

**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)

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> UNITED WAY OF THE QUAD CITIES AREA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3247 E 35TH STREET COURT City or town, state or country, and ZIP + 4 DAVENPORT, IA 52807-2501	<b>D Employer identification number</b> 36-2725960
		<b>E Telephone number</b> (563) 355-4310	<b>G Gross receipts \$</b> 10,215,439.
		<b>F Name and address of principal officer:</b> SCOTT CRANE 3247 E 35TH STREET CT, DAVENPORT, IA 52807	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c) Group exemption number</b> ▶
		<b>J Website:</b> ▶ WWW.UNITEDWAYQC.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1972 <b>M State of legal domicile:</b> IA

Part I Summary					
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY FOCUSES COMMUNITY RESOURCES TO ADDRESS THE MOST IMPORTANT COMMUNITY NEEDS.</b>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	23	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
	<b>5</b>	Total number of employees (Part V, line 2a)	5	34	
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	3060	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	9,109,473.	9,140,970.
<b>9</b>		Program service revenue (Part VIII, line 2g)	231,790.	532,189.	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,073.	135,547.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,148.	8,260.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,731,484.	9,816,966.	
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,869,248.	7,130,742.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,161,023.	1,988,642.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 804,263.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	831,338.	743,897.	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,861,609.	9,863,281.	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	869,875.	-46,315.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	8,894,331.	8,623,500.	
	<b>21</b>	Total liabilities (Part X, line 26)	5,418,529.	5,385,655.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,475,802.	3,237,845.	

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.			
<b>Sign Here</b>	Signature of officer _____ <b>SCOTT CRANE, PRESIDENT</b> Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 CARPENTIER, MITCHELL, GODDARD & CO., LLC 4915 21ST AVENUE A MOLINE, IL 61265	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ (309) 762-3626

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO IMPROVE LIVES AND MAKE A POSITIVE IMPACT IN OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES.

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

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

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 \$ 7,130,742. including grants of \$ ) (Revenue \$ ) RESOURCE DEVELOPMENT AND MAJOR GIFTS - THE UNITED WAY EFFICIENTLY AND EFFECTIVELY RAISES THE MAXIMUM AMOUNT OF FUNDS FROM EMPLOYEES, BUSINESSES, INDIVIDUALS, LABOR MEMBERS, AND FOUNDATIONS TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN THE QUAD CITIES AREA. IN ADDITION, THE ORGANIZATION IS BUILDING AN ENDOWMENT TO HELP GUARANTEE QUALITY OF LIFE IN THE COMMUNITY FOR THE FUTURE.

4b (Code: ) (Expenses \$ 493,901. including grants of \$ ) (Revenue \$ ) COMMUNITY INVESTMENT AND INITIATIVES - THE UNITED WAY ENSURES THAT COMMUNITY CARE CONTRIBUTIONS ARE INVESTED IN SEVERAL TARGETED PRIORITIES TO MAXIMIZE THE IMPACT IN THE QUAD CITY AREA. ALLOCABLE COMMUNITY CARE FUNDS ARE DISTRIBUTED THROUGH A VOLUNTEER REVIEW PROCESS WHEREBY LOCAL VOLUNTEERS ASSESS PROGRAMS AND RECOMMEND FUND ALOCATIONS TO THE ORGANIZATION'S EXECUTIVE BOARD. THE INITIATIVES PROGRAM CREATES LONG-LASTING CHANGES THAT PREVENT PROBLEMS FROM HAPPENING IN THE FIRST PLACE BY LEADING A BIRTH-TO-WORK COMMUNITY AGENDA TO PREPARE ALL YOUTH FOR SUCCESS IN SCHOOL AND IN LIFE. BY FOCUSING RESOURCES AND THE COMMUNITY ON YOUNG PEOPLE, THE ORGANIZATION ATTEMPTS TO MAKE THE GREATEST IMPACT POSSIBLE. THE UWQCA ALSO WORKS WITH VOLUNTEERS/PARTNERS TO DEVELOP/SUPPORT INITIATIVES TO ACHIEVE GREATER COMMUNITY IMPACT.

4c (Code: ) (Expenses \$ 209,226. including grants of \$ ) (Revenue \$ ) 2-1-1 - A FREE AND CONFIDENTIAL INFORMATION AND REFERRAL SERVICE OF THE UNITED WAY OF THE QUAD CITIES AREA. BY SIMPLY DIALING 211 CALLERS CAN SPEAK WITH A LIVE INFORMATION SPECIALIST WHO LISTENS TO THEIR NEEDS, ASSESSES THEIR SITUATION, AND HELPS THEM MAKE THE MOST INFORMED DECISIONS ABOUT THEIR NEXT STEPS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 226,612. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 8,060,481. (Must equal Part IX, Line 25, column (B).)

**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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13	Is the organization a school as 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 U.S.? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....		X
24a	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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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</b>	<b>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

Form 990 (2008)

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

		Yes	No
<b>1a</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		
	74		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</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		
	34		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</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>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		23
<b>b</b>	Enter the number of voting members that are independent .....		22
<b>2</b>	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? .....	X	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	X	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	X	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</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? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	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**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....	X	
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	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
<b>b</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. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD WIDDEL - (563) 344-0340**  
**3247 E 35TH STREET COURT, DAVENPORT, IA 52807-2501**

