

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 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

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

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

F Name and address of principal officer:
SCOTT CRANE
3247 EAST 35TH STREET COURT
DAVENPORT IA 52807

D Employer identification number
36-2725960

E Telephone number
563-355-4310

G Gross receipts \$ **11,008,817**

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) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **WWW.UNITEDWAYQC.ORG**

H(c) Group exemption number **u**

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

K Form of organization: Corporation Trust Association Other **u**

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) | 23 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 23 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 22 |
| | 6 Total number of volunteers (estimate if necessary) | 3060 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: 9,208,293 Current Year: 9,420,967 |
| | 9 Program service revenue (Part VIII, line 2g) | 1,132,183 1,396,429 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 132,720 119,015 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,001 17 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,486,197 10,936,428 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 7,879,760 7,972,097 |
| | 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) | 1,232,194 1,433,940 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | |
| | b Total fundraising expenses (Part IX, column (D), line 25) u 632,909 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 629,540 687,017 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,741,494 10,093,054 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 744,703 843,374 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 8,924,291 End of Year: 9,708,311 |
| | 21 Total liabilities (Part X, line 26) | 4,824,214 4,564,842 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,100,077 5,143,469 |

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: _____

Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **DONALD C. LOWER** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: **ANDERSON, LOWER, WHITLOW, PC** Firm's EIN: _____

Firm's address: **1805 STATE ST STE 201 BETTENDORF, IA 52722** Phone no.: **563-359-4757**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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

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

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

4a (Code:) (Expenses \$ 7,972,097 including grants of \$ 7,972,097) (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 \$ 351,530 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 \$ 159,778 including grants of \$) (Revenue \$ 9,084) 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 \$ 198,630 including grants of \$) (Revenue \$ 1,387,362)

4e Total program service expenses u 8,682,035

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? (see instructions) | 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 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 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b | 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 | | X |
| c | 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | X | |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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 |
| b | 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, Parts I and IV | | 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, Parts II and IV | | 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, Parts III and IV | | 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 (see instructions) | | 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 |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

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 (or a family member thereof) 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)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|------------|--|----------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | 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 | | |
| 2b | 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. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | 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 |
| 4b | If "Yes," enter the name of the foreign country: u See instructions for 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 |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 |
| 6b | 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). | | |
| 7a | 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 |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 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. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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 governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant 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 |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 |

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 |
| 10b | 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? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | 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 | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization | X | |
| | 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 |
| 16b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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: **u 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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) AMY CRIST DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (2) ANDREA COLEMAN DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (3) CHERYL GOODWIN DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (4) COLLEEN HUBER DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (5) DAVID GREEN BOARD CHAIR | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (6) DAVID NUERNBERGER DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (7) DR CRAIG SHOEMAKER DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (8) DR JAMES SPELHAUG DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (9) DR KIM ARMSTRONG DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (10) DR THOMAS COLEY DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (11) HUNT HARRIS DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (12) JOHN RICHES DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (13) JOHN WHITE DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (14) JOSEPH JUDGE TREASURER/SECRETARY | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (15) KIMBERLEY FOX DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (16) 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 (describe hours for related organizations in Schedule O) | (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 | | | |
| (17) MARA SOVEY DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (18) MARK BURTON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) MICHAEL O'BRIEN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) MICHAEL OBERHAUS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) RICHARD WEHRHEIM DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) SARAH JOHNSON INCOMING CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (23) SCOTT BULL DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (24) SCOTT CRANE PRESIDENT | 40.00 | | | | X | | | 136,450 | 0 | 23,375 |
| (25) RICHARD WIDDEL CFO | 40.00 | | | | X | | | 101,456 | 0 | 15,852 |
| (26) MARGARET ROBERTS COO | 40.00 | | | | X | | | 99,251 | 0 | 12,524 |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 337,157 | | 51,751 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 337,157 | | 51,751 |

