

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

## 2008

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  110,890,343.</p>	<p>Print or Type</p>	<p>Name of organization ( <input checked="" type="checkbox"/> Check box if name changed and see instructions.)                  UNITED WAY WORLDWIDE                  FORMERLY UNITED WAY OF AMERICA                  Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.                  701 NORTH FAIRFAX STREET                  City or town, state, and ZIP code                  ALEXANDRIA, VA 22314</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.)  13-1635294</p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.)  524298</p>
<p><b>F</b> Group exemption number (See instructions for Block F.) ▶</p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity. ▶ EXPLOITED EXEMPT ACTIVITY INCOME

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ ROBERT BERDELLE Telephone number ▶ 703-836-7100

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)	26,250.	6,650.	19,600.
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	26,250.	6,650.	19,600.

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			1,176.
20 Charitable contributions (See instructions for limitation rules.)			
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule)			
29 Total deductions. Add lines 14 through 28			1,176.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			18,424.
31 Net operating loss deduction (limited to the amount on line 30)			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			18,424.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			17,424.

<b>Part III Tax Computation</b>	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c 2,614.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 2,614.

<b>Part IV Tax and Payments</b>	
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a
b Other credits (see instructions)	40b
c General business credit. Attach Form 3800	40c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d
e Total credits. Add lines 40a through 40d	40e
41 Subtract line 40e from line 39	41 2,614.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42
43 Total tax. Add lines 41 and 42	43 2,614.
44a Payments: A 2007 overpayment credited to 2008	44a
b 2008 estimated tax payments	44b
c Tax deposited with Form 8868	44c
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d
e Backup withholding (see instructions)	44e
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f
45 Total payments. Add lines 44a through 44f	45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46 104.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47 2,718.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax _____ Refunded _____	49

<b>Part V Statements Regarding Certain Activities and Other Information</b> (See instructions on page 18)		
1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		x
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

<b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation <input checked="" type="checkbox"/> N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a Additional section 263A costs	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		x

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer: <i>Robert Berdell</i>	Date: 11-16-09	Title: CFO AND SENIOR VP
Paid Preparer's Use Only	Preparer's signature: <i>Jane Underwood</i>	Date: 11/16/09	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP code: BDO SEIDMAN, LLP 7101 WISCONSIN AVE., SUITE 800 BETHESDA MD 20814-4827	Preparer's SSN or PTIN: P00022361	EIN: 13-5381590
		Phone no.: (301) 654-4900	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Rent received or accrued, split into (a) From personal property and (b) From real and personal property.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table for Unrelated Debt-Financed Income, columns 1-4: Description, Gross income, Deductions (a), Deductions (b).

Table for Unrelated Debt-Financed Income, columns 4-8: Amount of average acquisition debt, Average adjusted basis, Column 4 divided by column 5, Gross income reportable, Allocable deductions.

Totals ... Total dividends-received deductions included in column 8 ...

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Controlled Organizations, split into Exempt and Nonexempt sections, columns 1-6.

Table for Nonexempt Controlled Organizations, columns 7-11.

Totals ... Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	STMT 1 3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) INSURANCE PROGRAM						
(2) ROYALTIES	26,250.	6,650.	19,600.			
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b>	26,250.	6,650.				0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

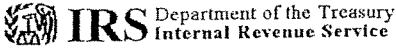
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T . SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 1  
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE EXP		6,650.	
- SUBTOTAL -	1		6,650.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			6,650.



OGDEN UT 84201-0046

In reply refer to: 0424646038  
Sep. 23, 2009 LTR 252C E0  
13-1635294 000000 00  
00004784  
BODC: TE

UNITED WAY WORLDWIDE  
701 N FAIRFAX ST  
ALEXANDRIA VA 22314-2058



127985

Taxpayer Identification Number: 13-1635294

Dear Taxpayer:

Thank you for the inquiry dated Aug. 21, 2009.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at [www.irs.gov](http://www.irs.gov) or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

Kim L. Tolsma  
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):  
Copy of this letter

RECEIPT

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ENTITY NAME: UNITED WAY WORLDWIDE

