.00	69.00	0.00	69.00	69.00	0.00	69.00

ASSET DEPRECIATION SHORT REPORT

UNITED WAY Jun. 30, 2010

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 1701 - 8100

Include: All assets

Date	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 1710 - OFFICE FURNITURE</b>								
06/30/85	1 Shelf attached to the wall	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 Chair with arms- visitors	SLMM/ 5.00	85.65	0.00	85.65	85.65	0.00	85.65
06/30/85	1 Desk with credenza- 4 drawers	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 File cabinet - 3 drawer	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	Bookcase - 5 Shelves	SLP/10.00	0.00	0.00	0.00	0.00	0.00	0.00
10/01/87	1Chair-secretary	SLMM/ 3.00	60.00	0.00	60.00	60.00	0.00	60.00
10/31/88	1 Chair- Queen Anne	SLMM/ 3.00	327.24	0.00	327.24	327.24	0.00	327.24
10/31/88	Credenza with 8 drawers	SLMM/ 3.00	499.79	0.00	499.79	499.79	0.00	499.79
03/01/90	1 Desk - 4 drawer	SLMM/ 5.00	723.90	0.00	723.90	723.90	0.00	723.90
03/01/90	4 chairs- visitors	SLMM/ 5.00	1,059.77	0.00	1,059.77	1,059.77	0.00	1,059.77
03/01/90	1 Table- round with glass top	SLMM/ 5.00	377.00	0.00	377.00	377.00	0.00	377.00
03/01/90	Bookcase - 6 shelves	SLMM/ 5.00	75.00	0.00	75.00	75.00	0.00	75.00
03/01/90	1 Table- oval	SLMM/ 5.00	175.00	0.00	175.00	175.00	0.00	175.00
03/01/90	1 Desk with credenza	SLMM/ 5.00	184.28	0.00	184.28	184.28	0.00	184.28
03/01/90	Desk - 3 drawers with credenza	SLMM/ 5.00	184.25	0.00	184.25	184.25	0.00	184.25
03/01/90	Bookcase- 5 shelves	SLMM/ 5.00	71.71	0.00	71.71	71.71	0.00	71.71
03/01/90	1 Bookcase - 5 shelves	SLMM/ 5.00	71.71	0.00	71.71	71.71	0.00	71.71
03/01/90	1 Partition	SLMM/ 5.00	415.08	0.00	415.08	415.08	0.00	415.08
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	1,245.24	0.00	1,245.24	1,245.24	0.00	1,245.24
03/01/90	1 Partition	SLMM/ 5.00	1,245.24	0.00	1,245.24	1,245.24	0.00	1,245.24
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	830.15	0.00	830.15	830.15	0.00	830.15
03/01/90	1 Partition	SLMM/ 5.00	415.08	0.00	415.08	415.08	0.00	415.08
03/01/90	Bookcase - 5 shelves	SLMM/ 5.00	71.71	0.00	71.71	71.71	0.00	71.71
03/01/90	1 Bookcase - 5 shelves	SLMM/ 5.00	71.71	0.00	71.71	71.71	0.00	71.71
03/01/90	5 Chairs- Jr. executive with arms	SLMM/ 5.00	500.00	0.00	500.00	500.00	0.00	500.00