**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**

1a Complete this table for all persons required to be listed. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
LISA CHARNITZ DIRECTOR	1.00	X					0.	0.	0.	
BETSY BRANDSGARD DIRECTOR	1.00	X					0.	0.	0.	
SCOTT BULL DIRECTOR	1.00	X					0.	0.	0.	
REBECCA GIMBEL DIRECTOR	1.00	X					0.	0.	0.	
AMY CRIST DIRECTOR	1.00	X					0.	0.	0.	
PAUL GARCIA DIRECTOR	1.00	X					0.	0.	0.	
MIKE O'BRIEN DIRECTOR	1.00	X					0.	0.	0.	
CYNTHIA GREEN DIRECTOR	1.00	X					0.	0.	0.	
DALE DOLLENBACHER DIRECTOR	1.00	X					0.	0.	0.	
BETSY PRATT DIRECTOR	1.00	X					0.	0.	0.	
SARAH JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
JOE JUDGE DIRECTOR	1.00	X					0.	0.	0.	
SKIP MCGILL DIRECTOR	1.00	X					0.	0.	0.	
MATT PAPPAS DIRECTOR	1.00	X					0.	0.	0.	
ED ROGALSKI DIRECTOR	1.00	X					0.	0.	0.	
JOHN RICHES DIRECTOR	1.00	X					0.	0.	0.	
BERLINDA TYLER-JAMISON DIRECTOR	1.00	X					0.	0.	0.	

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

(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			
JEFF VANECHAUTE DIRECTOR	1.00	X						0.	0.	0.
RICH WEHRHEIM DIRECTOR	1.00	X						0.	0.	0.
CATHIE WHITESIDE DIRECTOR	1.00	X						0.	0.	0.
JOHN WHITE DIRECTOR	1.00	X						0.	0.	0.
KELLY WILLET DIRECTOR	1.00	X						0.	0.	0.
SUSAN ZELNIO DIRECTOR	1.00	X						0.	0.	0.
MAUREEN HART DIRECTOR	1.00	X						0.	0.	0.
MARIE ZIEGLER DIRECTOR	1.00	X						0.	0.	0.
MARK BURTON DIRECTOR	1.00	X						0.	0.	0.
DAVE GREEN INCOMING CHAIR	1.00			X				0.	0.	0.
<b>1b Total</b>								272,523.	0.	38,326.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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 those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9140970.			
	g	Noncash contributions included in lines 1a-1f: \$		26,723.			
	h	<b>Total.</b> Add lines 1a-1f		9,140,970.			
Program Service Revenue	2 a	FLOOD RELIEF	Business Code 624200	221,604.	221,604.		
	b	IMAGINATION LIBRARY	611710	113,489.	113,489.		
	c	ACHIEVE QUAD CITIES	900099	50,700.	50,700.		
	d	10KQC	900099	36,248.	36,248.		
	e	EARNED INCOME TAX CRED	541200	30,000.	30,000.		
	f	All other program service revenue	900099	80,148.	80,148.		
	g	<b>Total.</b> Add lines 2a-2f		532,189.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		169,338.		169,338.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	8,260.	8,260.			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		8,260.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,816,966.	506,658.	0.	169,338.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	7,130,742.	7,130,742.		
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 .....	396,143.	148,008.	142,322.	105,813.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	887,345.	378,829.	279,771.	228,745.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	554,703.	165,369.	233,842.	155,492.
9 Other employee benefits .....	71,736.	21,387.	30,241.	20,108.
10 Payroll taxes .....	78,715.	33,681.	24,518.	20,516.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1,253.	213.	378.	662.
c Accounting .....	12,200.	2,070.	3,683.	6,447.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	7,240.		7,240.	
g Other .....	47,542.	8,068.	14,350.	25,124.
12 Advertising and promotion .....	128,985.	12,674.	42,439.	73,872.
13 Office expenses .....	98,353.	29,868.	29,072.	39,413.
14 Information technology .....	24,422.	4,144.	7,372.	12,906.
15 Royalties .....				
16 Occupancy .....	118,778.	47,166.	37,608.	34,004.
17 Travel .....	32,975.	13,813.	5,789.	13,373.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	23,432.	8,336.	6,348.	8,748.
20 Interest .....				
21 Payments to affiliates .....	97,320.	520.	95,930.	870.
22 Depreciation, depletion, and amortization .....	30,242.	9,333.	17,384.	3,525.
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 <b>MISCELLANEOUS</b> .....	47,805.	19,998.	16,527.	11,280.
b <b>SPONSORSHIP EXPENSE</b> .....	40,027.			40,027.
c <b>WISH LIST EXPENSE</b> .....	12,661.	12,661.		
d <b>EQUIPMENT RENTAL/MAINT</b> .....	10,662.	3,601.	3,723.	3,338.
e <b>COMMUNITY ASSESSMENT</b> .....	10,000.	10,000.		
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	9,863,281.	8,060,481.	998,537.	804,263.
26 <b>Joint Costs.</b> 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	99.	1	100.
	2	Savings and temporary cash investments	4,355,331.	2	4,357,617.
	3	Pledges and grants receivable, net	3,200,925.	3	3,310,898.
	4	Accounts receivable, net	189,596.	4	39,229.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	13,853.
	10a	Land, buildings, and equipment: cost basis	489,636.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	420,947.		
			66,220.	10c	68,689.
	11	Investments - publicly traded securities	1,057,338.	11	833,114.
	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	24,822.	15	0.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,894,331.	16	8,623,500.	
Liabilities	17	Accounts payable and accrued expenses	109,912.	17	127,003.
	18	Grants payable	4,454,696.	18	3,837,711.
	19	Deferred revenue	71,000.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D	782,921.	25	1,420,941.
	26	<b>Total liabilities.</b> Add lines 17 through 25	5,418,529.	26	5,385,655.
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	2,328,719.	27	1,601,519.
	28	Temporarily restricted net assets	1,147,083.	28	1,636,326.
	29	Permanently restricted net assets		29	
	<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, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	3,475,802.	33	3,237,845.	
34	<b>Total liabilities and net assets/fund balances</b>	8,894,331.	34	8,623,500.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY OF THE QUAD CITIES AREA** Employer identification number **36-2725960**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8541049.	8893144.	9248440.	9109473.	9140970.	44933076.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	8541049.	8893144.	9248440.	9109473.	9140970.	44933076.
<b>5</b> 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) .....						3361854.
<b>6 Public Support.</b> Subtract line 5 from line 4.						41571222.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	8541049.	8893144.	9248440.	9109473.	9140970.	44933076.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	136,662.	164,087.	213,451.	228,196.	169,338.	911,734.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						45844810.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,168,214.
<b>13 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.68	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	90.50	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</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 <b>stop here.</b> 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 - 2007.</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 <b>stop here.</b> 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>18 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"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**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, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

