

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>Please use IRS label or print or type. See Specific Instructions.</b></p>	<p><b>C</b> Name of organization <b>FOX VALLEY UNITED WAY</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>40 W DOWNER PLACE</b></p> <p>City or town, state or country, and ZIP + 4 <b>AURORA IL 60506</b></p>	<p><b>D</b> Employer identification number <b>36-2195467</b></p> <p><b>E</b> Telephone number <b>630-896-4636</b></p> <p><b>G</b> Gross receipts\$ <b>1,874,898</b></p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.)    <input type="checkbox"/> 4947(a)(1) or    <input type="checkbox"/> 527</p>		<p><b>F</b> Name and address of principal officer:</p>	
<p><b>J</b> Website: ▶ <b>www.uwfoxvalley.org</b></p>		<p><b>H(a)</b> Is this a group return for affiliates?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  If "No," attach a list. (see instructions)</p>	
<p><b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation    <input type="checkbox"/> Trust    <input type="checkbox"/> Association    <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1922</b>    <b>M</b> State of legal domicile: <b>IL</b></p>	

Part I Summary			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>FOX VALLEY UNITED WAY EXISTS TO INSPIRE OTHERS TO GIVE, ADVOCATE AND VOLUNTEER IN SUPPORT OF SOCIAL SERVICE PROGRAMS ADDRESSING THE NEEDS OF THE LESS FORTUNATE IN OUR COMMUNITIES</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	5 Total number of employees (Part V, line 2a)	<b>5</b>	<b>4</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>921</b>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<b>1,873,456</b>	<b>1,857,787</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>35,931</b>	<b>15,555</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>292</b>	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,909,679</b>	<b>1,873,342</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,296,062</b>	<b>1,239,622</b>
	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)	<b>229,957</b>	<b>282,952</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>169,076</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>267,422</b>	<b>207,347</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,793,441</b>	<b>1,729,921</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>116,238</b>	<b>143,421</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<b>2,051,773</b>	<b>1,957,676</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>785,168</b>	<b>757,234</b>
		<b>1,266,605</b>	<b>1,200,442</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ Date _____ Type or print name and title _____	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ Date <b>1/08/10</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>P00099670</b>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>Weber &amp; Associates, CPA's 314 N Lake St Ste 1B Aurora, IL 60506-4086</b>	EIN ▶ _____ Phone no. ▶ <b>630-897-4500</b>

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

**TO IMPROVE LIVES IN THE COMMUNITIES SERVED THROUGH  
FUNDRAISING AND BY PROVIDING LEADERSHIP IN FOSTERING  
COLLABERATION AND LEVERAGING RESOURCES TO FOCUS ON SOLVING**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **1,370,299** including grants of \$ **1,239,622** ) (Revenue \$ )

**THE FOX VALLEY UNITED WAY PROVIDES SERVICES FOR PLANNING  
COMMUNITY ACTIVITIES AND FUNDRAISERS, EVALUATING  
INDIVIDUAL AGENCY PROGRAMS, INFORMING THE COMMUNITY OF  
VARIOUS ACTIVITIES IT SPONSORS, AND HELPING SOLVE  
COMMUNITY PROBLEMS WITH GRANTS AND ALLOCATIONS TO OTHER  
AGENCIES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e Total program service expenses** ▶ \$ **1,370,299** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>

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

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

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

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body	<b>16</b>	
<b>1b</b>	Enter the number of voting members that are independent	<b>16</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	<b>X</b>	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>IL</b>
<b>18</b>	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>MICHAEL MEYER</b> <b>40 W DOWNER PL</b> <b>AURORA</b> <b>IL 60506</b> <b>630-896-4636</b>