02/28/94	3 Chairs - stackable	SLMM/ 5.00	973.46	0.00	973.46	973.46	0.00	973.46
02/28/94	6 Tables- folding	SLMM/ 5.00	389.38	0.00	389.38	389.38	0.00	389.38
04/30/96	Whiteboard - conference	SLMM/ 5.00	218.19	0.00	218.19	218.19	0.00	218.19
09/30/96	Whiteboard	SLMM/ 5.00	230.32	0.00	230.32	230.32	0.00	230.32
01/23/98	Table - round with glass (donated b	SLMM/ 5.00	100.00	0.00	100.00	100.00	0.00	100.00
01/23/98	1 Bookcase 3'x7'-6shelves (donated	SLMM/ 5.00	125.00	0.00	125.00	125.00	0.00	125.00
01/23/98	1 Table-rectangular (CLT donated)	SLMM/ 5.00	50.00	0.00	50.00	50.00	0.00	50.00
01/23/98	File cabinet - 4 drawer	SLMM/ 5.00	75.00	0.00	75.00	75.00	0.00	75.00
01/23/98	Table-metal with woodgrain top (don	SLMM/ 5.00	50.00	0.00	50.00	50.00	0.00	50.00
01/23/98	2 Tables-round, red color	SLMM/ 5.00	100.00	0.00	100.00	100.00	0.00	100.00
07/16/99	1 Chair- secretary (mid back task)	SLMM/ 5.00	109.70	0.00	109.70	109.70	0.00	109.70
07/16/99	1 Chair- mid back task	SLMM/ 5.00	109.70	0.00	109.70	109.70	0.00	109.70
09/10/99	7 Panel desk dividers	SLMM/ 5.00	655.98	0.00	655.98	655.98	0.00	655.98
02/11/00	1 Cubicle divider	SLMM/ 5.00	279.24	0.00	279.24	279.24	0.00	279.24
05/19/00	1 Fruitwood modular furniture-Fred	SLMM/ 5.00	1,064.42	0.00	1,064.42	1,064.42	0.00	1,064.42
05/31/00	1 File cabinet - 4 drawer locking	SLMM/ 5.00	161.61	0.00	161.61	161.61	0.00	161.61
12/12/00	1 Drawer rolling file cabinet	SLMM/ 7.00	195.54	0.00	195.54	195.54	0.00	195.54
08/01/01	Modular furniture with cloth panels	SLMM/ 5.00	2,719.25	0.00	2,719.25	2,719.25	0.00	2,719.25
12/12/01	Executive chair - burgundy	SLMM/ 7.00	162.88	0.00	162.88	162.88	0.00	162.88
12/12/01	Executive chair - burgundy	SLMM/ 7.00	162.87	0.00	162.87	162.87	0.00	162.87
01/25/02	Executive high back chair	SLMM/ 7.00	244.25	0.00	244.25	244.25	0.00	244.25
02/01/02	Cherry computer cart	SLMM/ 7.00	107.74	0.00	107.74	107.74	0.00	107.74
02/07/02	Navy executive lumbar pump chair-Pa	SLMM/ 7.00	159.92	0.00	159.92	159.92	0.00	159.92
02/07/02	Navy side arm chair-Pat	SLMM/ 7.00	125.62	0.00	125.62	125.62	0.00	125.62
02/07/02	Navy side arm chair-Pat	SLMM/ 7.00	125.62	0.00	125.62	125.62	0.00	125.62
05/07/02	Navy executive chair	SLMM/ 7.00	148.32	0.00	148.32	148.32	0.00	148.32
06/07/02	2 drawer lateral cherry file cabine	SLMM/ 7.00	161.61	0.00	161.61	161.61	0.00	161.61

