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AMENDED RETURN

Form **990**

STM127

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01 , **2007, and ending** 06-30 , **20**08

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

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

C Name of organization: UNITED WAY OF PUEBLO COUNTY COLORAD

Number and street (or P O box if mail is not delivered to street address): PO BOX 11566 — Room/suite

City or town, state or country, and ZIP + 4: PUEBLO CO 81001

D Employer identification number: 84-0404917

E Telephone number: (719)583-4455

F Accounting method. ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and **I** are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶ WWW.PUEBLOUNITEDWAY.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,024,469

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	908,756	
	c	Indirect public support (not included on line 1a)	1c	47,747	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 956,503 noncash $)			1e 956,503
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 17,672
	5	Dividends and interest from securities			5 28,609
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less. direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less. cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 21,685
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 1,024,469
Expenses	13	Program services (from line 44, column (B))			13 790,000
	14	Management and general (from line 44, column (C))			14 24,949
	15	Fundraising (from line 44, column (D)) STM103			15 88,985
	16	Payments to affiliates (attach schedule)			16 8,500
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 912,434
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 112,035
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) STM104			19 934,794
	20	Other changes in net assets or fund balances (attach explanation)			20 19,374
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 1,066,203

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GIT 18

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22 b Other grants and allocations (attach schedule) (cash $ 604,734 noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b	STM124 604,734	604,734		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	60,805	39,809	3,600	17,396
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	130,202	85,243	7,708	37,251
27 Pension plan contributions not included on lines 25a, b, and c	27	20,600	13,390	1,236	5,974
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	15,089	9,808	905	4,376
30 Professional fundraising fees	30				
31 Accounting fees	31	7,500		7,500	
32 Legal fees	32				
33 Supplies	33	21,416	10,988	2,142	8,286
34 Telephone	34	1,456	757	146	553
35 Postage and shipping	35	3,739	1,944	374	1,421
36 Occupancy	36	2,200	1,430	66	704
37 Equipment rental and maintenance	37	1,592	828	159	605
38 Printing and publications	38				
39 Travel	39	1,722	861	172	689
40 Conferences, conventions, and meetings	40				
41 Interest 4562	41				
42 Depreciation, depletion, etc. (attach schedule)	42	4,971	4,971		
43 Other expenses not covered above (itemize):					
a MARKETING	43a	4,501	3,736		765
b INSURANCE	43b	2,648	1,377	265	1,006
c DUES	43c	1,220	634	122	464
d MISCELLANEOUS	43d	17,100	8,222	310	8,568
e OFFICIAL FUNCTIONS	43e	2,439	1,268	244	927
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	903,934	790,000	24,949	88,985

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . . ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	See SERVICES (Grants and allocations $ 601,427) If this amount includes foreign grants, check here ▶ ☐	790,000
b	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	790,000

Part IV Balance Sheets (See the instructions)

					(A) Beginning of year		(B) End of year
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing			73,731	45	163,739
	46	Savings and temporary cash investments			237,742	46	270,662
	47 a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		2,241	47c	
	48 a	Pledges receivable	48a	393,572			
	b	Less allowance for doubtful accounts	48b	64,441	320,219	48c	329,131
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			3,917	53	4,277
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule) STM115			785,470	56	889,588
	57 a	Land, buildings, and equipment basis	57a	25,721			
	b	Less accumulated depreciation (attach schedule) STM116	57b	24,196	5,599	57c	1,525
	58	Other assets, including program-related investments (describe ▶ STM117)			11,776	58	8,486
	59	**Total assets** (must equal line 74) Add lines 45 through 58			1,440,695	59	1,667,408
Liabilities	60	Accounts payable and accrued expenses			474,401	60	494,107
	61	Grants payable			30,000	61	30,000
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ STM121)			1,500	65	77,098
	66	**Total liabilities.** Add lines 60 through 65			505,901	66	601,205
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			308,228	67	406,259
	68	Temporarily restricted			25,566	68	58,944
	69	Permanently restricted			601,000	69	601,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			934,794	73	1,066,203
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			1,440,695	74	1,667,408

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements			a	927,549
b	Amounts included on line a but not on Part I, line 12.				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): STATEMENT # 96	b4	(96,920)		
	Add lines b1 through b4			b	(96,920)
c	Subtract line b from line a			c	1,024,469
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	1,024,469

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	881,172
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	60,330		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): STATEMENT # 97	b4	(91,592)		
	Add lines b1 through b4			b	(31,262)
c	Subtract line b from line a			c	912,434
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	912,434