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRED NELSON TREASURER		X					0	0	0	
ALMA HARRELL SECRETARY		X					0	0	0	
MELINDA JAMES CHAIR		X					0	0	0	
MARILYN MICHELINI DIRECTOR		X					0	0	0	
JOEL OTTOSEN DIRECTOR		X					0	0	0	
DICK SCHINDEL DIRECTOR		X					0	0	0	
KIMBERLY SKARUPSKI DIRECTOR		X					0	0	0	
BRIAN BASILICO DIRECTOR		X					0	0	0	
LINDA WHEELER DIRECTOR		X					0	0	0	
RICK NAGEL DIRECTOR		X					0	0	0	
SCOTT ROSCOE DIRECTOR		X					0	0	0	
CHRIS DEL VECCHIO DIRECTOR		X					0	0	0	
GAIL BUMGARNER DIRECTOR		X					0	0	0	
JOE HARMON DIRECTOR		X					0	0	0	
JOHN POTTER DIRECTOR		X					0	0	0	
TOM LINDBLOM DIRECTOR		X					0	0	0	
MICHAEL MEYER CEO	55			X			108,456	0	10,509	



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 174,080				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 234,909				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,448,798				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		<b>1,857,787</b>			
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		17,111		17,111	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.			1,556		
	<b>c</b> Gain or (loss)			-1,556		
	<b>d</b> Net gain or (loss)			-1,556		
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>Busn. Code</b>					
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			<b>1,873,342</b>	<b>0</b>	<b>15,555</b>	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,239,622	1,239,622		
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	112,462	44,985	44,985	22,492
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	116,966	22,119	36,371	58,476
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,917	3,478	3,491	2,948
9 Other employee benefits	25,119	4,726	10,639	9,754
10 Payroll taxes	18,488	5,537	6,492	6,459
11 Fees for services (non-employees):				
a Management				
b Legal	2,065	31	2,003	31
c Accounting	62,956	958	61,041	957
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion	18,724	1,445	946	16,333
13 Office expenses				
14 Information technology	5,049	1,683	1,683	1,683
15 Royalties				
16 Occupancy	29,481	9,831	9,826	9,824
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,327	785	271	271
20 Interest				
21 Payments to affiliates	11,114	11,114		
22 Depreciation, depletion, and amortization	13,013	4,339	4,337	4,337
23 Insurance	3,264	1,088	1,088	1,088
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>EVENT EXPENSE</b>	16,342	43		16,299
b <b>SUPPLIES</b>	13,112	9,447	1,832	1,833
c <b>PRINTING AND PUBLICATIONS</b>	12,914	805	688	11,421
d <b>TELEPHONE</b>	4,341	1,447	1,447	1,447
e <b>CONTRACT SERVICES</b>	3,389	3,389		
f All other expenses	10,256	3,427	3,406	3,423
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>1,729,921</b>	<b>1,370,299</b>	<b>190,546</b>	<b>169,076</b>
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	73,237	1	62,385
	2	Savings and temporary cash investments	1,252,751	2	1,162,077
	3	Pledges and grants receivable, net	676,060	3	704,518
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	582	9	2,455
	10a	Land, buildings, and equipment: cost basis	158,243		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	134,202	10c	24,041
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,907	15	2,200
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	2,051,773	16	1,957,676	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	23,085	17	23,719
	18	Grants payable	740,156	18	704,878
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	21,927	25	28,637
	26	<b>Total liabilities.</b> Add lines 17 through 25	785,168	26	757,234
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	620,916	27	-59,386
	28	Temporarily restricted net assets	645,689	28	1,259,828
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,266,605	33	1,200,442	
34	<b>Total liabilities and net assets/fund balances</b>	2,051,773	34	1,957,676	

**Part XI Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FOX VALLEY UNITED WAY**

Employer identification number

**36-2195467**

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

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

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

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

h Provide the following information about the organizations the organization supports.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,382,306	2,026,193	1,834,650	1,873,456	1,857,787	8,974,392
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	1,382,306	2,026,193	1,834,650	1,873,456	1,857,787	8,974,392
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						735,895
<b>6 Public support.</b> Subtract line 5 from line 4.						8,238,497

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,382,306	2,026,193	1,834,650	1,873,456	1,857,787	8,974,392
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,522	10,932	11,545	35,931	17,111	88,041
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						9,062,433
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	90.9082 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	94.5649 %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

FOX VALLEY UNITED WAY

36-2195467

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 number, (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 2 columns: Question number, Held at the End of the 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 2 columns: Question number, Amount. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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

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

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

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

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

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

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

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

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>158,243</b>	<b>134,202</b>	<b>24,041</b>
<b>e</b> Other				

**Total.** Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ **24,041**



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,873,342
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,729,921
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	143,421
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	143,421