ASSET DEPRECIATION SHORT REPORT

UNITED WAY Jun. 30, 2010

Sorted: ASSET A/C#  
Method: 1-BOOK-Std Conv Applied

Range: 1701 - 8100  
Include: All assets

Date	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 1710 - OFFICE FURNITURE</b>								
06/14/02	3 drawer cherry file cabinet	SLMM/ 7.00	204.99	0.00	204.99	204.99	0.00	204.99
07/12/02	High back manager chair-Roger	SLMM/ 7.00	130.88	0.00	130.88	130.88	0.00	130.88
12/22/03	Modular furniture - Debbie	SLMM/ 7.00	1,918.88	0.00	1,918.88	1,519.13	274.13	1,793.26
10/13/09 A	Dual Compartment Drop Safe	SLP/10.00	631.06	0.00	631.06	0.00	47.33	47.33
Grand totals: 1710 - OFFICE FURNITURE (154 assets)			44,575.34	0.00	44,575.34	43,544.53	321.46	43,865.99
Less: 2 Disposed assets (Current Depreciation: \$0.00)			233.00	0.00	233.00	233.00		233.00
Net totals: 1710 - OFFICE FURNITURE (152 assets)			44,342.34	0.00	44,342.34	43,311.53	321.46	43,632.99
<b>ASSET A/C#: 1712 - OFFICE EQUIPMENT</b>								
08/01/87	1 NCI postage scale machine	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
05/01/88	Typewriter- IBM selectric II	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
05/31/95	Brother P-touch XL30 label machine	SLMM/ 5.00	308.52	0.00	308.52	308.52	0.00	308.52
10/05/95	1 Straight cut shredder	SLMM/ 3.00	216.40	0.00	216.40	216.40	0.00	216.40
10/06/95 D	1 Minolta 4050 copier	SLMM/ 5.00	10,344.00	0.00	10,344.00	10,344.00	0.00	10,344.00
11/30/95	Standard punch & binding machine	SLMM/ 3.00	324.93	0.00	324.93	324.93	0.00	324.93
01/01/97	Credit card machine	SLMM/ 5.00	465.93	0.00	465.93	465.93	0.00	465.93
08/18/97	Television - Zenith	SLMM/ 5.00	385.16	0.00	385.16	385.16	0.00	385.16
08/20/97	1 J.V.C. VCR	SLMM/ 5.00	172.39	0.00	172.39	172.39	0.00	172.39
05/21/98	1 G.E. refrigerator - Temecula	SLMM/ 5.00	161.61	0.00	161.61	161.61	0.00	161.61
08/31/98	1 Eiki hi-intensity overhead projec	SLMM/ 5.00	544.74	0.00	544.74	544.74	0.00	544.74
10/31/98	1 Anchor ensign lectern ac/dc	SLMM/ 5.00	787.04	0.00	787.04	787.04	0.00	787.04
03/31/99	1 Canon copy machine - Temecula	SLMM/ 5.00	506.84	0.00	506.84	506.84	0.00	506.84
04/30/99	1 Fax machine - Sharp UX 178	SLMM/ 5.00	107.74	0.00	107.74	107.74	0.00	107.74
10/31/99	1 G.E. refrigerator with ice maker	SLMM/ 5.00	859.52	0.00	859.52	859.52	0.00	859.52
05/12/00	4 Exit signs	SLMM/ 7.00	1,075.75	0.00	1,075.75	1,075.75	0.00	1,075.75
09/13/00	In Focus projector for laptop	SLMM/ 5.00	5,293.76	0.00	5,293.76	5,293.76	0.00	5,293.76
05/31/01	Sears Kenmore dishwasher	SLMM/ 5.00	282.09	0.00	282.09	282.09	0.00	282.09
08/1/01	Projection screen - wall mount	SLMM/ 7.00	121.96	0.00	121.96	121.96	0.00	121.96