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)

COUNTY: NEWY

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FILED:06/23/2009 DURATION:\*\*\*\*\* CASH#:090623000766 FILM #:

FILER:

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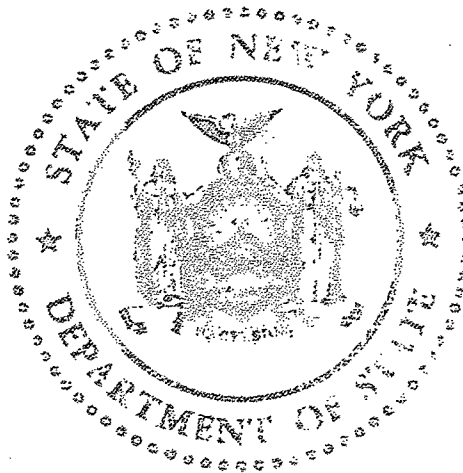
ELIOT P. GREEN, ESQ.  
LOEB & LOEB LLP  
345 PARK AVENUE  
NEW YORK, NY 10154

ADDRESS FOR PROCESS:

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REGISTERED AGENT:

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SERVICE COMPANY: NATIONAL CORPORATE RESEARCH LTD. - 26      SERVICE CODE: 26

FEES	25.00	PAYMENTS	25.00
FILING	0.00	CASH	0.00
TAX	0.00	CHECK	0.00
CERT	0.00	CHARGE	0.00
COPIES	0.00	DRAWDOWN	25.00
HANDLING	25.00	OPAL	0.00
		REFUND	0.00

FILING RECEIPT

=====

ENTITY NAME: UNITED WAY WORLDWIDE

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PROCESS NAME PROVISIONS

COUNTY: NEWY

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FILED:06/30/2009 DURATION:\*\*\*\*\* CASH#:090630000917 FILM #:090630000800

FILER:

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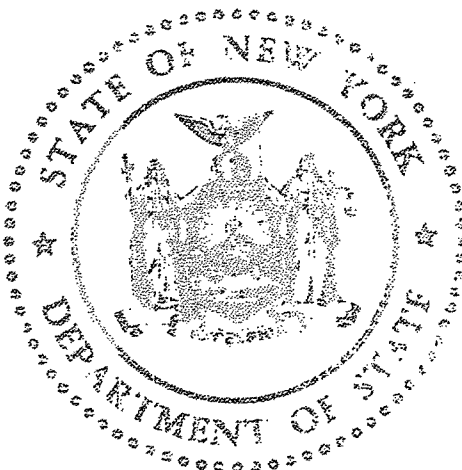
ELLIOT P GREEN ESQ  
LOEB & LOEB LLP  
345 PARK AVENUE  
NEW YORK, NY 10154

ADDRESS FOR PROCESS:

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ATTN PATRICIA J TURNER GENERAL COUNSEL  
701 NORTH FAIRFAX STREET  
ALEXANDRIA, VA 22314

REGISTERED AGENT:



=====

SERVICE COMPANY: NATIONAL CORPORATE RESEARCH LTD. - 26 SERVICE CODE: 26

FEES	90.00	PAYMENTS	90.00
FILING	30.00	CASH	0.00
TAX	0.00	CHECK	0.00
CERT	0.00	CHARGE	0.00
COPIES	10.00	DRAWDOWN	90.00
HANDLING	50.00	OPAL	0.00
		REFUND	0.00



**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 1, 2009.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

NCR-26

090630000800

CERTIFICATE OF AMENDMENT  
of the  
CERTIFICATE OF INCORPORATION  
of  
UNITED WAY OF AMERICA

Under Section 803 of the New York State Not-for-Profit  
Corporation Law

The undersigned, William Parrett, Chairman and Arlene Baker, Secretary,  
respectively of United Way of America (the "Corporation"), do hereby certify that:

(1) The name of the Corporation is "United Way of America."

(2) The certificate of incorporation of the Corporation was filed by the  
Department of State on the 10th day of June, 1932. The Corporation was formed under the name  
Community Chest and Councils, Inc.