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 **u 2**

| | 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 or individual 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 **u 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 806,778 | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 744,703 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 7,869,486 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | u | 9,420,967 | | | | |
| Program Service Revenue | 2a WOMEN'S LEADERSHIP INITIATIVE | Busn. Code | 562,880 | 562,880 | | | |
| | b ECONOMIC DOWNTURN GRANTS | | 301,000 | 301,000 | | | |
| | c IMAGINATION LIBRARY | | 258,581 | 258,581 | | | |
| | d ACHEIVE QUAD CITIES | | 170,260 | 170,260 | | | |
| | e ACCOUNTING SERVICE BUREAU | | 33,700 | 33,700 | | | |
| | f All other program service revenue | | 70,008 | 70,008 | | | |
| | g Total. Add lines 2a-2f | u | 1,396,429 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 103,934 | | | 103,934 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental exps. | | | | | | |
| | c Rental inc. or (loss) | | | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 87,470 | | | | | |
| | b Less: cost or other basis & sales exps. | 72,389 | | | | | |
| | c Gain or (loss) | 15,081 | | | | | |
| | d Net gain or (loss) | u | 15,081 | | | 15,081 | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | u | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | u | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | u | | | | | |
| Miscellaneous Revenue | Busn. Code | | | | | | |
| 11a OTHER REVENUE | 900099 | 17 | 17 | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | u | 17 | | | | | |
| 12 Total revenue. See instructions. | u | 10,936,428 | 1,396,446 | 0 | 119,015 | | |

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 | 7,227,394 | 7,227,394 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 744,703 | 744,703 | | |
| 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 | 388,908 | 142,095 | 162,417 | 84,396 |
| 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 | 755,700 | 309,726 | 221,535 | 224,439 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 92,423 | 31,023 | 33,744 | 27,656 |
| 9 Other employee benefits | 100,359 | 33,687 | 36,641 | 30,031 |
| 10 Payroll taxes | 96,550 | 37,987 | 31,724 | 26,839 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 4,654 | 1,752 | 2,902 | |
| c Accounting | 11,524 | 5,150 | 2,789 | 3,585 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 18,253 | | 18,253 | |
| g Other | 32,734 | 7,220 | 16,136 | 9,378 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 142,342 | 8,098 | 32,828 | 101,416 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 121,222 | 42,662 | 40,623 | 37,937 |
| 17 Travel | 21,535 | 5,726 | 5,774 | 10,035 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 30,991 | 7,510 | 15,945 | 7,536 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 104,144 | 4,734 | 99,043 | 367 |
| 22 Depreciation, depletion, and amortization | 44,959 | 25,101 | 13,110 | 6,748 |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a SUPPLIES | 50,439 | 11,473 | 18,074 | 20,892 |
| b SPONSORSHIP EXPENSE | 34,866 | | | 34,866 |
| c MISCELLANEOUS EXPENSE | 32,064 | 7,794 | 21,860 | 2,410 |
| d WISH LIST EXPENSE | 23,101 | 23,101 | | |
| e RENTAL AND MAINTENANCE | 14,189 | 5,099 | 4,712 | 4,378 |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 10,093,054 | 8,682,035 | 778,110 | 632,909 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 | 4,742,885 | 2 | 4,777,368 |
| | 3 | Pledges and grants receivable, net | 3,086,576 | 3 | 3,532,405 |
| | 4 | Accounts receivable, net | 64,675 | 4 | 60,101 |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 7,981 | 9 | 10,565 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 654,990 | | |
| | b | Less: accumulated depreciation | 10b 467,865 | 10c | 187,125 |
| | 11 | Investments—publicly traded securities | 961,061 | 11 | 1,140,647 |
| | 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) | 8,924,291 | 16 | 9,708,311 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 148,374 | 17 | 187,005 |
| | 18 | Grants payable | 4,665,840 | 18 | 4,325,337 |
| | 19 | Deferred revenue | 10,000 | 19 | 2,500 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 50,000 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,824,214 | 26 | 4,564,842 |
| 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 | 2,011,034 | 27 | 2,369,803 |
| | 28 | Temporarily restricted net assets | 2,089,043 | 28 | 2,773,666 |
| | 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 | 4,100,077 | 33 | 5,143,469 | |
| 34 | Total liabilities and net assets/fund balances | 8,924,291 | 34 | 9,708,311 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,936,428 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,093,054 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 843,374 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,100,077 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 200,018 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 5,143,469 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | 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 |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | 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 separate basis, consolidated 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 |
| 3b | 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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