10/31/01 D	Minolta digital copier 550	SLMM/ 7.00	14,000.00	0.00	14,000.00	14,000.00	0.00	14,000.00
01/10/02	Nikon digital camera-Coolpix 885	SLMM/ 5.00	646.62	0.00	646.62	646.62	0.00	646.62
06/24/03	Premier instant letter folder model	SLMM/ 5.00	201.22	0.00	201.22	201.22	0.00	201.22
10/11/04	Verizon telephone system-Norstar	SLMM/ 5.00	16,826.47	0.00	16,826.47	15,844.91	981.56	16,826.47
07/23/05	Dell 4100MP projector	SLMM/ 5.00	1,905.03	0.00	1,905.03	1,508.16	381.01	1,889.17
09/16/09 A	E-Z Up	SLP/10.00	1,266.67	0.00	1,266.67	0.00	105.56	105.56
09/16/09 A	E-Z Up	SLP/10.00	1,266.67	0.00	1,266.67	0.00	105.56	105.56
09/16/09 A	E-Z Up	SLP/10.00	1,266.66	0.00	1,266.66	0.00	105.56	105.56
09/16/09 A	E-Z Up	SLP/10.00	1,266.66	0.00	1,266.66	0.00	105.56	105.56
Grand totals: 1712 - OFFICE EQUIPMENT (28 assets)			60,604.38	0.00	60,604.38	54,159.29	1,784.81	55,944.10
Less: 2 Disposed assets (Current Depreciation: \$0.00)			24,344.00	0.00	24,344.00	24,344.00		24,344.00
Net totals: 1712 - OFFICE EQUIPMENT (26 assets)			36,260.38	0.00	36,260.38	29,815.29	1,784.81	31,600.10
<b>ASSET A/C#: 1715 - COMPUTER HARDWARE</b>								
08/04/97 D	HP deskjet 720C printer	SLMM/ 5.00	290.91	0.00	290.91	290.91	0.00	290.91
02/27/98	Hewlett Packard printer 672C-Kari	SLMM/ 5.00	215.49	0.00	215.49	215.49	0.00	215.49
12/31/98 D	HP Deskjet printer 855 C	SLMM/ 5.00	160.55	0.00	160.55	160.55	0.00	160.55
03/31/99	16 Data drop cables	SLMM/ 5.00	1,360.00	0.00	1,360.00	1,360.00	0.00	1,360.00
03/31/99	Intel Pentium II 350 mhz PC-Debbie	SLMM/ 5.00	1,542.61	0.00	1,542.61	1,542.61	0.00	1,542.61
03/31/99	Intel Pentium II computer-Eva	SLMM/ 5.00	1,542.60	0.00	1,542.60	1,542.60	0.00	1,542.60
03/31/99	Intel Pentium II 350 mhz PC-DK	SLMM/ 5.00	1,542.60	0.00	1,542.60	1,542.60	0.00	1,542.60
03/31/99	1 Compaq Proliant 800 Pentium II se	SLMM/ 5.00	15,791.89	0.00	15,791.89	15,791.89	0.00	15,791.89
04/30/99	1 Internal zip drive	SLMM/ 5.00	107.74	0.00	107.74	107.74	0.00	107.74
04/30/99	HP laser jet 4000n printer with 500	SLMM/ 5.00	1,853.30	0.00	1,853.30	1,853.30	0.00	1,853.30
04/30/99	HP laser jet 4000tn printer with en	SLMM/ 5.00	2,000.92	0.00	2,000.92	2,000.92	0.00	2,000.92
04/30/99	1 Intel Pentium II 350 mhz PC-Bill	SLMM/ 5.00	1,174.48	0.00	1,174.48	1,174.48	0.00	1,174.48
04/30/99	1 Intel Pentium II 350 mhz PC-Elain	SLMM/ 5.00	1,174.47	0.00	1,174.47	1,174.47	0.00	1,174.47
12/17/99	1 HP 722 printer - RD&P	SLMM/ 5.00	70.04	0.00	70.04	70.04	0.00	70.04
04/22/00	1 Pavilion 6640 computer/monitor-K	SLMM/ 5.00	923.61	0.00	923.61	923.61	0.00	923.61
07/1/00	1 HP CD writer	SLMM/ 5.00	215.49	0.00	215.49	215.49	0.00	215.49