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

1	Total revenue, gains, and other support per audited financial statements	1	1,880,123
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	66,947
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	66,947
3	Subtract line 2e from line 1	3	1,813,176
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	60,166
c	Add lines 4a and 4b	4c	60,166
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,873,342

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

1	Total expenses and losses per audited financial statements	1	1,736,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	66,947
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	66,947
3	Subtract line 2e from line 1	3	1,669,755
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	60,166
c	Add lines 4a and 4b	4c	60,166
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,729,921

**Part XIV Supplemental Information**

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

<b>Part XI, Line 8 - Reconciliation of Changes - Other</b>			
<u>DONOR DESIGNATED CONTRIBUTIONS</u>		\$	-36,319
<u>PASS-THRU DESIGNATIONS</u>		\$	-23,847
<u>DONOR DESIGNATED CONTRIBUTIONS</u>		\$	36,319
<u>PASS THRU DESIGNATIONS</u>		\$	23,847
<b>Part XII, Line 4b - Revenue Amounts Included on Return - Other</b>			



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
**FOX VALLEY UNITED WAY**  
Employer identification number  
**36-2195467**

**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 I Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

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
	ASSOCIATION FOR INDIVIDUAL DEVELOP							PRGM OP COSTS
	309 W INDIAN TRAIL CT							
	AURORA IL 60506	36-2472743	3	26,893				
	AUNT MARTHA'S YOUTH SERVICES							PRGM OP COSTS
	19990 GOVERNORS HIGHWAY							
	OLYMPIA FIELDS IL 60461	23-7188150	3	19,826				
	AURORA AREA INTERFAITH FOOD PANTRY							PRGM OP COSTS
	PO BOX 2602							
	AURORA IL 60507	32-3206531	3	33,445				
	BREAKING FREE, INC							PRGM OP COSTS
	120 GALE ST							
	AURORA IL 60506	36-2957395	3	18,000				
	CATHOLIC CHARITIES OF AURORA							SVC FOR ELDERLY PYBL
	1700 N FARNSWORTH AVE SUITE 18							
	AURORA IL 60505	36-0879840	3	9,400				
	FAMILY COUNSELING SERVICE OF AURORA							PRGM OP COSTS
	70 S RIVER ST							
	AURORA IL 60506	36-2195470	3	19,778				
	FAMILY FOCUS							PRGM OP COSTS
	555 E BENTON							
	AURORA IL 60505	36-2884042	3	15,583				
	FOX VALLEY CARPENTERS PLACE							PRGM OP COSTS
	PO BOX 766							
	AURORA IL 60507	20-0850660	3	8,323				
	FOX VALLEY VOLUNTEER HOSPICE							SVC FOR ELDERLY PYBL
	200 WHITFIELD DR							
	GENEVA IL 60134	36-3111451	3	10,000				

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

3 Enter total number of other organizations **▶ 2**



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

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

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

.....

2) AGENCIES ARE REQUIRED TO PROVIDE QUARTERLY PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED AGAINST MISSION AS A RESULT.

.....

DONOR DESIGNATIONS:

.....

DESIGNATED AGENCIES UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDINGS. SUCH SCREENING INCLUDES A) VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT, B) VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION

.....



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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