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

The organization is not a private foundation because it is: (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 | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,248,440 | 9,109,473 | 9,140,970 | 9,208,293 | 9,420,967 | 46,128,143 |
| 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 | 9,248,440 | 9,109,473 | 9,140,970 | 9,208,293 | 9,420,967 | 46,128,143 |
| 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 | | | | | | 46,128,143 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 9,248,440 | 9,109,473 | 9,140,970 | 9,208,293 | 9,420,967 | 46,128,143 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 213,451 | 228,196 | 169,338 | 141,826 | 103,934 | 856,745 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 46,984,888 |

12 Gross receipts from related activities, etc. (see instructions) 12 1,396,446

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 98.18 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 98.03 %

16a 33 1/3% support test—2010. 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

b 33 1/3% support test—2009. 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

17a 10%-facts-and-circumstances test—2010. 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

b 10%-facts-and-circumstances test—2009. 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

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2010. 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—2009. 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 of Contributors

u Attach to Form 990, 990-EZ, or 990-PF.

2010

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 on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|---|
| 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 | JOHN DEERE FOUNDATION 1515 RIVER DRIVE Moline IL 61265 | \$ 849,350 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | HUBBELL-WATERMAN FOUNDATION 220 NORTH MAIN STREET, SUITE 600 DAVENPORT IA 52801-1987 | \$ 425,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 744,703 | 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.) |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (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 **u \$** _____
- 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 **u \$** _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u \$** _____
- 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 **u \$** _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u \$** _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u \$** _____
- 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 the filing organization made payments. 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-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2010

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)
- 1b Total lobbying expenditures to influence a legislative body (direct lobbying)
- 1c Total lobbying expenditures (add lines 1a and 1b)
- 1d Other exempt purpose expenditures
- 1e Total exempt purpose expenditures (add lines 1c and 1d)
- 1f 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. |

- 1g Grassroots nontaxable amount (enter 25% of line 1f)
- 1h Subtract line 1g from line 1a. If zero or less, enter -0-
- 1i Subtract line 1f from line 1c. If zero or less, enter -0-
- 1j 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| 1b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| 1c Total lobbying expenditures | | | | | |
| 1d Grassroots nontaxable amount | | | | | |
| 1e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| 1f 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)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, media advertisements, mailings, publications, grants, and tax incurred under section 4912.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues received, lobbying expenditures, and carryover lobbying.

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."

Table with 3 columns: Question, 1-5. Rows include questions about dues, nondeductible lobbying and political expenditures, and taxable amount of lobbying.

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.

Dotted lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

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. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts required to be reported.

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:

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 | 1,155,450 | 1,060,549 | 1,286,647 | | |
| b Contributions | 170,952 | 30,414 | 8,033 | | |
| c Net investment earnings, gains, and losses | 236,112 | 129,514 | -188,518 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 227,798 | 58,844 | 45,613 | | |
| f Administrative expenses | 8,374 | 6,183 | | | |
| g End of year balance | 1,326,342 | 1,155,450 | 1,060,549 | | |

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

- a** Board designated or quasi-endowment **u** 87.39 %
- b** Permanent endowment **u** %
- c** Term endowment **u** 12.61 %

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 |
|---------------|-----|----------|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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 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 | | 403,637 | 216,512 | 187,125 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | u | 187,125 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | u | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | u | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | u |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount | |
|---|------------|--|
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | u | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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 | 10,936,428 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 10,093,054 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 843,374 |
| 4 | Net unrealized gains (losses) on investments | 4 | 200,018 |
| 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 | 200,018 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,043,392 |