ASSET DEPRECIATION SHORT REPORT

UNITED WAY Jun. 30, 2010

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 1701 - 8100

Include: All assets

Date	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 1715 - COMPUTER HARDWARE</b>								
08/12/00	D Compaq 17" monitor	SLMM/ 5.00	161.63	0.00	161.63	161.63	0.00	161.63
08/31/00	Pentium III 500 computer-Outside DK	SLMM/ 5.00	862.00	0.00	862.00	862.00	0.00	862.00
09/11/00	Dell laptop computer	SLMM/ 5.00	2,573.30	0.00	2,573.30	2,573.30	0.00	2,573.30
07/13/01	HP external CD-writer 8230E	SLMM/ 5.00	193.49	0.00	193.49	193.49	0.00	193.49
08/01/01	Pentium III 800 mhz PC - NAP	SLMM/ 5.00	892.25	0.00	892.25	892.25	0.00	892.25
08/01/01	D HP Deskjet printer 1220C	SLMM/ 5.00	408.49	0.00	408.49	408.49	0.00	408.49
09/20/01	Computer parts for backup computer	SLMM/ 5.00	350.00	0.00	350.00	350.00	0.00	350.00
09/28/01	HP Deskjet 932C printer - Debbie	SLMM/ 5.00	125.77	0.00	125.77	125.77	0.00	125.77
10/21/01	Intel Pentium IV computer - Debbie	SLMM/ 5.00	1,044.90	0.00	1,044.90	1,044.90	0.00	1,044.90
10/21/01	Computer 17" monitor - Debbie	SLMM/ 5.00	161.25	0.00	161.25	161.25	0.00	161.25
05/31/02	Firewall for main server-Ultimate I	SLMM/ 5.00	1,245.00	0.00	1,245.00	1,245.00	0.00	1,245.00
06/10/02	Computer upgrade main server-Window	SLMM/ 5.00	5,286.71	0.00	5,286.71	5,286.71	0.00	5,286.71
07/18/02	2.0 Gig PIV computer	SLMM/ 5.00	942.81	0.00	942.81	942.81	0.00	942.81
07/18/02	1.6 Gig PIV computer upgrade - Bill	SLMM/ 5.00	506.43	0.00	506.43	506.43	0.00	506.43
08/01/02	2.0 Gig PIV computer - Debbie	SLMM/ 5.00	942.81	0.00	942.81	942.81	0.00	942.81
08/01/02	2.0 Gig PIV computer - Cheryl	SLMM/ 5.00	942.81	0.00	942.81	942.81	0.00	942.81
08/01/02	2.0 Gig PIV computer - Nery	SLMM/ 5.00	942.81	0.00	942.81	942.81	0.00	942.81
08/01/02	1.6 Gig PIV computer upgrade - Eva	SLMM/ 5.00	506.43	0.00	506.43	506.43	0.00	506.43
08/01/02	1.6 Gig PIV computer upgrade - Roge	SLMM/ 5.00	689.59	0.00	689.59	689.59	0.00	689.59
08/01/02	1.6 Gig PIV computer upgrade - Elai	SLMM/ 5.00	689.59	0.00	689.59	689.59	0.00	689.59
08/01/02	HP 1220C ink jet printer	SLMM/ 5.00	430.99	0.00	430.99	430.99	0.00	430.99
09/12/02	HP ink jet 960C printer - Kevin	SLMM/ 5.00	215.49	0.00	215.49	215.49	0.00	215.49
09/15/02	Computer for SQL server software	SLMM/ 5.00	12,046.93	0.00	12,046.93	12,046.93	0.00	12,046.93
02/11/03	HP ink jet 1220C printer	SLMM/ 5.00	430.99	0.00	430.99	430.99	0.00	430.99
06/16/03	HP deskjet 1220CSE printer - Kari	SLMM/ 5.00	330.99	0.00	330.99	330.99	0.00	330.99
08/07/03	Pentium IV 2.66 Gig computer - Mark	SLMM/ 5.00	1,138.77	0.00	1,138.77	1,138.77	0.00	1,138.77
09/10/03	Pentium IV 2.4 Gig computer - Kari	SLMM/ 5.00	914.65	0.00	914.65	914.65	0.00	914.65