Employer identification number

UNITED WAY OF THE QUAD CITIES AREA

36-2725960

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 organizations 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 Form 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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> UNITED WAY OF THE QUAD CITIES AREA	<b>Employer identification number</b> 36-2725960
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF THE GREAT RIVER <hr/> 852 MIDDLE ROAD <hr/> BETTENDORF, IA 52722	\$ 156,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOHN DEERE FOUNDATION <hr/> 1515 RIVER DRIVE <hr/> MOLINE, IL 61265	\$ 856,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MIDAMERICAN ENERGY COMPANY <hr/> 716 17TH STREET <hr/> MOLINE, IL 61265	\$ 168,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF THE QUAD CITIES AREA</b>	Employer identification number <b>36-2725960</b>
---	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b>	Lobbying non-taxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots non-taxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....		X	
<b>j</b> Total lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	3	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

---



---



---



---



---



---

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 show total number at end of year, aggregate contributions, aggregate grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3** Using the organization's 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 Trust, 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance	1,286,647.				
<b>b</b> Contributions	8,033.				
<b>c</b> Investment earnings or losses	-188,518.				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	45,613.				
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,060,549.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  90.00 %
  - b** Permanent endowment  .00 %
  - c** Term endowment  10.00 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> 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?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements	251,353.		251,353.	0.
<b>d</b> Equipment	238,283.		169,594.	68,689.
<b>e</b> Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				68,689.



**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)	1	9,816,966.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,863,281.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-46,315.
4	Net unrealized gains (losses) on investments	4	-191,642.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-191,642.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-237,957.

**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	7,301,551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-191,642.
b	Donated services and use of facilities	2b	422,451.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	230,809.
3	Subtract line 2e from line 1	3	7,070,742.
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	2,746,224.
c	Add lines 4a and 4b	4c	2,746,224.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	9,816,966.

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

1	Total expenses and losses per audited financial statements	1	7,539,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	422,451.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	422,451.
3	Subtract line 2e from line 1	3	7,117,057.
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)	4b	2,746,224.
c	Add lines 4a and 4b	4c	2,746,224.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	9,863,281.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

SPEC CARE \$1,600,831; FED CAMPAIGN \$696,576; OTHER \$448,817;

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

SPEC CARE \$1,600,831; FED CAMPAIGN \$696,576; OTHER \$448,817;

**Part XIV** Supplemental Information (continued)

NO FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENT REPORTING THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 WAS PROVIDED AS THE FOOTNOTE WAS NOT REQUIRED FOR THE CURRENT FISCAL YEAR.

THE ENDOWMENT FUNDS ARE USED FOR BOARD GOVERNANCE, SENIOR SERVICES, AND GENERAL OPERATIONS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF THE QUAD CITIES AREA** Employer identification number **36-2725960**

**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.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on 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 ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALDRIDGE CHILD DEVELOPMENT CENTER 489 27TH STREET EAST MOLINE, IL 61244	36-3053235	501(C)(3)	39,141.	0.			EARLY EDUCATION AND PRE-KINDERGARTEN
ALTERNATIVES FOR OLDER ADULTS 1803 SEVENTH STREET MOLINE, IL 61265	42-1231219	501(C)(3)	76,071.	0.			CAREGIVER PROGRAM AND PROTECTING SENIORS
AMERICAN RED CROSS QC 1100 RIVER DR. MOLINE, IL 61265	36-6000114	501(C)(3)	435,216.	0.			COMMUNITY AND EMERGENCY SERVICES
ARC OF ROCK ISLAND COUNTY 4016 9TH STREET ROCK ISLAND, IL 61201	36-2615996	501(C)(3)	73,101.	0.			RESPIRE AND WORK SERVICES
BETHANY 1830 SIXTH AVENUE MOLINE, IL 61265	36-2166973	501(C)(3)	100,613.	0.			FAMILY INTERVENTIONS, SAFE EXCHANGE, PHOENIX SCHOOL, PREGNANCY AND PARENTING
BIG BROTHERS/BIG SISTERS OF THE QC 131 WEST THIRD STREET, SUITE M13 DAVENPORT, IA 52801	42-1320908	501(C)(3)	54,462.	0.			YOUTH MENTORING

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION USES AN "OUTCOMES MEASUREMENT" PROCESS TO MONITOR THE USE OF GRANT FUNDS DISTRIBUTED BY UWQCA. EACH AGENCY HAS THE RESPONSIBILITY TO VERIFY THE USE OF THE FUNDS TO THE UNITED WAY SO THAT THE RECIPIENT'S OUTCOMES ARE ACCOMPLISHED.