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 | 8,032,140 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 200,018 |
| b | Donated services and use of facilities | 2b | 200,909 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 400,927 |
| 3 | Subtract line 2e from line 1 | 3 | 7,631,213 |
| 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 | 3,305,215 |
| c | Add lines 4a and 4b | 4c | 3,305,215 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 10,936,428 |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 6,988,748 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 200,909 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 200,909 |
| 3 | Subtract line 2e from line 1 | 3 | 6,787,839 |
| 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 | 3,305,215 |
| c | Add lines 4a and 4b | 4c | 3,305,215 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 10,093,054 |

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORGANIZATION'S UNRESTRICTED INVESTMENT FUNDS CONSIST OF SEVERAL INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

THE ORGANIZATION HAS NO PERMANENTLY RESTRICTED NET ASSETS.

PART X - LIABILITY UNDER FIN 48 FOOTNOTE

Part XIV Supplemental Information (continued)

THE ORGANIZATION EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE "MORE LIKELY THAN NOT" THRESHOLD. AS OF JUNE 30, 2011, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND RELATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION FILES U.S. FEDERAL AND IOWA TAX RETURNS WHICH FOR YEARS SUBSEQUENT TO 2007, ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

| | |
|---|---------------|
| SPECIFIC CARE DESIGNATION | \$ -1,753,734 |
| CONTRIBUTIONS RECEIVED ON BEHALF OF OTHER ORGANIZATIONS | \$ -1,551,481 |
| SPECIFIC CARE DESIGNATION | \$ 1,753,734 |
| PROGRAM EXPENSES PAID ON BEHALF OF OTHER ORGANIZATIONS | \$ 1,551,481 |

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

| | |
|---|--------------|
| SPECIFIC CARE DESIGNATION | \$ 1,753,734 |
| CONTRIBUTIONS RECEIVED ON BEHALF OF OTHER ORGANIZATIONS | \$ 1,551,481 |

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

| | |
|--|--------------|
| SPECIFIC CARE DESIGNATION | \$ 1,753,734 |
| PROGRAM EXPENSES PAID ON BEHALF OF OTHER ORGANIZATIONS | \$ 1,551,481 |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed **u**

| 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 |
|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | CENTER FOR ACTIVE SENIORS 1035 WEST KIMBERLY ROAD DAVENPORT IA 52801 | 42-1011267 | 3 | 72,762 | | | | ADULT DAY SERVICES |
| (2) | CENTER FOR ALCOHOL & DRUG SERVICES 1523 SOUTH FAIRMOUNT STREET DAVENPORT IA 52808-3278 | 42-1134273 | 3 | 99,734 | | | | ADULT OUTP. & RESID. |
| (3) | CHILD ABUSE COUNCIL 400 16TH STREET ROCK ISLAND IL 61201 | 36-2937848 | 3 | 116,958 | | | | CHILD ABUSE PREV/COU |
| (4) | COMMUNITY ACTION OF EASTERN IOWA 500 EAST 59TH STREET DAVENPORT IA 52807 | 42-0921929 | 3 | 68,073 | | | | HEADSTART DAY CARE |
| (5) | COMMUNITY CARING CONFERENCE 1114 - 12 STREET ROCK ISLAND IL 61201 | 36-2969980 | 3 | 15,358 | | | | COMMUNITY BLOCK CLUB |
| (6) | COMMUNITY HEALTH CARE 500 WEST RIVER DRIVE DAVENPORT IA 52801 | 42-1060724 | 3 | 53,216 | | | | PEDIATRICS/CLINIC |
| (7) | FAMILY RESOURCES 2800 EASTERN AVENUE DAVENPORT IA 52804 | 42-0698225 | 3 | 417,175 | | | | COUNSEL & VICTIM SVC |
| (8) | FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT IA 52804-3800 | 42-0733466 | 3 | 213,785 | | | | DAY CARE FAM & SR |
| (9) | GENESIS VISITING NURSES ASSOC. 2535 MAPLECREST, SUITE 27 BETTENDORF IA 52722 | 42-1418847 | 3 | 105,932 | | | | HOME HEALTH SERVICE |

