

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

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

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

C Name of organization
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 EAST 35TH STREET COURT

City or town, state or country, and ZIP + 4
DAVENPORT IA 52807-2501

D Employer identification number
36-2725960

E Telephone number
563-355-4310

G Gross receipts\$ 10,742,064

F Name and address of principal officer:

SCOTT CRANE
3247 EAST 35TH STREET COURT
DAVENPORT IA 52807

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.UNITEDWAYQC.ORG**

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1972** **M State of legal domicile:** **IA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES AND MAKE A POSITIVE IMPACT IN OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES, THE UNITED WAY FOCUSES COMMUNITY RESOURCES TO ADDRESS THE MOST IMPORTANT COMMUNITY NEEDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	3060
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,140,970	9,208,293
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	532,189	1,132,183
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,547	132,720
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,260	13,001
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,130,742	7,879,760
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,988,642	1,232,194
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 554,828		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	743,897	629,540
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,863,281	9,741,494	
19 Revenue less expenses. Subtract line 18 from line 12	-46,315	744,703	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,623,500	8,924,291
	22 Net assets or fund balances. Subtract line 21 from line 20	5,385,655	4,824,214
		3,237,845	4,100,077

Part II Signature Block

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

Sign Here

Signature of officer: **SCOTT CRANE** Date: **PRESIDENT**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: **11/01/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **ANDERSON, LOWER, WHITLOW, PC** EIN: _____

1805 STATE ST STE 201 Phone no.: **563-359-4757**

BETTENDORF, IA 52722

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO IMPROVE LIVES AND MAKE A POSITIVE IMPACT IN OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES, THE UNITED WAY FOCUSES COMMUNITY RESOURCES TO ADDRESS THE MOST IMPORTANT COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,879,760 including grants of \$ 7,879,760) (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 \$ 379,172 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 ALLOCATIONS 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 COMMUNITY ON YOUNG PEOPLE, THE ORGANIZATION ATTEMPTS TO MAKE THE GREATEST IMPACT POSSIBLE.

4c (Code:) (Expenses \$ 134,661 including grants of \$) (Revenue \$ 63,446) 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 \$ 132,715 including grants of \$) (Revenue \$ 1,069,759)

4e Total program service expenses 8,526,308

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> ● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. ● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. ● Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. ● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. ● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	64		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2a	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a	23		
b	Enter the number of voting members that are independent		
1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, 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
9			

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

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

Section C. 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** **3247 EAST 35TH STREET COURT**
DAVENPORT **IA 52807** **563-355-4310**

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AMY CRIST DIRECTOR	1.00	X					0	0	0	
ANDREA COLEMAN DIRECTOR	1.00	X					0	0	0	
BHARAT VEDAK DIRECTOR	1.00	X					0	0	0	
CHERYL GOODWIN DIRECTOR	1.00	X					0	0	0	
COLLEEN HUBER DIRECTOR	1.00	X					0	0	0	
DAVID GREEN BOARD CHAIR	1.00	X		X			0	0	0	
DAVID NUERNBERGER DIRECTOR	1.00	X					0	0	0	
DR CRAIG SHOEMAKER DIRECTOR	1.00	X					0	0	0	
DR JAMES SPELHAUG DIRECTOR	1.00	X					0	0	0	
DR KIM ARMSTRONG DIRECTOR	1.00	X					0	0	0	
DR THOMAS COLEY DIRECTOR	1.00	X					0	0	0	
HUNT HARRIS DIRECTOR	1.00	X					0	0	0	
JOHN RICHES DIRECTOR	1.00	X					0	0	0	
JOHN WHITE DIRECTOR	1.00	X					0	0	0	
JOSEPH JUDGE TREASURER/ SECRETARY	1.00	X		X			0	0	0	
KIM FOX DIRECTOR	1.00	X					0	0	0	
LINDA BOWERS 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			
LISA CHARNITZ DIRECTOR	1.00	X					0	0	0	
MARA SOVEY DIRECTOR	1.00	X					0	0	0	
MARK BURTON DIRECTOR	1.00	X					0	0	0	
MICHAEL O'BRIEN DIRECTOR	1.00	X					0	0	0	
MICHAEL OBERHAUS DIRECTOR	1.00	X					0	0	0	
RICHARD WEHRHEIM DIRECTOR	1.00	X					0	0	0	
SARAH JOHNSON DIRECTOR	1.00	X					0	0	0	
SCOTT BULL DIRECTOR	1.00	X					0	0	0	
SCOTT CRANE PRESIDENT	37.50			X			121,616	0	22,769	
RICHARD WIDDEL CFO	37.50			X			92,821	0	15,644	
MARGARET LEWIS COO	37.50			X			83,447	0	13,524	
1b Total							297,884		51,937	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 800,760					
	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 8,407,533					
	g Noncash contributions included in lines 1a-1f: \$	15,007					
	h Total. Add lines 1a-1f		9,208,293				
Program Service Revenue			Busn. Code				
	2a ECONOMIC DOWNTURN GRANTS		672,200	672,200			
	b IMAGINATION LIBRARY		198,977	198,977			
	c ACHEIVE QUAD CITIES		145,760	145,760			
	d 2-1-1 ADMINISTRATIVE SUPPORT		63,446	63,446			
	e ACCOUNTING SERVICE BUREAU		34,500	34,500			
	f All other program service revenue		17,300	17,300			
	g Total. Add lines 2a-2f		1,132,183				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		141,826			141,826	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		239,435					
	b Less: cost or other basis & sales exps.	248,541					
	c Gain or (loss)	-9,106					
	d Net gain or (loss)			-9,106	-9,106		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	20,322				
		b Less: direct expenses	7,326				
c Net income or (loss) from fundraising events			12,996	12,996			
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS REVENUE	900099	5	5				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		5					
12 Total Revenue. See instructions.			10,486,197	1,136,078	0	141,826	