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS & GIRLS CLUB OF MISSISSIPPI VALLEY - 338 6TH STREET - MOLINE, IL 61265	36-3838421	501(C)(3)	71,686.	0.			EDUCATION AND CAREER DEVELOPMENT
BOY SCOUTS OF ILLOWA COUNCIL 4711 NORTH BRADY STREET SUITE #200 DAVENPORT, IA 52806	36-2616917	501(C)(3)	215,551.	0.			SCOUTING AND CAMP
CATHOLIC CHARITIES OF ROCK ISLAND 4703 44TH STREET SUITE #4 ROCK ISLAND, IL 61201	37-0662513	501(C)(3)	179,539.	0.			COUNSELING
CENTER FOR ACTIVE SENIORS 1035 W KIMBERLY ROAD DAVENPORT, IA 52801	42-1011267	501(C)(3)	82,482.	0.			ADULT DAY SERVICES AND SENIOR ADVOCACY
CENTER FOR ALCOHOL AND DRUG SERVICES - 1523 S. FAIRMOUNT STREET - DAVENPORT, IA 52808	42-1134273	501(C)(3)	98,955.	0.			ADULT OUTPATIENT, RESIDENTIAL SERVICES AND PREVENTION OF ABUSE
CHILD ABUSE COUNCIL 400 16TH STREET ROCK ISLAND, IL 61201	36-2937848	501(C)(3)	145,741.	0.			CHILD ABUSE PREVENTION, COUNSELING AND PROTECTION
COMMUNITY ACTION OF EASTERN IOWA 500 EAST 59TH STREET DAVENPORT, IA 52807	42-0921929	501(C)(3)	50,552.	0.			HEADSTART DAY CARE
COMMUNITY CARING CONFERENCE 1114 12TH STREET ROCK ISLAND, IL 61201	36-2969980	501(C)(3)	24,608.	0.			COMMUNITY BLOCK ORGANIZING

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY HEALTH CARE 500 WEST RIVER DRIVE DAVENPORT, IA 52801	42-1060724	501(C)(3)	55,687.	0.			PEDIATRICS PROGRAM (CLINIC)
FAMILY RESOURCES 2800 EASTERN AVENUE DAVENPORT, IA 52804	42-0698225	501(C)(3)	520,979.	0.			COUNSELING, VICTIM SERVICES (INCLUDING SHELTER), CRISIS INTERVENTION
FRIENDLY HOUSE 1221 MYRTLE ST. DAVENPORT, IA 52804	42-0733466	501(C)(3)	289,337.	0.			DAY CARE, FAMILY, SENIOR AND YOUTH SERVICES
GENESIS VISITING NURSES ASSOC. 2535 MAPLECREST SUITE #27 BETTENDORF, IA 52722	42-1418847	501(C)(3)	126,820.	0.			HOSPICE, HOME HEALTH AIDE AND SKILLED NURSING
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS - 2011 SECOND AVENUE - ROCK ISLAND, IL 61201	42-1008848	501(C)(3)	141,121.	0.			TROOP/GROUP SERVICES
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)(3)	32,811.	0.			RESPIRE FOR PARENTS OF HANDICAPPED/AUTISTIC CHILDREN
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD DAVENPORT, IA 52809	42-0947868	501(C)(3)	146,147.	0.			PHYSICAL THERAPY FOR HANDICAPPED AND EMPLOYMENT SERVICES FOR HANDICAPPED
HELP LEGAL ASSISTANCE 401 HARBORVIEW BUILDING DAVENPORT, IA 52803	42-0957957	501(C)(3)	138,279.	0.			CIVIC LEGAL AID SERVICES

**2** Enter total number of Section 501(c)(3) and government organizations ..... **28**

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUMILITY OF MARY HOUSING 1228 EAST 12TH STREET DAVENPORT, IA 52803	42-1349437	501(C)(3)	62,095.	0.			TRANSITIONAL AND PERMANENT HOUSING
HUMILITY OF MARY SHELTER 1228 EAST 12TH STREET DAVENPORT, IA 52803	01-0916973	501(C)(3)	55,674.	0.			HOMELESS SUPPORTIVE SERVICES
JUST KIDS 1800 WEST FIRST STREET MILAN, IL 61264	36-3662153	501(C)(3)	74,113.	0.			EARLY CARE AND EDUCATION CENTER
LUTHERAN SOCIAL SERVICES OF ILLINOIS - 4011 AVENUE OF THE CITIES #102 - MOLINE, IL 61265	36-2584799	501(C)(3)	80,200.	0.			ADULT DAY SERVICES
MARRIAGE AND FAMILY COUNSELING SERVICES - 512 SAFETY BUILDING - ROCK ISLAND, IL 61201	36-2606683	501(C)(3)	173,545.	0.			COUNSELING AND PREVENTION OF ABUSE
MARTIN LUTHER KING JR. CENTER, INC. - 630 MARTIN LUTHER KING DRIVE - ROCK ISLAND, IL 61201	36-3100490	501(C)(3)	44,590.	0.			AFTER SCHOOL PROGRAMS
POSITIVE PARENTING AT TRINITY 121 W. 12TH STREET DAVENPORT, IA 52803	42-1427389	501(C)(3)	22,840.	0.			NURTURING YOUNG CHILDREN (DAY CARE)
PRARIE STATE LEGAL SERVICES 975 NORTH MAIN STREET ROCKFORD, IL 61103	37-1030764	501(C)(3)	85,995.	0.			CIVIC LEGAL SERVICES