09/2	Pentium IV 2.4 Gig computer - Becky	SLMM/ 5.00	688.47	0.00	688.47	688.47	0.00	688.47
09/29/03	Pentium IV 2.4 Gig computer - Fred	SLMM/ 5.00	774.04	0.00	774.04	774.04	0.00	774.04
09/24/04	Pentium IV 2.26 gig - Becky's compu	SLMM/ 5.00	688.26	0.00	688.26	659.57	28.69	688.26
07/12/05	New server for accounting-Data Pro	SLMM/ 5.00	1,023.27	0.00	1,023.27	810.08	204.65	1,014.73
07/23/05	Laptop computer-Dell Pentium M760	SLMM/ 5.00	2,125.34	0.00	2,125.34	1,682.57	425.07	2,107.64
11/12/05	HP color laser printer	SLMM/ 5.00	4,216.67	0.00	4,216.67	3,057.07	843.33	3,900.40
07/15/06	Pentium D computer 3 gig - Kevin	SLMM/ 5.00	1,549.45	0.00	1,549.45	916.76	309.89	1,226.65
07/31/06	Pentium 4 computer 2.8 gig - Pat	SLMM/ 5.00	1,095.44	0.00	1,095.44	648.14	219.09	867.23
08/11/06	Tape drive for server	SLMM/ 5.00	1,756.24	0.00	1,756.24	1,009.84	351.25	1,361.09
09/15/06	Exchange server	SLMM/ 5.00	7,540.43	0.00	7,540.43	4,210.08	1,508.09	5,718.17
02/05/07	Firewall server for Murrieta office	SLMM/ 5.00	1,210.88	0.00	1,210.88	575.18	242.18	817.36
07/08/07	Laptop for Jeanette	SLP/ 5.00	709.99	0.00	709.99	284.00	142.00	426.00
07/31/07	New sequel server plus setup	SLMM/ 5.00	10,753.67	0.00	10,753.67	4,211.85	2,150.73	6,362.58
08/24/07	Computer workstation for D. Karrer	SLMM/ 5.00	1,129.84	0.00	1,129.84	423.69	225.97	649.66
11/15/07	Computer Workstation for Jeanette	SLP/ 5.00	584.01	0.00	584.01	194.67	116.80	311.47
07/28/08	17" Pavilion Notebook PC	SLP/ 5.00	724.63	0.00	724.63	144.93	144.93	289.86
Grand totals: 1715 - COMPUTER HARDWARE (59 assets)			101,514.21	0.00	101,514.21	85,234.52	6,912.67	92,147.19
Less: 4 Disposed assets (Current Depreciation: \$0.00)			1,021.58	0.00	1,021.58	1,021.58		1,021.58
Net totals: 1715 - COMPUTER HARDWARE (55 assets)			100,492.63	0.00	100,492.63	84,212.94	6,912.67	91,125.61
<b>ASSET A/C#: 1720 - COMPUTER SOFTWARE</b>								
11/20/92	R Base III software	SLMM/ 5.00	560.30	0.00	560.30	560.30	0.00	560.30
08/02/95	Arcview 2.1 software	SLMM/ 5.00	1,858.69	0.00	1,858.69	1,858.69	0.00	1,858.69
02/28/99	Data Pro accounts payable software	SLMM/ 5.00	2,995.00	0.00	2,995.00	2,995.00	0.00	2,995.00
02/28/99	Data Pro general ledger software	SLMM/ 5.00	2,995.00	0.00	2,995.00	2,995.00	0.00	2,995.00
02/28/99	Corel Draw software (net of rebates)	SLMM/ 5.00	115.49	0.00	115.49	115.49	0.00	115.49
02/28/99	PC Anywhere software	SLMM/ 5.00	129.29	0.00	129.29	129.29	0.00	129.29
06/30/99	Data Pro G/L and A/P data conversi	SLMM/ 5.00	1,800.00	0.00	1,800.00	1,800.00	0.00	1,800.00
07/06/99	Adobe Pagemaker software	SLMM/ 5.00	114.17	0.00	114.17	114.17	0.00	114.17
09/	11 97 Microsoft Office software	SLMM/ 5.00	1,071.95	0.00	1,071.95	1,071.95	0.00	1,071.95