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	7,879,760	7,879,760		
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	349,821	126,087	117,796	105,938
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	756,278	342,820	224,970	188,488
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-52,988	-13,950	-19,830	-19,208
9 Other employee benefits	90,919	23,936	34,025	32,958
10 Payroll taxes	88,164	36,056	27,510	24,598
11 Fees for services (non-employees):				
a Management				
b Legal	434	434		
c Accounting	13,750	4,483	4,881	4,386
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	6,183		6,183	
g Other	30,084	7,246	13,850	8,988
12 Advertising and promotion	118,253	1,073	37,295	79,885
13 Office expenses	49,301	14,812	17,312	17,177
14 Information technology				
15 Royalties				
16 Occupancy	110,520	39,627	36,716	34,177
17 Travel	22,469	5,193	8,380	8,896
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,540	6,053	8,228	1,259
20 Interest				
21 Payments to affiliates	98,482	578	97,265	639
22 Depreciation, depletion, and amortization	27,292	8,485	13,485	5,322
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 MISCELLANEOUS EXPENSE	39,854	18,625	13,908	7,321
b SPONSORSHIP EXPENSE	34,779			34,779
c SUPPLIES	34,467	5,827	13,785	14,855
d WISH LIST EXPENSE	14,330	14,330		
e RENTAL AND MAINTENANCE	13,802	4,833	4,599	4,370
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,741,494	8,526,308	660,358	554,828
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	100	1	100
	2	Savings and temporary cash investments	4,357,617	2	4,742,885
	3	Pledges and grants receivable, net	3,310,898	3	3,086,576
	4	Accounts receivable, net	39,229	4	64,675
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,853	9	7,981
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 495,249		
	b	Less: accumulated depreciation	10b 434,236	10c	61,013
	11	Investments—publicly traded securities	833,114	11	961,061
	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,623,500	16	8,924,291	
Liabilities	17	Accounts payable and accrued expenses	127,003	17	148,374
	18	Grants payable	4,658,652	18	4,519,256
	19	Deferred revenue		19	10,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	146,584
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	600,000	25	
	26	Total liabilities. Add lines 17 through 25	5,385,655	26	4,824,214
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,601,519	27	2,011,034
	28	Temporarily restricted net assets	1,636,326	28	2,089,043
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,237,845	33	4,100,077
34	Total liabilities and net assets/fund balances	8,623,500	34	8,924,291	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,893,144	9,248,440	9,109,473	9,140,970	9,208,293	45,600,320
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,893,144	9,248,440	9,109,473	9,140,970	9,208,293	45,600,320
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						45,600,320

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,893,144	9,248,440	9,109,473	9,140,970	9,208,293	45,600,320
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	164,087	213,451	228,196	169,338	141,826	916,898
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						46,517,218
12 Gross receipts from related activities, etc. (see instructions)					12	1,152,510
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.03%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.68%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or 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, or 990-PF.