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See 990_OFOV				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 60,330			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 5			
91a	The books are in care of ▶ % PUEBLO COUNTY UNITED WAY Telephone no ▶ 719-583-4455 Located at ▶ 2631 EAST 4TH STREE PUEBLO CO ZIP + 4 ▶ 81001			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here ▶ ☐		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue.					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings & temporary cash investments			14	17,672	
96	Dividends and interest from securities			14	28,609	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a MISC REVENUE					14,357
b	SERVICE FEE					7,328
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				46,281	21,685
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					67,966

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103	MISCELLANEOUS INCOME FROM EXEMPT FUNCTIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: If "Yes" to (b), file Form 8870 **and** Form 4720 (see instructions)

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please 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 officer) is based on all information of which preparer has any knowledge

James J Duff

Signature of officer — Date

James J Duff Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Rebecca Farrells, CPA, Inc	Date 10-12-2011	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4	REBECCA FARRELLS, CPA, INC 311 W 24TH STREET PUEBLO, CO 81003		EIN ▶ 33-1036706 Phone no ▶ 7195457999	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization

UNITED WAY OF PUEBLO COUNTY COLORAD

Employer identification number

84-0404917

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one. If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

NONE (a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Total number of others receiving over $50,000 for professional services . . . . . ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

NONE (a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over $50,000 for other services . . . . . ▶		

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
	See Part V-A, Form 990			
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	*Enter the total number of donor advised funds owned at the end of the tax year* ►			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4). (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) . . ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28.) . . .	774,389	820,694	737,849	663,689	2,996,621
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	38,708	35,853	31,852	35,206	141,619
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	813,097	856,547	769,701	698,895	3,138,240
24 Line 23 minus line 17	813,097	856,547	769,701	698,895	3,138,240
25 Enter 1% of line 23	8,131	8,565	7,697	6,989	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 . . . . . ▶ **26a** 62,765

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts . . ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) . . . . . ▶ **26c** 3,138,240

d Add Amounts from column (e) for lines 18 141,619 19 _____ 22 _____ 26b _____ . . . . . ▶ **26d** 141,619

e Public support (line 26c minus line 26d total) . . . . . ▶ **26e** 2,996,621

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** . . . . . ▶ **26f** 95.49%

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year.

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶ **27c**

d Add Line 27a total . . _____ and line 27b total . . _____ . . . . . ▶ **27d**

e Public support (line 27c total minus line 27d total) . . . . . ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶ **27f** 0

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** . . . . . ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** . . . . ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** | | if the organization belongs to an affiliated group. Check ▶ **b** | | if you checked "**a**" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table- **If the amount on line 40 is-** / **The lobbying nontaxable amount is-**: Not over $500,000 — 20% of the amount on line 40; 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	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			0
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans deferred compensation	(e) Expense account, other allowances
ANDREA ARAGON	EXECUTIVE DIR			
PO BOX 11566 PUEBLO CO 81001	40	60,805	4,206	0
GARY STONE	CHAIR			
105 S VICTORIA PUEBLO CO 81003	1	0	0	0
KEN GOODNIGHT	CHAIR ELECT			
5072 FLICKER DR PUEBLO CO 81008	1	0	0	0
RENEE RODRIQUEZ	VICE CHAIR			
830 N MAIN PUEBLO CO 81003	1	0	0	0
JIM DUFF	TREASURER			
30520 EVERETT ROAD PUEBLO CO 81006	1	0	0	0
LOU BRADEN	SECRETARY			
PO BOX 4040 PUEBLO CO 81003	1	0	0	0
FRANK PACHECO	PAST CHAIR			
1414 N SANTE FE AVEN PUEBLO CO 81001	1	0	0	0
DAVE ABEYTA	DIRECTOR			
201 W 8TH ST PUEBLO CO 81003	1	0	0	0
TERI NITCHEN	DIRECTOR			
807 N GREENWOOD PUEBLO CO 81003	1	0	0	0
LINDA LOWE COATS	DIRECTOR			
526 HARRISON AVE PUEBLO CO 81004	1	0	0	0
MICHELLE PEULEN	DIRECTOR			
400 W 16TH ST PUEBLO CO 81003	1	0	0	0
SONIA CLARK	DIRECTOR			
4 COURTNEY PLACE PUEBLO CO 81001	1	0	0	0
DAN CORDOVA	DIRECTOR			
1008 MINNEQUA AVE PUEBLO CO 81004	1	0	0	0
SCOTT CONSTANTINI	DIRECTOR			
101 WILLIAM WHITE PUEBLO CO 81001	1	0	0	0
DAVE EDMISSON	DIRECTOR			
2005 LIME ROAD PUEBLO CO 81006	1	0	0	0
ANNETTE HERRERA	DIRECTOR			
409 N GRAND PUEBLO CO 81003	1	0	0	0
JOHN KLOMP	DIRECTOR			
1408 TORCHEY WAY PUEBLO CO 81006	1	0	0	0
RENEE RICHARDSON	DIRECTOR			
1018 CONSTITUTION RO PUEBLO CO 81001	1	0	0	0
VERN STUESSY	DIRECTOR			
PO BOX 8328 PUEBLO CO 81008	1	0	0	0
DAN TOUSSAINT	DIRECTOR			
2901 FARABAUGH PUEBLO CO 81005	1	0	0	0
BRIAN VALDEZ	DIRECTOR			
1045 W 6TH ST PUEBLO CO 81003	1	0	0	0
LENNY VALDEZ	DIRECTOR			
3418 ELMWOOD CIRCLE PUEBLO CO 81005	1	0	0	0