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed **u**

| 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 |
|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS 2011 SECOND AVENUE ROCK ISLAND IL 61201 | 42-1008848 | 3 | 132,510 | | | | TROOP/GROUP SERVICES |
| (2) | HAND IN HAND 3860 MIDDLE ROAD BETTENDORF IA 52722 | 42-1508508 | 3 | 50,327 | | | | RESPITE FOR PARENTS |
| (3) | HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD DAVENPORT IA 52809 | 42-0947868 | 3 | 118,951 | | | | P/T HANDICAPPED |
| (4) | HELP LEGAL ASSISTANCE 401 HARBORVIEW BUILDING DAVENPORT IA 52803 | 42-0957957 | 3 | 112,158 | | | | CIVIL LEGAL AID SERV |
| (5) | HUMILITY OF MARY HOUSING 1228 EAST 12 STREET DAVENPORT IA 52803 | 42-1349437 | 3 | 66,985 | | | | TRANS/PERM HOUSING |
| (6) | HUMILITY OF MARY SHELTER 1228 EAST 12 STREET DAVENPORT IA 52803 | 01-0916973 | 3 | 69,241 | | | | HOMELESS SUPP SVC |
| (7) | JUST KIDS 1800 WEST FIRST STREET MILAN IL 61264 | 36-3662153 | 3 | 93,949 | | | | EARLY CARE EDU CTR |
| (8) | LUTHERAN SOCIAL SERVICE OF ILLINOIS 4011 AVENUE OF THE CITIES, #102 MOLINE IL 61265 | 36-2584799 | 3 | 65,836 | | | | ADULT DAY SERVICES |
| (9) | MARRIAGE & FAMILY COUNSELING SERVICE 512 SAFETY BUILDING ROCK ISLAND IL 61201 | 36-2606683 | 3 | 172,132 | | | | COUNSEL/PREV ABUSE |

2 Enter total number of section 501(c)(3) and government organizations **u** _____

3 Enter total number of other organizations **u** _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I General Information on Grants and Assistance

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|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | MARTIN LUTHER KING JR. CENTER, INC. 630 MARTIN LUTHER KING DRIVE ROCK ISLAND IL 61201 | 36-3100490 | 3 | 56,288 | | | | AFTERSCHOOL PROGRAMS |
| (2) | POSITIVE PARENTING AT TRINITY 121 WEST 12 STREET DAVENPORT IA 52803 | 42-1427389 | 3 | 17,258 | | | | NURTURING YNG CHILD |
| (3) | PRAIRIE STATE LEGAL SERVICES 975 NORTH MAIN STREET ROCKFORD IL 61103-7064 | 37-1030764 | 3 | 63,693 | | | | CIVIL LEGAL SERVICES |
| (4) | PROJECT NOW 418 - 19 STREET ROCK ISLAND IL 61204-3970 | 36-2654175 | 3 | 132,485 | | | | HEADSTART DAYCARE SR |
| (5) | ROBERT YOUNG CENTER P O BOX 656 MOLINE IL 61265 | 36-3678909 | 3 | 25,421 | | | | HOSP & OLDER ADULT |
| (6) | SAFER FOUNDATION QC 571 WEST JACKSON BOULEVARD CHICAGO IL 60661 | 36-2762168 | 3 | 35,137 | | | | EMP SERV & YOUTH EMP |
| (7) | SALVATION ARMY QC 2200 FIFTH AVENUE MOLINE IL 61265 | 36-2167910 | 3 | 150,506 | | | | FAM SERV EMERG FAM |
| (8) | SCHOOL HEALTH LINK 1504 TENTH STREET, SUITE 3 SILVIS IL 61282 | 36-4109801 | 3 | 55,257 | | | | HEALTHCARE UNINSURED |
| (9) | SCOTT COUNTY FAMILY Y 606 WEST SECOND STREET DAVENPORT IA 52801 | 42-0703278 | 3 | 192,222 | | | | MBR & AFTERSCHOOL |