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

Name of the organization

**FOX VALLEY UNITED WAY**

Employer identification number  
**36-2195467**

<b>Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)</b>		(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
		FOX VALLEY SPECIAL RECREATION ASSN							
		2121 W INDIAN TR AURORA IL 60506	36-2986895		7,775				PRGM OP COSTS
		FOX VALLEY YMCA							
		3875 ELDAMAIN RD PLANO IL 60545	36-3028169	3	18,470				PRGM OP COSTS
		GINGER CARE ASSOCIATION							
		2850 GINGER WOODS PKWY AURORA IL 60504	36-4427786	3	63,260				PRGM OP COSTS
		JOSEPH CORPORATION							
		32 S BROADWAY AURORA IL 60507	36-3753248	3	8,132				PRGM OP COSTS
		KENDALL COUNTY HEALTH DEPARTMENT							
		811 W JOHN ST YORKVILLE IL 60560	36-6006598		21,387				PRGM OP COSTS
		L.I.F.E. SUPPORT							
		31 W DOWNER PL AURORA IL 60506	83-0401657	3	10,000				PRGM OP COSTS
		MARIE WILKINSON CHILD DEVELOP CENTER							
		1144 E GALENA BLVD AURORA IL 60505	36-2696529	3	12,558				PRGM OP COSTS
		MUTUAL GROUND							
		418 OAK AVE AURORA IL 60506	36-2921680	3	27,864				PRGM OP COSTS
		PRAIRIE STATE LEGAL SERVICES							
		201 HOUSTON ST SUITE 200 BATAVIA IL 60510	37-1030764	3	5,441				PRGM OP COSTS
		QUAD COUNTY URBAN LEAGUE							
		1685 N FARNSWORTH AVE AURORA IL 60505	36-2882693	3	21,352				PRGM OP COSTS
		R.I.T.A.S MINISTRY							
		150 S LINCOLNWAY SUITE 104 NORTH AURORA IL 60542	36-4185158	3	8,175				PRGM OP COSTS

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

3 Enter total number of other organizations

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

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047  
**2008**  
Open to Public  
Inspection

Name of the organization: **FOX VALLEY UNITED WAY**  
Employer identification number: **36-2195467**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)		(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
SALVATION ARMY		437 E GALENA BLVD AURORA IL 60505	36-2167910	3	60,000				SVC FOR ELDERLY FYBL
SALVATION ARMY GOLDEN DINERS		1031 E STATE ST GENEVA IL 60134	36-2167910	3	10,500				PRGM OP COSTS FYBL
SENIOR SERVICES		900 N LAKE ST SUITE 205 AURORA IL 60506	36-2775102	3	85,000				SVC FOR ELDERLY FYBL
SUICID PREVENTION		528 BATAVIA AVE BATAVIA IL 60510	36-4211306	3	7,000				SVC FOR ELDERLY FYBL
THREE FIRES BOY SCOUTS		415 NORTH 2ND ST ST CHARLES IL 60174	36-3831877	3	6,632				PRGM OP COSTS
VISITING NURSE ASSOCIATION		400 N HIGHLAND AVE AURORA IL 60506	36-2182095	3	45,000				SVC FOR ELDERLY FYBL
WORLD RELIEF		14 W DOWNER PL SUITE 8 AURORA IL 60506	23-7254928	3	9,922				PRGM OP COSTS
YMCA HERITAGE GROUP		460 GARFIELD AVE AURORA IL 60506	36-2179781	3	10,058				PRGM OP COSTS
YMCA AURORA		201 N RIVER ST AURORA IL 60506	36-2202899	3	23,750				PRGM OP COSTS
PUBLIC ACTION TO DELIVER SHELTER		659 S RIVER ST AURORA IL 60506	36-3285644	3	47,528				PRGM OP COSTS
AFRICAN AMERICAN MEN OF UNITY		30 S STOLP AVE AURORA IL 60506	01-0731449	3	7,500				PRGM OP COSTS FYBL

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

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047  
**2008**  
Open to Public  
Inspection

Name of the organization

**FOX VALLEY UNITED WAY**

Employer identification number  
**36-2195467**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION FOR INDIVIDUAL DEVELOP 309 W INDIAN TRAIL CT AURORA IL 60506	36-2472743	3	25,040				PRGM OP COSTS
AUNT MARTHAS YOUTH SERVICES 1990 GOVERNORS HIGHWAY OLYMPIA FIELDS IL 60461	23-7188150	3	18,789				PRGM OP COSTS
AURORA AREA INTERFAITH FOOD PANTRY PO BOX 2602 AURORA IL 60507	36-3206531	3	40,000				SVC FOR ELDERLY FYBL
BREAKING FREE, INC 120 GALE ST AURORA IL 60506	36-2957395	3	19,000				PRGM OP COSTS FYBL
CASA KANE COUNTY 100 S THIRD ST SUITE 460 GENEVA IL 60134	36-3653491	3	7,000				PRGM OP COSTS FYBL
FAMILY COUNSELING SERVICE OF AURORA 70 S RIVER ST AURORA IL 60506	36-2195470	3	28,837				PRGM OP COSTS FYBL
FAMILY FOCUS 555 E BENTON AURORA IL 60505	36-2884042	3	18,833				PRGM OP COSTS FYBL
FOX VALLEY CARPENTERS PLACE PO BOX 766 AURORA IL 60507	20-0850660	3	8,323				PRGM OP COSTS FYBL
FOX VALLEY YMCA 3875 ELDAMAIN RD PLANO IL 60545	36-3028169	3	19,720				PRGM OP COSTS FYBL
GIRL SCOUTS FOX VALLEY 200 NEW BOND ST SUGAR GROVE IL 60554	36-2345192	3	5,347				PRGM OP COSTS FYBL
HOPE FOR TOMORROW, INC. 44 1/1 W DOWNER PL SUITE 39 AURORA IL 60506	36-4481458	3	5,767				PRGM OP COSTS FYBL