ASSET DEPRECIATION SHORT REPORT  
 UNITED WAY Jun. 30, 2010

Sorted: ASSET A/C#  
 Method: 1-BOOK-Std Conv Applied

Range: 1701 - 8100  
 Include: All assets

Date	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 1720 - COMPUTER SOFTWARE</b>								
06/15/00	Asset Keeper software	SLMM/ 5.00	449.00	0.00	449.00	449.00	0.00	449.00
08/02/00	Front Page software	SLMM/ 5.00	140.04	0.00	140.04	140.04	0.00	140.04
09/29/00	UWCMS software and conversion	SLMM/ 5.00	4,000.00	0.00	4,000.00	4,000.00	0.00	4,000.00
09/30/01	Compass II software	SLMM/ 3.00	1,000.00	0.00	1,000.00	1,000.00	0.00	1,000.00
02/26/02	Adobe Illustrator 10.0 software	SLMM/ 5.00	435.60	0.00	435.60	435.60	0.00	435.60
02/26/02	Adobe Photoshop 6.0 software	SLMM/ 5.00	158.30	0.00	158.30	158.30	0.00	158.30
09/03/02	SQL server and Windows 2000 softwar	SLMM/ 5.00	1,785.99	0.00	1,785.99	1,785.99	0.00	1,785.99
09/03/02	Backup software for servers	SLMM/ 5.00	1,796.37	0.00	1,796.37	1,796.37	0.00	1,796.37
09/03/02	License fees for Office 2000	SLMM/ 5.00	1,010.00	0.00	1,010.00	1,010.00	0.00	1,010.00
09/12/02	Print Shop Deluxe software	SLMM/ 5.00	221.94	0.00	221.94	221.94	0.00	221.94
08/16/03	Quark software for Nikyah	SLMM/ 3.00	569.23	0.00	569.23	569.23	0.00	569.23
10/20/06	Andar software	SLMM/ 3.00	30,349.32	0.00	30,349.32	27,398.69	2,950.63	30,349.32
06/01/08	Data Pro Upgrade	SLP/ 3.00	2,700.00	0.00	2,700.00	975.00	900.00	1,875.00
06/30/08	Etrust Antivirus Software	SLP/ 3.00	571.08	0.00	571.08	206.22	190.36	396.58
11/01/08	Andar Standard M Module	SLP/ 3.00	2,000.00	0.00	2,000.00	444.44	666.67	1,111.11
06/30/10 A	Andar e-Pledge Module	SLP/10.00	5,000.00	0.00	5,000.00	0.00	41.67	41.67
Grand totals: 1720 - COMPUTER SOFTWARE (25 assets)			63,826.76	0.00	63,826.76	52,230.71	4,749.33	56,980.04
<b>ASSET A/C#: 8100 - OTHER SUPPLIES</b>								
06/30/85	1 Ladder- 6 feet tall	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 Hand truck (dolly)	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	1 Table- 2 shelves (rolling)	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
06/30/85	Piano dolly	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
12/04/00	HP ink jet 722C printer - donated b	SLMM/ 5.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand totals: 8100 - OTHER SUPPLIES (5 assets)			0.00	0.00	0.00	0.00	0.00	0.00
Grand totals for all accounts: (287 assets)			792,479.91	0.00	792,479.91	460,029.70	23,768.12	483,797.82
Assets: 8 Disposed assets (Current Depreciation: \$0.00)			25,598.58	0.00	25,598.58	25,598.58		25,598.58
Totals for all accounts: (279 assets)			766,881.33	0.00	766,881.33	434,431.12	23,768.12	458,199.24

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	792,479.91	0.00	0.00	792,479.91	460,029.70	23,768.12	483,797.82	308,682.09
Less: Inactive Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Disposed Assets	25,598.58	0.00	0.00	25,598.58	25,598.58	0.00	25,598.58	0.00
Traded Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Totals (Active Assets)	766,881.33	0.00	0.00	766,881.33	434,431.12	23,768.12	458,199.24	308,682.09