OMB No. 1545-0047

2009

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

Special Rules

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

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

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

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

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

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

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	\$ 1,126,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	\$	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

OMB No. 1545-0047

2009

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

Department of the Treasury
Internal Revenue Service

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

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** 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?

Yes 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	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

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF THE QUAD CITIES AREA

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,060,549	1,286,647			
b Contributions	30,414	8,033			
c Net investment earnings, gains, and losses	129,514	-188,518			
d Grants or scholarships					
e Other expenditures for facilities and programs	58,844	45,613			
f Administrative expenses	6,183				
g End of year balance	1,155,450	1,060,549			

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

- a** Board designated or quasi-endowment ▶ 87.75 %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ 12.25 %

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		251,353	251,353	
d Equipment		243,896	182,883	61,013
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				61,013

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,486,197
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,741,494
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	744,703
4	Net unrealized gains (losses) on investments	4	117,529
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 through 8	9	117,529
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	862,232

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	7,654,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	117,529
b	Donated services and use of facilities	2b	258,652
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	376,181
3	Subtract line 2e from line 1	3	7,278,073
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	3,208,124
c	Add lines 4a and 4b	4c	3,208,124
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,486,197

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

1	Total expenses and losses per audited financial statements	1	6,792,022
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	258,652
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	258,652
3	Subtract line 2e from line 1	3	6,533,370
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	3,208,124
c	Add lines 4a and 4b	4c	3,208,124
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,741,494

Part XIV Supplemental Information

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION
THESE ARE FUNDS FROM IDAP, GIVEN TO ROCK ISLAND COUNTY, AND AWARDED TO VOAD
(VOLUNTEER ORGANIZATIONS ACTIVE IN DISASTERS) TO BE USED FOR 2008 FLOOD
RELIEF IN ROCK ISLAND COUNTY. UNITED WAY ACTS AS THE FISCAL AGENT FOR THESE
FUNDS

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

Part XIV Supplemental Information (continued)

THE BOARD OF DIRECTORS HAS DESIGNATED AN ENDOWMENT FUND, CALLED THE UNITED WAY FOUNDATION, TO DEVELOP SUSTAINING FINANCIAL STRENGTH OF THE ORGANIZATION. IN FISCAL YEAR 2006, THE BOARD OF DIRECTORS PASSED A POLICY TO USE 5% OF THE ENDOWMENT FUND VALUE AS OF 6-30 FOR COMMUNITY IMPACT IN THE FOLLOWING YEAR.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER
SPECIFIC CARE DESIGNATIONS, COMBINED FEDERAL CAMPAIGN CONT \$ -3,208,124
SPECIFIC CARE DESIGNATIONS, COMBINED FEDERAL CAMPAIGN CONT \$ 3,208,124

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
SPECIFIC CARE DESIGNATIONS, COMBINED FEDERAL CAMPAIGN CONT \$ 3,208,124

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
SPECIFIC CARE DESIGNATIONS, COMBINED FEDERAL CAMPAIGN CONT \$ 3,208,124

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		IMAGINATION LIB (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	16,539		16,539
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	16,539		16,539
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	350		350
	7	Food and beverages	896		896
	8	Entertainment	335		335
	9	Other direct expenses	4,835		4,835
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				10,123

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ALTERNATIVES FOR THE OLDER ADULT 1803 SEVENTH STREET MOLINE IL 61265	42-1231219	3	74,037				CAREGIVER PROGRAM &
	AMERICAN RED CROSS QC P O BOX 888 MOLINE IL 61266	36-6000114	3	398,150				COMMUNITY & EMERGENC
	ARC OF RI COUNTY 4016 NINTH STREET ROCK ISLAND IL 61201	36-2615996	3	71,088				RESPITE & WORK SERVI
	BETHANY HOMES 1830 SIXTH AVENUE MOLINE IL 61266	36-2166973	3	93,614				FAMILY INTERVENTIONS
	BIG BROTHERS/BIG SISTERS QC 130 WEST FIFTH STREET DAVENPORT IA 52801	42-1320908	3	59,197				YOUTH MENTORING & DO
	BOYS & GIRLS CLUBS OF MISS. VALLEY 338 SIXTH STREET MOLINE IL 61265	36-3838421	3	72,273				EDUCATION & CAREER D
	BOY SCOUTS OF ILLOWA COUNCIL 4412 NORTH BRADY STREET DAVENPORT IA 52806	36-2616917	3	187,696				SCOUTING & CAMPS & D
	CATHOLIC CHARITIES OF ROCK ISLAND 4703 44TH STREET, SUITE 4 ROCK ISLAND IL 61201	37-0662513	3	149,916				COUNSELING & DONOR D
	CENTER FOR ACTIVE SENIORS 1035 WEST KIMBERLY ROAD DAVENPORT IA 52801	42-1011267	3	73,913				ADULT DAY SERVICES &