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

3 Enter total number of other organizations

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

DAA

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047  
**2008**

**Open to Public  
Inspection**

Name of the organization

**FOX VALLEY UNITED WAY**

Employer identification number  
**36-2195467**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPH CORPORATION 32 S BROADWAY AURORA IL 60507	36-3753248	3	8,132				PRGM OP COSTS FYBL
KENDALL COUNTY HEALTH DEPARTMENT 811 W JOHN ST YORKVILLE IL 60560	36-6006598		21,387				PRGM OP COSTS FYBL
L.I.F.E. SUPPORT 31 W DOWNER PL AURORA IL 60506	83-0401657	3	10,000				PRGM OP COSTS FYBL
MARIE WILKINSON CHILD DEVELOP CENTER 1144 E GALENA BLVD AURORA IL 60505	36-2686529	3	14,558				PRGM OP COSTS FYBL
MUTUAL GROUND 418 OAK AVE AURORA IL 60506	36-2921680	3	28,864				PRGM OP COSTS FYBL
PEOPLE FOR CHILD CARE PO BOX 2636 AURORA IL 60507	36-2873780	3	7,500				PRGM OP COSTS FYBL
PRAIRIE STATE LEGAL SERVICES 201 HOUSTON ST SUITE 200 BATAVIA IL 60510	37-1030764	3	5,441				PRGM OP COSTS FYBL
QUAD COUNTY URBAN LEAGUE 1685 N FARNSWORTH AVE AURORA IL 60505	36-2882693	3	23,352				PRGM OP COSTS FYBL
R.I.T.A.S MINISTRY 150 S LINCOLNWAY, SUITE 104 NORTH AURORA IL 60542	36-4185158	3	8,175				PRGM OP COSTS FYBL
THREE FIRES BOY SCOUTS 415 NORTH 2ND ST ST CHARLES IL 60174	36-3831877	3	6,632				PRGM OP COSTS FYBL
WORLD RELIEF 14 W DOWNER PL SUITE 8 AURORA IL 60506	23-7254928	3	9,422				PRGM OP COSTS FYBL

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

3 Enter total number of other organizations

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

DAA



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

**FOX VALLEY UNITED WAY**

Employer identification number  
**36-2195467**

**Form 990 - Organization's Mission or Most Significant Activities**

**THE IDENTIFIED COMMUNITY PROBLEMS.**

**Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990**

**THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PRESENTED TO THE BOARD BY THE TREASURER AT THE REGULAR MONTHLY MEETING. THE BOARD THEN VOTES TO ACCEPT THE 990 BEFORE IT IS FILED WITH THE IRS.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

**ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR IN DECEMBER.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

**THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST**

**Schedule O - Additional Information**

**SCHEDULE I - PURPOSE OF GRANT DESCRIPTIONS**

**PROGRAM OPERATING COST - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES**

Name of the organization

**FOX VALLEY UNITED WAY**

Employer identification number

**36-2195467**

**SERVICE FOR ELDERLY, PAYABLE - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF COSTS ASSOCIATED WITH PROGRAMS THAT BENEFIT THE ELDERLY.**

**SCHEDULE I INCLUDES \$656,517 OF ALLOCATIONS PAYABLE TO AGENCIES IN ACCORDANCE WITH SFAS 116.**

**LINE 1 OF PART IX OF FORM 990 INCLUDES \$704,878 OF ALLOCATIONS AND GRANTS PAYABLE TO AGENCIES.**