The Corporation was formed under the Membership Corporation Law of the State  
of New York.

(3) The Corporation is a corporation as defined in subparagraph (a)(5) of  
section 102 of the Not-for-Profit Corporation Law and is a Type B corporation under section 201  
of said law. The Corporation shall hereafter be and remain a Type B corporation under section  
201 of the Not-for-Profit Corporation Law.

(4) Paragraph I of the certificate of incorporation of the Corporation, which  
sets forth the name of the Corporation, is hereby amended to read as follows:

I. The name of the Corporation is: "United Way Worldwide".

(5) Paragraph V of the certificate of incorporation of the Corporation relating to the territory of operations of the Corporation, is hereby amended to read in its entirety as follows:

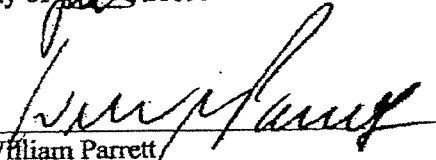
V. The territories in which its operations are principally to be conducted are in the United States and worldwide.

(6) This amendment to the certificate of incorporation of the Corporation was authorized by the majority vote of the members of the Corporation who voted in person or by proxy at the Annual Meeting of the Corporation held on May 13, 2009.

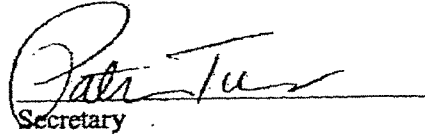
(7) Prior to delivery to the Department of State for filing, all approvals or consents required by law, will have been endorsed upon or annexed to this certificate of amendment.

(8) The Secretary of State of the State of New York is hereby designated the agent of the Corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the Corporation served upon him as agent of the Corporation is: United Way Worldwide, 701 North Fairfax Street, Alexandria, Virginia 22314, Attn: Patricia J. Turner, General Counsel.

IN WITNESS WHEREOF, the undersigned has subscribed this certificate of amendment and affirm the statements herein as true under the penalties of perjury as of the 1 day of June 2009.



William Parrett  
Chairman  
United Way Worldwide  
701 North Fairfax Street  
Alexandria, Virginia 22314



Secretary  
United Way Worldwide  
701 North Fairfax Street  
Alexandria, Virginia 22314

**JOAN B. CAREY**

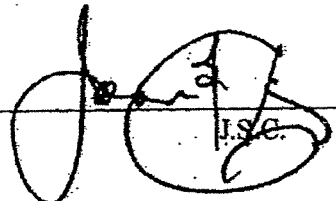
I, \_\_\_\_\_, a Justice of the Supreme Court of the State of

New York for the FIRST Judicial District do hereby approve of the foregoing

Certificate of Amendment of the Certificate of Incorporation of United Way Of America

and consent that the same be filed.

Date: JUN 19 2009

  
\_\_\_\_\_  
J.S.C.

THE ATTORNEY GENERAL HAS NO OBJECTION  
TO THE GRANTING OF JUDICIAL APPROVAL  
HEREON, ACKNOWLEDGES RECEIPT OF  
STATUTORY NOTICE AND DEMANDS SERVICE  
OF THE FILED CERTIFICATE. SAID NO OBJECTION  
IS CONDITIONED ON SUBMISSION OF THE  
MATTER TO THE COURT WITHIN 60 DAYS HEREAFTER.

by Laura Werper

ASSISTANT ATTORNEY GENERAL      DATE

June 15, 2009

NCR-26

090630000800

lee  
STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED JUN 30 2009

TAX \$ \_\_\_\_\_  
Y: lee  
My

CERTIFICATE OF AMENDMENT  
of the  
CERTIFICATE OF INCORPORATION  
of  
UNITED WAY OF AMERICA  
Under Section 803 of the Not-for-Profit  
Corporation Law

FILED  
2009 JUN 30 PM 3:31

filed by:

Eliot P. Green, Esq.  
Loeb & Loeb LLP  
345 Park Avenue  
New York, New York 10154

2009 JUN 30 AM 10:10

RECEIVED

NY747520.3  
209848-10001

Drawdown

lee