2 Enter total number of section 501(c)(3) and government organizations **u** _____

3 Enter total number of other organizations **u** _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u 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
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|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | SEAP 230 WEST 35 STREET, SUITE 1 DAVENPORT IA 52806 | 36-2480784 | 3 | 81,981 | | | | EMERGENCY ASSISTANCE |
| (2) | SKIP-A-LONG DAY CHILD DEVELOPMENT S 4800 - 60 STREET MOLINE IL 61265 | 36-2728411 | 3 | 202,218 | | | | HOME CHILD CARE |
| (3) | ST. AMBROSE UNIV CHILDREN'S CAMPUS 1301 WEST LOMBARD STREET DAVENPORT IA 52804 | 42-0703280 | 3 | 34,383 | | | | EDUC DAY CARE & BTW |
| (4) | THOMAS MERTON HOUSE 780 WEST CENTRAL PARK DAVENPORT IA 52804 | 43-2072739 | 3 | 16,672 | | | | CAFÉ ON VINE |
| (5) | TRANSITIONS 805 - 19 STREET ROCK ISLAND IL 61204-4238 | 36-3153563 | 3 | 58,957 | | | | LIFE DEVEL SKILLS |
| (6) | TRINITY VISITING NURSE & HOMEMAKER 106 19TH AVENUE, SUITE 101 MOLINE IL 61265 | 36-3052939 | 3 | 101,123 | | | | HOMEMAKER SERVICES |
| (7) | TWO RIVERS YMCA 2040 - 53 STREET MOLINE IL 61265 | 36-2169199 | 3 | 71,745 | | | | MBRSHIP/AFTERSCHOOL |
| (8) | UNITED NEIGHBORS 808 HARRISON STREET DAVENPORT IA 52803 | 42-1144816 | 3 | 164,861 | | | | NEIGHBORHOOD WATCH |
| (9) | WESTERN IL AREA AGENCY ON AGING 729 - 34TH AVENUE ROCK ISLAND IL 61201 | 36-2801332 | 3 | 21,426 | | | | RETIRED & SENIOR VOL |

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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u Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I General Information on Grants and Assistance

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|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | YOUTH SERVICE BUREAU RI COUNTY 4709 44TH STREET, SUITE 5 ROCK ISLAND IL 61201 | 36-2866503 | 3 | 200,690 | | | | FAMILY THERAPY |
| (2) | YOUTHBUILD QUAD CITIES P.O. BOX 3285 ROCK ISLAND IL 61204 | 20-4460906 | 3 | 27,478 | | | | JOB & LIFE SKILLS |
| (3) | YWCA OF QC 229 - 16 STREET ROCK ISLAND IL 61201 | 36-2171176 | 3 | 98,792 | | | | DAY CARE/AFTERSCHOOL |
| (4) | CHURCH OF PEACE 1114 12TH STREET ROCK ISLAND IL 61201 | 36-6003221 | 3 | 12,000 | | | | SUMMER ENRICHMENT |
| (5) | LUTHERAN SERVICES OF IOWA 111 WEST 15TH STREET DAVENPORT IA 52803 | 42-0698267 | 3 | 46,038 | | | | BIRTH TO WORK |
| (6) | ROCK ISLAND & MILAN SCHOOL DISTRICT 2101 SIXTH AVENUE ROCK ISLAND IL 61201 | 36-6005357 | 3 | 14,000 | | | | BIRTH TO WORK |
| (7) | MOLINE COAL VALLEY SCHOOL DISTRICT 1619 11TH AVENUE MOLINE IL 61265 | 36-6005356 | 3 | 11,496 | | | | BIRTH TO WORK |
| (8) | EASTERN IOWA COMMUNITY COLLEGE DIST 306 WEST RIVER DRIVE DAVENPORT IA 52801 | 42-1430209 | 3 | 125,000 | | | | ECONOMIC DOWNTURN |
| (9) | STUDENT HUNGER DRIVE 4457 EAST 56 STREET DAVENPORT IA 52807 | 42-1399854 | 3 | 7,500 | | | | EVENT SPONSOR |