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

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

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
THE ORGANIZATION USES AN "OUTCOMES MEASUREMENT" PROCESS TO MONITOR THE USE
OF GRANT FUNDS DISTRIBUTED BY THE UNITED WAY OF THE QUAD CITIES AREA. 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)**
Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (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
CENTER FOR ALCOHOL & DRUG SERVICES 1523 SOUTH FAIRMOUNT STREET DAVENPORT IA 52808	42-1134273	3	89,066				ADULT OUTPATIENT & R
CHILD ABUSE COUNCIL 400 16TH STREET ROCK ISLAND IL 61201	36-2937848	3	111,782				CHILD ABUSE PREVENTI
COMMUNITY ACTION OF EASTERN IOWA 500 EAST 59TH STREET DAVENPORT IA 52807	42-0921929	3	50,498				HEADSTART DAY CARE &
COMMUNITY CARING CONFERENCE 1114 - 12 STREET ROCK ISLAND IL 61201	36-2969980	3	15,847				COMMUNITY BLOCK CLUB
COMMUNITY HEALTH CARE 500 WEST RIVER DRIVE DAVENPORT IA 52801	42-1060724	3	80,723				PEDIATRICS PROGRAM (
FAMILY RESOURCES 2800 EASTERN AVENUE DAVENPORT IA 52804	42-0698225	3	457,397				COUNSELING , VICTIM
FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT IA 52804	42-0733466	3	260,173				DAY CARE, FAMILY, SE
GENESIS VISITING NURSES ASSOC. 2535 MAPLECREST. SUITE 27 BETTENDORF IA 52722	42-1418847	3	103,992				HOME HEALTH AIDE & S
GIRL SCOUTS OF EASTERN IOWA & WESTE 2011 SECOND AVENUE ROCK ISLAND IL 61201	42-1008848	3	139,052				TROOP/GROUP SERVICES
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF IA 52722	42-1508508	3	39,677				RESPIRE FOR PARENTS
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD DAVENPORT IA 52809	42-0947868	3	136,052				PHYSICAL THERAPY FOR

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**
Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (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
HELP LEGAL ASSISTANCE 401 HARBORVIEW BUILDING DAVENPORT IA 52803	42-0957957	3	118,464				CIVIL LEGAL AID SERV
HUMILITY OF MARY HOUSING 1228 EAST 12 STREET DAVENPORT IA 52803	42-1349437	3	92,323				TRANSITIONAL & PERMA
HUMILITY OF MARY SHELTER 1228 EAST 12 STREET DAVENPORT IA 52803	01-0916973	3	92,461				HOMELESS SUPPORTIVE
JUST KIDS 1800 WEST FIRST STREET MILAN IL 61264	36-3662153	3	78,392				EARLY CARE & EDUCATI
LUTHERAN SOCIAL SERVICE OF IL 4011 AVENUE OF THE CITIES, #102 MOLINE IL 61265	36-2584799	3	71,172				ADULT DAY SERVICES
MARRIAGE & FAMILY COUNSELING SERVIC 512 SAFETY BUILDING ROCK ISLAND IL 61201	36-2606683	3	172,860				COUNSELING & PREVENT
MARTIN LUTHER KING JR. CENTER, INC. 630 MARTIN LUTHER KING DRIVE ROCK ISLAND IL 61201	36-3100490	3	60,652				AFTERSCHOOL PROGRAMS
POSITIVE PARENTING AT TRINITY 121 WEST 12 STREET DAVENPORT IA 52803	42-1427389	3	18,565				NURTURING YOUNG CHIL
PRAIRIE STATE LEGAL SERVICES 975 NORTH MAIN STREET ROCKFORD IL 61103	37-1030764	3	67,179				CIVIL LEGAL SERVICES
PROJECT NOW 418 - 19 STREET ROCK ISLAND IL 61204	36-2654175	3	139,975				HEADSTART DAY CARE,
ROBERT YOUNG CENTER P O BOX 656 MOLINE IL 61265	36-3678909	3	25,275				HOSPITALIZATION & OL