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROJECT NOW 418 19TH STREET ROCK ISLAND, IL 61201	36-2654175	501(C)(3)	109,146.	0.			HEADSTART DAY CARE, TRANSITIONAL HOUSING, OUTREACH AND SENIOR SERVICES
RICCA 1607 JOHN DEERE ROAD EAST MOLINE, IL 61244	36-2492177	501(C)(3)	23,377.	0.			SUBSTANCE ABUSE PREVENTION
ROBERT YOUNG CENTER 2701 17TH STREET ROCK ISLAND, IL 61201	36-3678909	501(C)(3)	24,274.	0.			HOSPITALIZATION AND OLDER ADULT SERVICES
SAFER FOUNDATION QC 571 WEST JACKSON BOULEVARD CHICAGO, IL 60661	36-2762168	501(C)(3)	38,507.	0.			EMPLOYMENT SERVICES AND YOUTH EMPOWERMENT (GED, JOBS)
SALVATION ARMY QC 2200 5TH AVENUE MOLINE, IL 61265	36-2167910	501(C)(3)	123,708.	0.			FAMILY SERVICE CENTER (SHELTER), AND EMERGENCY FAMILY ASSISTANCE
SCHOOL HEALTH LINK 1504 TENTH STREET SUITE #3 SILVIS, IL 61282	36-4109801	501(C)(3)	44,486.	0.			HEALTH CARE FOR UNINSURED OR UNDERINSURED
SCOTT COUNTY FAMILY YMCA 600 WEST 2ND STREET DAVENPORT, IA 52801	42-0703278	501(C)(3)	238,094.	0.			MEMBERSHIPS, AFTER SCHOOL PROGRAMS
SEAP 230 WEST 35TH STREET SUITE #1 DAVENPORT, IA 52806	36-2480784	501(C)(3)	81,554.	0.			EMERGENCY ASSISTANCE

**2** Enter total number of Section 501(c)(3) and government organizations ..... **30**

**3** Enter total number of other organizations ..... **30**

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SKIP-A-LONG CHILD DEVELOPMENT SERVICES - 4800 60TH STREET - MOLINE, IL 61265	36-2728411	501(C)(3)	218,733.	0.			HOME CHILD CARE NETWORK AND SUBSIDIZED CHILD CARE (DAY CARE)
ST. AMBROSE UNIVERSITY CHILDREN'S CAMPUS - 1301 W. LOMBARD STREET - DAVENPORT, IA 52804	42-0703280	501(C)(3)	38,728.	0.			EDUCATIONAL DAY CARE
TRANSITIONS 805 19TH STREET ROCK ISLAND, IL 61204	36-3153563	501(C)(3)	62,732.	0.			LIFE DEVELOPMENT: JOB AND LIFE SKILLS
TRINITY VISITING NURSE & HOMEMAKER ASSOCIATION - 106 19TH AVENUE SUITE #101 - MOLINE, IL 61265	36-3052939	501(C)(3)	145,220.	0.			HOSPICE, HOMEMAKER SERVICES AND CERTIFIED HOMECARE
TWO RIVERS YMCA 2040 53RD STREET MOLINE, IL 61265	36-2169199	501(C)(3)	86,655.	0.			MEMBERSHIPS, AFTER SCHOOL PROGRAMS
UNITED NEIGHBORS 808 HARRISON STREET DAVENPORT, IA 52803	42-1144816	501(C)(3)	102,807.	0.			NEIGHBORHOOD WATCH PROGRAMS, AFTER SCHOOL PROGRAMS
WESTERN ILLINOIS AREA AGENCY ON AGING - 729 34TH AVENUE - ROCK ISLAND, IL 61201	36-2801332	501(C)(3)	26,896.	0.			RETIRED AND SENIOR VOLUNTEER PROGRAM
YOUTH SERVICES BUREAU ROCK ISLAND COUNTY - 4709 44TH STREET SUITE #5 - ROCK ISLAND, IL 61201	36-2866503	501(C)(3)	240,883.	0.			FAMILY THERAPY AND DELINQUENCY PREVENTION