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

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

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I General Information on Grants and Assistance

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|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | RIVERBEND FOOD BANK 309 12TH STREET MOLINE IL 61265 | 36-3147342 | 3 | 54,315 | | | | ECONOMIC DOWNTURN |
| (2) | BLACKHAWK COLLEGE 6600 34TH AVENUE MOLINE IL 61265 | 36-3240562 | 3 | 125,000 | | | | ECONOMIC DOWNTURN |
| (3) | ARROWHEAD RANCH, INC. 12200 104TH STREET COAL VALLEY IL 61240 | 36-2192833 | 3 | 5,475 | | | | GENERAL OPERATIONS |
| (4) | CAMP SHALOM 2136 BRADY STREET DAVENPORT IA 52803 | 42-1458061 | 3 | 8,500 | | | | GENERAL OPERATIONS |
| (5) | CEDAR VALLEY UNITED WAY 425 CEDAR STREET #300 WATERLOO IA 50701 | 42-0801846 | 3 | 35,651 | | | | GENERAL OPERATIONS |
| (6) | CHRISTIAN CARE 2209 THIRD AVENUE ROCK ISLAND IL 61201 | 36-3146523 | 3 | 5,171 | | | | GENERAL OPERATIONS |
| (7) | CHRISTIAN FRIENDLINESS 3928 12TH AVENUE MOLINE IL 61265 | 36-2193602 | 3 | 12,905 | | | | GENERAL OPERATIONS |
| (8) | COLONA-GREEN ROCK-ORION UNITED WAY, P.O. BOX 398 COLONA IL 61241 | 36-3148177 | 3 | 14,855 | | | | GENERAL OPERATIONS |
| (9) | CPC PREGNANCY RESOURCES 829 15TH STREET MOLINE IL 61265 | 36-3699951 | 3 | 12,323 | | | | GENERAL OPERATIONS |

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2010

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Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

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|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | DAVENPORT SCHOOLS FOUNDATION 1606 BRADY STREET DAVENPORT IA 52803 | 42-1304668 | 3 | 7,356 | | | | GENERAL OPERATIONS |
| (2) | GENESE0 COMMUNITY CHEST P.O. BOX 264 GENESE0 IL 61254 | 36-3160588 | 3 | 25,291 | | | | GENERAL OPERATIONS |
| (3) | GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME STREET DAVENPORT IA 52803 | 42-1421670 | 3 | 5,361 | | | | GENERAL OPERATIONS |
| (4) | GILDA'S CLUB QUAD CITIES 1234 EAST RIVER DRIVE DAVENPORT IA 52803 | 42-1446989 | 3 | 5,711 | | | | GENERAL OPERATIONS |
| (5) | JUNIOR ACHIEVEMENT OF THE HEARTLAND 800 12TH AVENUE MOLINE IL 61265 | 84-1267604 | 3 | 6,871 | | | | GENERAL OPERATIONS |
| (6) | PUTNAM MUSEUM AND IMAX THEATRE 1717 WEST 12TH STREET DAVENPORT IA 52804 | 42-0680474 | 3 | 7,304 | | | | GENERAL OPERATIONS |
| (7) | ST. JOSEPH'S THE WORKER HOUSE 901 20TH STREET ROCK ISLAND IL 61201 | 92-0192137 | 3 | 12,845 | | | | GENERAL OPERATIONS |
| (8) | UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET #100 ALEDO IL 61231 | 42-0680425 | 3 | 10,238 | | | | GENERAL OPERATIONS |
| (9) | UNITED WAY OF CLINTON COUNTY IOWA 405 SOUTH THIRD STREET #200 CLINTON IA 52732 | 42-0698299 | 3 | 6,240 | | | | GENERAL OPERATIONS |

2 Enter total number of section 501(c)(3) and government organizations **u** _____

3 Enter total number of other organizations **u** _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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Inspection**