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**
Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (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
SAFER FOUNDATION QC 571 WEST JACKSON BOULEVARD CHICAGO IL 60661	36-2762168	3	35,570				EMPLOYMENT SERVICES
SALVATION ARMY QC 2200 FIFTH AVENUE MOLINE IL 61265	36-2167910	3	194,884				FAMILY SERVICE CENTE
SCHOOL HEALTH LINK 1504 TENTH STREET, SUITE 3 SILVIS IL 61282	36-4109801	3	69,552				HEALTH CARE FOR UNIN
SCOTT COUNTY FAMILY Y 606 WEST SECOND STREET DAVENPORT IA 52801	42-0703278	3	172,340				MEMBERSHIPS & AFTER
SEAP 230 WEST 35 STREET, SUITE 1 DAVENPORT IA 52806	36-2480784	3	87,337				EMERGENCY ASSISTANCE
SKIP-A-LONG DAY CHILD DEVELOPMENT S 4800 - 60 STREET MOLINE IL 61265	36-2728411	3	203,273				HOME CHILD CARE NETW
ST. AMBROSE UNIV CHILDREN'S CAMPUS 1301 WEST LOMBARD STREET DAVENPORT IA 52804	42-0703280	3	50,757				EDUCATIONAL DAY CARE
THOMAS MERTON HOUSE 780 WEST CENTRAL PARK DAVENPORT IA 52804	43-2072739	3	22,667				CAFÉ ON VINE & DONOR
TRANSITIONS 805 - 19 STREET ROCK ISLAND IL 61204	36-3153563	3	52,647				LIFE DEVELOPMENT: JO
TRINITY VISITING NURSE & HOMEMAKER 106 19TH AVENUE, SUITE 101 MOLINE IL 61265	36-3052939	3	111,012				HOMEMAKER SERVICES &
TWO RIVERS YMCA 2040 - 53 STREET MOLINE IL 61265	36-2169199	3	83,188				MEMBERSHIPS, AFTERSC

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**
Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (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 NEIGHBORS 808 HARRISON STREET DAVENPORT IA 52803	42-1144816	3	172,830				NEIGHBORHOOD WATCH P
WESTERN IL AREA AGENCY ON AGING 729 - 34TH AVENUE ROCK ISLAND IL 61201	36-2801332	3	21,821				RETIRED & SENIOR VOL
YOUTH SERVICE BUREAU RI COUNTY 4709 44TH STREET, SUITE 5 ROCK ISLAND IL 61201	36-2866503	3	236,895				FAMILY THERAPY & DEL
YOUTHBUILD QUAD CITIES P.O. BOX 3285 ROCK ISLAND IL 61204	20-4460906	3	30,340				JOB & LIFE SKILLS TO
YWCA OF QC 229 - 16 STREET ROCK ISLAND IL 61201	36-2171176	3	83,668				DAY CARE, AFTER SCHO
MISSISSIPPI BEND AEA 729 21ST STREET BETTENDORF IA 52722	20-5722133	3	10,000				COATS FOR KIDS
ARROWHEAD RANCH 12200 104TH STREET COAL VALLEY IL 61240	36-2192833	3	6,604				DONOR DESIGNATED FUN
CAMP SHALOM 2136 BRADY STREET DAVENPORT IA 52803	42-1458061	3	7,500				DONOR DESIGNATED FUN
CEDAR VALLEY UNITED WAY 425 CEDAR STREET #300 WATERLOO IA 50701	42-0801846	3	23,514				DONOR DESIGNATED FUN
CHILDREN'S THERAPY CENTER OF THE QU 1504 13TH AVENUE MOLINE IL 61265	36-2207922	3	23,492				ECONOMIC DOWNTURN GR
CHRISTIAN CARE 2209 THIRD AVENUE ROCK ISLAND IL 61201	36-3146523	3	14,730				GRANT FOR TEMPORARY