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YOUTHBUILD QUAD CITIES 3247 E 35TH STREET COURT DAVENPORT, IA 52801	20-4460906	501(C)(3)	27,715.	0.			JOB AND LIFE SKILLS TO AT-RISK YOUTH
YMCA OF QUAD CITIES 229 16TH STREET ROCK ISLAND, IL 61201	36-2171176	501(C)(3)	106,289.	0.			DAY CARE, AFTER SCHOOL PROGRAMS, WELLNESS AND RECREATION
BALLET QUAD CITIES 613 17TH STREET ROCK ISLAND, IL 61201	42-1366753	501(C)(3)	10,000.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CHILDREN'S THERAPY CENTER OF THE QUAD CITY AREA - 1504 13TH AVENUE - MOLINE, IL 61265	36-2207922	501(C)(3)	10,791.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CHRISTIAN FRIENDLINESS 3928 12TH AVENUE MOLINE, IL 61265	36-2193602	501(C)(3)	18,711.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CPC PREGNANCY RESOURCES 829 15TH STREET MOLINE, IL 61265	36-3699951	501(C)(3)	21,895.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
DAVENPORT SCHOOLS FOUNDATION 1606 BRADY STREET DAVENPORT, IA 52803	42-1304668	501(C)(3)	10,671.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
GENESIS HEALTH SERVICES FOUNDATION 1227 RUSHOLME STREET DAVENPORT, IA 52803	42-1421670	501(C)(3)	7,500.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GILDA'S CLUB QUAD CITIES 1234 EAST RIVER DRIVE DAVENPORT, IA 52803	42-1446989	501(C)(3)	6,769.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
GOOD SAMARITAN FREE CLINIC 602 35TH AVENUE DAVENPORT, IA 52803	32-0024376	501(C)(3)	5,171.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
HABITAT FOR HUMANITY QUAD CITIES 2235 GRANT STREET MOLINE, IL 61265	42-1404937	501(C)(3)	5,622.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
HOPE AND HEALING MINISTRIES 2706 NORTH GAINES STREET DAVENPORT, IA 52803	20-8167883	501(C)(3)	5,000.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
MOLINE COMMUNITY SCHOOLS ARROWHEAD RANCH - 12200 104 STREET - COAL VALLEY, IL 61240	36-2192833	501(C)(3)	8,087.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
PALMER COLLEGE OF CHIROPRACTIC 1000 BRADY STREET DAVENPORT, IA 52803	42-6081293	501(C)(3)	6,120.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
QUAD CITY SLED HOCKEY ASSOCIATION 2236 EAST 46TH STREET DAVENPORT, IA 52803	42-1487361	501(C)(3)	5,692.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
ST. AMBROSE FOUNDATION 518 WEST LOCUST DAVENPORT, IA 52803	42-0703280	501(C)(3)	5,000.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRINITY HEALTH FOUNDATION 5510 UTICA RIDGE ROAD #200 DAVENPORT, IA 52803	36-3321751	501(C)(3)	6,071.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
VILLA MONTESSORI SCHOOL 2100 48TH STREET MOLINE, IL 61265	36-3200060	501(C)(3)	6,664.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
YOUNG LIFE QUAD CITIES PO BOX 582 BETTENDORF, IA 52722	84-0385934	501(C)(3)	5,653.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CEDAR VALLEY UNITED WAY 425 CEDAR STREET #300 WATERLOO, IA 50701	42-0801846	501(C)(3)	29,191.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
COLONA-ORION, IL UNITED WAY PO BOX 398 COLONA, IL 61241	36-3148177	501(C)(3)	14,981.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
HEART OF ILLINOIS UNITED WAY 509 WEST HIGH STREET PEORIA, IL 61606	37-0661504	501(C)(3)	5,834.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF CLINTON COUNTY IOWA 405 SOUTH 3RD STREET #200 CLINTON, IA 52732	42-0698299	501(C)(3)	11,922.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF KNOX COUNTY, INC. 311 EAST MAIN STREET SUITE 215 GALESBURG, IL 61401	37-0844009	501(C)(3)	5,898.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF LEE COUNTY FLORIDA 7275 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	5,000.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF MIDLAND COUNTY MICHIGAN - 220 WEST MAIN STREET SUITE 100 - MIDLAND, MI 48640	38-1434224	501(C)(3)	16,000.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF MUSCATINE, INC. 119 WEST MISSISSIPPI DRIVE MUSCATINE, IA 52761	42-0761080	501(C)(3)	23,152.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY SERVICES, INC. 215 WEST 6TH STREET DUBUQUE, IA 52001	42-0761060	501(C)(3)	9,924.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF WHITESIDE COUNTY 502 FIRST AVENUE STERLING, IL 61081	36-6009102	501(C)(3)	7,592.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
WASHTENAW UNITED WAY - ANN ARBOR, MI - 2305 PLATT ROAD - ANN ARBOR, MI 48104	28-1951024	501(C)(3)	13,500.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
GENESEO COMMUNITY CHEST PO BOX 264 GENESEO, IL 61254	36-3160588	501(C)(3)	28,634.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED APPEAL FUND OF MERCER COUNTY - 105 SW NINTH STREET - ALEDO, IL 61231	36-3091830	501(C)(3)	5,783.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE QUAD CITIES AREA**

Employer identification number

**36-2725960**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VIA SERVICES - CAMP COSTANOAN 2851 PARK AVENUE SANTA CLARA, CA 95050	94-1212130	501(C)(3)	5,000.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET SUITE 100 ALEDO, IL 61231	42-0680425	501(C)(3)	19,914.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF DANE COUNTY 2059 ATWOOD AVENUE MADISON, WI 53707	39-0817532	501(C)(3)	7,569.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF THE DUPAGE AREA 1000 JORIE BLVD. #360 OAK BROOK, IL 60522	36-2584417	501(C)(3)	5,529.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF THE GREATER ST. LOUIS - 910 NORTH 11TH STREET - ST. LOUIS, MO 63101	43-0714167	501(C)(3)	7,554.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CHRISTIAN CARE 2209 3RD AVENUE ROCK ISLAND, IL 61201	36-3146523	501(C)(3)	5,328.	0.			DONOR-DESIGNATED FUNDS USED FOR GENERAL OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....





**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **UNITED WAY OF THE QUAD CITIES AREA** Employer identification number **36-2725960**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>PERISHABLES</u> )	X	13	9,318	MARKET VALUE
26 Other ▶ ( <u>ENTERTAINMENT</u> )	X	1	8,000	MARKET VALUE
27 Other ▶ ( <u>VARIOUS</u> )	X	7	5,002	MARKET VALUE
28 Other ▶ ( <u>ELECTRONICS</u> )	X	13	4,402	MARKET VALUE

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE UNITED WAY IMPLEMENTED A NEW PROGRAM CALLED ACHIEVE QUAD CITIES WHERE THEY HAVE PARTNERED WITH AREA BUSINESSES, NONPROFITS, AND EDUCATION LEADERS TO COORDINATE THE PROGRAM TO INCREASE AND IMPROVE OPPORTUNITIES FOR ALL QUAD CITY YOUTH TO BE SUCCESSFUL IN SCHOOL, CAREER AND LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES ARE AS FOLLOWS:

LABOR: DEVELOPS AND SUPPORTS ACTIVE PARTICIPATION OF LABOR IN UNITED WAY ACTIVITIES SUCH AS RESOURCE DEVELOPMENT, COMMUNITY INVESTMENT, AND COMMUNITY IMPACT.

INFORMATION TECHNOLOGY FOR MANAGEMENT AND PROGAMS: MAINTAINS, MAXIMIZES, AND ENHANCES THE USE OF TECHNOLOGY AT THE UNITED WAY OF THE QUAD CITIES, AGENCY PARTNERS, AND WITH CONSTITUENTS AS VOLUNTEERS AND CONTRIBUTORS.