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

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|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | UNITED WAY OF GREATER KANSAS CITY 1080 WASHINGTON STREET KANSAS CITY MO 64105 | 44-0545812 | 3 | 5,762 | | | | GENERAL OPERATIONS |
| (2) | UNITED WAY OF LEE COUNTY FLORIDA 7275 CONCOURSE DRIVE FORT MYERS FL 33908 | 59-1005169 | 3 | 5,500 | | | | GENERAL OPERATIONS |
| (3) | UNITED WAY OF MIDLAND COUNTY MICHIGAN 220 WEST MAIN STREET #100 MIDLAND MI 48640 | 38-1434224 | 3 | 25,000 | | | | GENERAL OPERATIONS |
| (4) | UNITED WAY OF MUSCATINE, INC. 119 WEST MISSISSIPPI DRIVE MUSCATINE IA 52761 | 42-0761080 | 3 | 19,494 | | | | GENERAL OPERATIONS |
| (5) | UNITED WAY OF SAGINAW COUNTY 100 SOUTH JEFFERSON AVENUE SAGINAW MI 48607 | 38-1358215 | 3 | 10,000 | | | | GENERAL OPERATIONS |
| (6) | UNITED WAY SERVICES, INC. 215 WEST SIXTH STREET DUBUQUE IA 52001 | 42-0761060 | 3 | 8,543 | | | | GENERAL OPERATIONS |
| (7) | VERA FRENCH FOUNDATION 1441 WEST CENTRAL PARK DAVENPORT IA 52804 | 42-1256448 | 3 | 5,162 | | | | GENERAL OPERATIONS |
| (8) | UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR MI 48104 | 28-1951024 | 3 | 15,000 | | | | GENERAL OPERATIONS |
| (9) | WILDWOOD HILLS RANCH 3000 ST. CHARLES ROAD ST. CHARLES IA 50240 | 42-1517411 | 3 | 5,308 | | | | GENERAL OPERATIONS |

2 Enter total number of section 501(c)(3) and government organizations **u** _____

3 Enter total number of other organizations **u** _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2010

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Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

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|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | WOMEN'S CHOICE CENTER P.O. BOX 549 BETTENDORF IA 52722 | 37-6358005 | 3 | 7,856 | | | | GENERAL OPERATIONS |
| (2) | YOUNG LIFE QUAD CITIES P.O. BOX 582 BETTENDORF IA 52722 | 84-0385934 | 3 | 8,411 | | | | GENERAL OPERATIONS |
| (3) | BALLET QUAD CITIES 613 17TH STREET ROCK ISLAND IL 61201 | 42-1366753 | 3 | 10,000 | | | | GENERAL OPERATIONS |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

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

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.
Part III can be duplicated 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 |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 FLOOD DISASTER ASSISTANCE | 122 | 744,703 | | FMV | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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.

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SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

u Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number
36-2725960

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. | | |
| <input type="checkbox"/> Compensation committee | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment from the organization or a related organization? | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | X |
| If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | | X |
| b Any related organization? | | X |
| If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | | X |
| b Any related organization? | | X |
| If "Yes" to line 6a or 6b, describe in Part III. | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | X |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SCOTT CRANE | (i) | 136,450 | 0 | 0 | 13,645 | 9,730 | 159,825 | 144,385 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

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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 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 u \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

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? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | | Yes | No | Yes | No | Yes | No |
| | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |

Total u \$ _____

Part III Grants or Assistance Benefiting 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 |
|-------------------------------|---|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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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.

ACCOUNTING SERVICES BUREAU - AN ADMINISTRATIVE AND ACCOUNTING SERVICE

OFFERED TO THE ILLOWA BI-STATE COMBINED FEDERAL CAMPAIGN.

FORM 990, PART VI, LINE 11B - 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

ARE REQUIRED TO SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY

DEPENDING ON THE SENSITIVITY OF INFORMATION THEY WILL BE WORKING WITH

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

(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 OF THE ENTITY.