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**
Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (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
CHRISTIAN FRIENDLINESS 3928 12TH AVENUE MOLINE IL 61265	36-2193602	3	14,535				DONOR DESIGNATED FUN
COLONA-ORION UNITED WAY P.O. BOX 398 COLONA IL 61241	36-3148177	3	14,554				DONOR DESIGNATED FUN
CPC PREGNANCY RESOURCES 829 15TH STREET MOLINE IL 61265	36-3699951	3	15,678				DONOR DESIGNATED FUN
DAVENPORT SCHOOLS FOUNDATION 1606 BRADY STREET DAVENPORT IA 52803	42-1304668	3	8,651				DONOR DESIGNATED FUN
GENESECO COMMUNITY CHEST P.O. BOX 264 GENESECO IL 61254	36-3160588	3	23,813				DONOR DESIGNATED FUN
GILDA'S CLUB QUAD CITIES 1234 EAST RIVER DRIVE DAVENPORT IA 52803	42-1446989	3	8,125				DONOR DESIGNATED FUN
HEART OF ILLINOIS UNITED WAY 509 WEST HIGH STREET PEORIA IL 61606	37-0661504	3	6,132				DONOR DESIGNATED FUN
JUNIOR ACHIEVEMENT OF THE HEARTLAND 800 12TH AVENUE MOLINE IL 61265	84-1267604	3	6,275				DONOR DESIGNATED FUN
PUTNAM MUSEUM & IMAX THEATRE 1717 WEST 12TH STREET DAVENPORT IA 52804	42-0680474	3	14,951				DONOR DESIGNATED FUN
QUAD CITY SLED HOCKEY ASSOCIATION 2236 EAST 46TH STREET DAVENPORT IA 52803	42-1487361	3	5,392				DONOR DESIGNATED FUN
ST. JOSEPH'S THE WORKER HOUSE 901 20TH STREET ROCK ISLAND IL 61201	92-0192137	3	11,120				DONOR DESIGNATED FUN

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**
Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (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 CENTRAL IOWA 1111 NINTH STREET #100 ALEDO IL 61231	42-0680425	3	11,162				DONOR DESIGNATED FUN
UNITED WAY OF CLINTON COUNTY 405 SOUTH THIRD STREET #200 CLINTON IA 52732	42-0698299	3	9,133				DONOR DESIGNATED FUN
UNITED WAY OF MUSCATINE 119 WEST MISSISSIPPI DRIVE MUSCATINE IA 52761	42-0761080	3	19,029				DONOR DESIGNATED FUN
UNITED WAY OF MIDLAND COUNTY MICHIG 220 WEST MAIN STREET #100 MIDLAND MI 48640	38-1434224	3	16,500				DONOR DESIGNATED FUN
UNITED WAY OF SAGINAW COUNTY 100 SOUTH JEFFERSON AVENUE SAGINAW MI 48607	38-1358215	3	15,000				DONOR DESIGNATED FUN
UNITED WAY OF WHITESIDE COUNTY 502 FIRST AVENUE STERLING IL 61081	36-6009102	3	5,870				DONOR DESIGNATED FUN
VERA FRENCH FOUNDATION 1441 WEST CENTRAL PARK DAVENPORT IA 52804	42-1256448	3	5,314				DONOR DESIGNATED FUN
VILLA MONTESSORI SCHOOL 2100 48TH STREET MOLINE IL 61265	36-3200060	3	6,332				DONOR DESIGNATED FUN
WASHTENAW UNITED WAY 2305 PLATT ROAD ANN ARBOR MI 48104	28-1951024	3	18,000				DONOR DESIGNATED FUN
YOUNG LIFE QUAD CITIES P.O. BOX 582 BETTENDORF IA 52722	84-0385934	3	8,734				DONOR DESIGNATED FUN
LUTHERAN SERVICES OF IOWA 111 WEST 15TH STREET DAVENPORT IA 52803	42-0698267	3	46,056				BIRTH TO WORK FUNDIN