GIVE KIDS A SMILE: COLLABORATES LOCAL EFFORTS OF DENTISTS WITH YOUTH AND INDIVIDUALS IN NEED OF DENTAL CARE.

ACCOUNTING SERVICES BUREAU: AN ADMINISTRATIVE AND ACCOUNTING SERVICE OFFERED TO THE ILLOWA BI-STATE COMBINED FEDERAL CAMPAIGN.

EXPENSES \$ 226612. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: JOHN WHITE, JOHN RICHES, AND SKIP MCGILL (ALL BOARD MEMBERS) ARE EMPLOYED BY THE SAME COMPANY.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATIONAL DOCUMENTS WERE

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

CHANGED TO REFLECT CHANGES IN THE STRUCTURE OF THE GOVERNING BOARD OF DIRECTORS. THE BOARD SIZE WAS REDUCED AND AN AUDIT COMMITTEE WAS FORMED.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY AS THE EXECUTIVE COMMITTEE APPROVES FUTURE BOARD MEMBERS AND OFFICERS.

FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE REVIEWS A COPY OF THE 990 BEFORE PRESENTING IT TO THE EXECUTIVE COMMITTEE WHO THEN REVIEWS IT BEFORE FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY BOARD MEMBER ANNUALLY SIGNS THE CONFLICT OF INTEREST STATEMENT AS PART OF THE OVERALL CODE OF ETHICS. AT THAT TIME THEY ARE TO DISCLOSE ANY POTENTIAL CONFLICTS THAT THE ORGANIZATION NEEDS TO BE AWARE OF. UWQCA STAFF SIGN THE SAME DOCUMENT AS PART OF THEIR INITIAL ORIENTATION. IN ADDITION TO THE BOARD AND STAFF, SELECT VOLUNTEERS ARE REQUIRED TO SIGN THE CODE OF ETHICS/CONFLICT OF INTEREST POLICY DEPENDING ON THE SENSITIVITY OF INFORMATION THEY WILL BE WORKING WITH (AGENCY DATA, DONOR DATA). THE POLICY INCLUDES A QUESTIONNAIRE THAT HAS BEEN UPDATED TO PROPERLY COMPLETE THE NEW FORM 990 GOVERNANCE, MANAGEMENT, AND DISCLOSURE QUESTIONS. AT BOARD MEMBER MEETINGS MEMBERS ARE REQUIRED TO VOTE "IN ABSTENTIA" IF A POTENTIAL CONFLICT OF INTEREST ISSUE ARISES.

FORM 990, PART VI, SECTION B, LINE 15: IN DETERMINING EMPLOYEE COMPENSATION EACH STAFF POSITION IS FIRST CATEGORIZED AS ADMINISTRATIVE,

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

MANAGERIAL, VICE PRESIDENT OR EXECUTIVE STAFF. WITH THE EXCEPTION OF THE EXECUTIVE STAFF (PRESIDENT, COO, CFO) ALL CATEGORIES ARE ASSIGNED A SALARY RANGE THAT INCLUDES A MIDPOINT AND HIGH/LOW POINTS THAT ARE 15% EITHER SIDE OF THE MIDPOINT. THESE RANGES ARE DEVELOPED USING LOCAL WAGE INFORMATION AS WELL AS INFORMATION OBTAINED THROUGH UNITED WAY OF AMERICA. THE PHILOSOPHY FOR COMPENSATION IS THAT WHEN AN EMPLOYEE IS PERFORMING ALL ASPECTS OF THEIR JOB IN A SATISFACTORY MANNER THEY WILL BE AT THEIR RESPECTIVE MIDPOINT. THE RANGES AND THEIR MIDPOINT ARE ADJUSTED ANNUALLY BASED ON COST OF LIVING ADJUSTMENTS. EXECUTIVE STAFF RANGES ARE DEVELOPED USING UNITED WAY OF AMERICA DATA FOR EACH POSITION. THE PRESIDENT DETERMINES THE SALARY FOR THE COO AND CFO. EACH SUPERVISOR RECOMMENDS ANY SALARY ADJUSTMENTS TO THE COO OR CFO WHICH ARE THEN SENT TO THE PRESIDENT FOR FINAL APPROVAL. THE EXECUTIVE COMMITTEE OF THE UWQCA BOARD DETERMINES THE SALARY FOR THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE ONLINE THROUGH THEIR OWN AS WELL AS A THIRD PARTY WEBSITE. THESE DOCUMENTS ARE ALSO AVAILABLE BY REQUEST AT THE OFFICE OF THE ENTITY.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