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

Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 United States (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
ROCK ISLAND & MILAN SCHOOL DISTRICT 2101 SIXTH AVENUE ROCK ISLAND IL 61201	36-6005357	3	17,500				BIRTH TO WORK FUNDIN
MOLINE COAL VALLEY SCHOOL DISTRICT 1619 11TH AVENUE MOLINE IL 61265	36-6005356	3	39,847				BIRTH TO WORK FUNDIN
EASTERN IOWA COMMUNITY COLLEGE DIST 306 WEST RIVER DRIVE DAVENPORT IA 52801	42-1430209	3	18,700				ECONOMIC DOWNTURN GR
VERA FRENCH COMMUNITY MENTAL HEALT 1441 WEST CENTRAL PARK DAVENPORT IA 52801	42-0716337	3	25,943				ECONOMIC DOWNTURN GR
COMMUNITY RESOURCE & LEARNING CENTE 1201 13TH STREET MOLINE IL 61265	38-3763928	3	7,500				ECONOMIC DOWNTURN GR
REBUILDING TOGETHER QUAD CITIES 2435 KIMBERLY ROAD #80 NORTH BETTENDORF IA 52722	42-1351743	3	12,219				ECONOMIC DOWNTURN GR
ALDRIDGE CHILD DEVELOPMENT CENTER 489 - 27 STREET EAST MOLINE IL 61244	36-3053235	3	26,863				EARLY EDUCATION & PR

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

Schedule I-1 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$ _____						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
AMY CRIST	TRUSTEE	1,496	INVESTMENT SERVICES		X
JAYNE BISCONTINE-O'BRIEN	TRUSTEE FAMILY	39,458	EMPLOYMENT		X

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

36-2725960

UNITED WAY OF THE QUAD CITIES AREA

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

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 PROGRAMS - MAINTAINS, MAXIMIZES,
AND ENHANCES THE USE OF TECHNOLOGY AT THE UNITED WAY OF THE QUAD CITIES
AREA, 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.**

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE AUDIT COMMITTEE REVIEWS A COPY OF THE 990 BEFORE PRESENTING IT TO THE
EXECUTIVE COMMITTEE WHO THEN REVIEWS AND APPROVES IT BEFORE FILING THE
RETURN.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
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. UNITED WAY
OF THE QUAD CITIES AREA STAFF SIGN THE SAME DOCUMENT AS PART OF THEIR
INITIAL ORIENTATION. IN ADDITION TO THE BOARD AND STAFF, SELECT VOLUNTEERS**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

ARE REQUIRED TO SIGN THE CODE OF ETHICS AND 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 FORM 990 GOVERNANCE, MANAGEMENT, AND DISCLOSURE QUESTIONS. AT BOARD MEMBER MEETINGS, MEMBERS ARE REQUIRED TO VOTE "IN ABSENTIA" IF A POTENTIAL CONFLICT OF INTEREST ISSUE ARISES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE STAFF (PRESIDENT, COO, AND CFO) COMPENSATION RANGES ARE DEVELOPED USING UNITED WAY WORLDWIDE DATA FOR EACH POSITION. THE PRESIDENT DETERMINES THE SALARY FOR THE COO AND THE CFO. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS IN DETERMINING EMPLOYEE COMPENSATION, EACH STAFF POSITION IS FIRST CATEGORIZED AS ADMINISTRATIVE, MANAGERIAL, VICE PRESIDENT OR EXECUTIVE STAFF. WITH THE EXCEPTION OF THE EXECUTIVE STAFF, 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 WORLDWIDE. THE PHILOSOPHY FOR COMPENSATION IS THAT WHEN AN EMPLOYEE IS PERFORMING ALL ASPECTS OF THEIR JOB IN A SATISFACTORY MANNER, THEY WILL BE COMPENSATED AT THEIR RESPECTIVE MIDPOINT. THE RANGES AND THEIR MIDPOINT ARE ADJUSTED ANNUALLY BASED ON COST OF LIVING ADJUSTMENTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE BY REQUEST AT THE OFFICE

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

OF THE ENTITY.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART IX, LINE 8 - PENSION PLAN CONTRIBUTIONS

IN THE PRIOR YEAR, THE ORGANIZATION TERMINATED ITS DEFINED BENEFIT PENSION PLAN AND ACCRUED \$600,000 RELATED TO THE DEFICIENCY IN PLAN ASSETS. THE TERMINATION WAS COMPLETED IN THE CURRENT YEAR, AND THE ACTUAL DEFICIENCY WAS \$448,276, WHICH RESULTED IN AN OVER ACCRUAL OF \$148,524. THE OVER ACCRUAL HAS BEEN REELECTED AS A PENSION BENEFIT WHICH HAS BEEN NETTED AGAINST THE ORGANIZATION'S 401(K) CONTRIBUTIONS RESULTING IN A NEGATIVE PENSION EXPENSE ON THE FORM 990.