LISA CHARNITZ - 4600 EAST 53RD STREET  
DAVENPORT, IA 52807

BETSY BRANDSGARD - 130 WEST SECOND STREET  
DAVENPORT, IA 52801

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

SCOTT BULL - 106 EAST SECOND STREET

DAVENPORT, IA 52801

REBECCA GIMBEL - 506 15TH STREET

MOLINE, IL 61265

AMY CRIST - 203 WEST THIRD STREET

DAVENPORT, IA 52801

PAUL GARCIA - PO BOX 4508

DAVENPORT, IA 52808

MIKE O'BRIEN - PO BOX 4198

DAVENPORT, IA 52808

CYNTHIA GREEN - 6600 34TH AVENUE

MOLINE, IL 61265

DALE DOLLENBACHER - 4301 EAST 53RD STREET

DAVENPORT, IA 52807

BETSY PRATT - PO BOX 888

MOLINE, IL 61266

DAVE GREEN - 5500 LAKEVIEW PARKWAY

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

DAVENPORT, IA 52807

SARAH JOHNSON - 639 38TH STREET

ROCK ISLAND, IL 61201

JOE JUDGE - 220 NORTH MAIN STREET #600

DAVENPORT, IA 52801

SKIP MCGILL - 4879 STATE STREET

BETTENDORF, IA 52722

HUNT HARRIS - 736 FEDERAL STREET SUITE #2100

DAVENPORT, IA 52803

MATT PAPPAS - PO BOX 5408

ROCK ISLAND, IL 61204

ED ROGALSKI - 518 WEST LOCUST

DAVENPORT, IA 52803

SHELLEE SHOWALTER - 3551 SEVENTH STREET # 204

MOLINE, IL 61265

JOHN RICHES - PO BOX 3567

BETTENDORF, IA 52722

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

BERLINDA TYLER-JAMISON - 2701 17TH STREET

ROCK ISLAND, IL 61201

JEFF VANECHAUTE - 925 32ND AVENUE COURT

MOLINE, IL 61265

RICH WEHRHEIM - 201 NORTH HARRISON STREET # 300

DAVENPORT, IA 52801

CATHIE WHITESIDE - 3551 SEVENTH STREET # 100

MOLINE, IL 61265

JOHN WHITE - PO BOX 3567

BETTENDORF, IA 52722

KELLY WILLET - 1823 EAST KIMBERLY ROAD

DAVENPORT, IA 52807

SUSAN ZELNIO - 622 19TH STREET

MOLINE, IL 61265

MAUREEN HART - 418 19TH STREET

ROCK ISLAND, IL 61201

MARIE ZIEGLER - 3400 80TH STREET

MOLINE, IL 61265

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

MARK BURTON - ONE JOHN DEERE PLACE

MOLINE, IL 61265

FORM 990, PART XI, LINE 2C

COMMITTEE OVERSIGHT OF AUDIT & SELECTION OF INDEPENDENT ACCOUNTANT

THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND

SELECTION OF AN INDEPENDENT ACCOUNTANT WAS CHANGED FROM THE PRIOR YEAR

BY THE CREATION OF A SEPERATE AUDIT COMMITTEE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMY CRIST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS - UNITED WAY BANKS WITH WELLS FARGO, AMY IS A VICE PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 242047.

(D) DESCRIPTION OF TRANSACTION: PRINCIPLE AMOUNT OF INVESTMENTS & FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RICHES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS - GRANTS TO ILLOWA COUNCIL BOY SCOUTS, JOHN IS A BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 215521.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

(A) NAME OF PERSON: JOHN RICHES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS - GRANTS TO SCOTT COUNTY FAMILY YMCA, JOHN IS A BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 238094.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RICHES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS - GRANTS TO HANDICAPPED DEVELOPMENT CENTER, JOHN IS A BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 146147.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SARAH JOHNSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS - GRANTS TO FAMILY RESOURCES, SARAH IS A BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 520979.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**UNITED WAY OF THE QUAD CITIES AREA**

**36-2725960**

Name and title of officer

**SCOTT CRANE  
PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>9816966</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize CARPENTIER, MITCHELL, GODDARD & CO., LLC to enter my PIN 11111  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 36863512345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-006,456**

**Report for the Fiscal Period:**

**Beginning** 07/01/2008

**& Ending** 06/30/2009  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee

Federal ID # 36-2725960

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 01/02/1972  
MO DAY YR

<p>LEGAL NAME <b>UNITED WAY OF THE QUAD CITIES AREA</b></p> <p>MAIL ADDRESS <b>3247 E 35TH STREET COURT</b></p> <p>CITY, STATE <b>DAVENPORT, IA</b></p> <p>ZIP CODE <b>52807-2501</b></p>	<p>Year-end amounts</p>	
	A) ASSETS	A) \$ <b>8,623,500.</b>
	B) LIABILITIES	B) \$ <b>5,385,655.</b>
	C) NET ASSETS	C) \$ <b>3,237,845.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>98.535%</b>	D) \$ <b>9,673,159.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	<b>1.465%</b>	F) \$ <b>143,807.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ <b>9,816,966.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>9.426%</b>	H) \$ <b>929,739.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>9.426%</b>	J) \$ <b>929,739.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$ <b>21,251.</b>
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>72.296%</b>	K) \$ <b>7,130,742.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>81.722%</b>	L) \$ <b>8,060,481.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>10.124%</b>	M) \$ <b>998,537.</b>
N) FUNDRAISING EXPENSE	<b>8.154%</b>	N) \$ <b>804,263.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ <b>9,863,281.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>SCOTT CRANE, PRESIDENT</b>		T) \$ <b>126,995.</b>
U) NAME, TITLE: <b>RICHARD WIDDEL, CFO</b>		U) \$ <b>96,180.</b>
V) NAME, TITLE: <b>MARGARET LEWIS, COO</b>		V) \$ <b>83,756.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <b>GRANTS TO OTHER CHARITABLE ORGANIZATIONS</b>		W) # <b>150</b>
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....	X	
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ <u>158,814.</u> ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ <u>21,251.</u> ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ <u>53,510.</u> ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ <u>84,053.</u>		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>WELLS FARGO BANK, 666 WALNUT ST., DES MOINES, IA 50309</u> <u>#403-0495786 AND #300-0417010</u> <u>IHMVCU, PO BOX 4180, ROCK ISLAND, IL 61204 #95071530</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>RICHARD WIDDEL - (563)344-0340</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**SCOTT CRANE**

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**JAMES E. TAYLOR**

PREPARER (PRINT NAME)

SIGNATURE

DATE

898101  
04-25-08