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF PUEBLO COUNTY COLO	FORM 990 - 1	84-0404917

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (**Do not** include listed property) (See instructions)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,971

Part III MACRS Depreciation (**Do not** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	4,971
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, SCH FOR PART IV-A, LINE b(4) Statement #96

OTHER REVENUES INCLUDED SCHEDULE

Description	Amount
DONOR DESIGNATIONS	(96,920)
TOTAL	(96,920)

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, SCH FOR PART IV-B, LINE b(4) Statement #97

OTHER EXPENSES INCLUDED SCHEDULE

Description	Amount
DONOR DESIGNATIONS	(91,592)
TOTAL	(91,592)

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, PART I, LINE 16
PAYMENT TO AFFILIATES LIST

Statement #103

Name	UNITED WAY OF AMERICA
Address	101 N FAIRFAX ST
	ALEXANDRIA VA 22314
Amount	$8,500
Purpose	MEMBERSHIP DUES

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS SCHEDULE

Statement #104

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	24,702
SERVICE FEES	(5,328)
TOTAL	19,374

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, SCH FOR PART IV, LINE 56 Statement #115

INVESTMENTS OTHER SCHEDULE

Description	C/F	Beg of Year	End of Year
WELLS FARGO CD	C	50,000	53,215
SECURITY SERVICE WITTELS	C	52,207	55,083
WELLS FARGO WITTELS	C	51,560	51,266
AG EDWARDS	C	507,040	547,724
COLORADO EAST CD	C	124,663	132,170
SECURITY SERVICE CD	C		50,130
TOTAL		785,470	889,588

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE

Statement #116

Category or Item	Basis	Accumulated Depreciation	End of Year
EQUIPMENT	25,721	24,196	1,525
TOTAL	**25,721**	**24,196**	**1,525**

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, SCH FOR PART IV, LINE 58 Statement #117

OTHER ASSETS SCHEDULE 2

Description	Beginning of year	End of year
INTEREST RECEIVABLE	11,776	8,486
TOTAL	**11,776**	**8,486**

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, SCH FOR PART IV, LINE 65
OTHER LIABILITIES SCHEDULE 2

Statement #121

Description	Beginning of year	End of year
FUNDS HELD FOR OTHER	1,500	77,098
TOTAL	1,500	77,098

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE

Statement #124

				Amount	Relationship
Activity	CHARITY			30,600	
Recipient	SRDA				
Address	230 N UNION				
City,St Zip	PUEBLO	CO	81003		
Activity	CHILD CARE			29,900	
Recipient	SOUTHSIDE CHILDRENS CENTER				
Address	2601 SPRAGUE AVE				
City,St Zip	PUEBLO	CO	81004		
Activity	CHARITY			46,300	
Recipient	YOUNG WOMENS CHRISTIAN ASSOC				
Address	801 N SANTA FE				
City,St Zip	PUEBLO	CO	81003		
Activity	CHARITY			30,000	
Recipient	COMMUNITY IMPACT GRANT				
Address	VARIOUS				
City,St Zip	PUEBLO	CO	81001		
Activity	CHARITY			7,000	
Recipient	PUEBLO GOODWILL INDUSTRIES				
Address	1020 CONSTITUTION RD				
City,St Zip	PUEBLO	CO	81001		
Activity	CHARITY			1,053	
Recipient	WITTELS GRANTS PAID				
Address	VARIOUS				
City,St Zip	PUEBLO	CO	81001		
			TOTAL	144,853	

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE

Statement #124

				Amount	Relationship
Activity	CHARITY			30,000	
Recipient	CPS DISBURSEMENT				
Address	VARIOUS				
City,St Zip	PUEBLO	CO	81001		
Activity	CHARITY			38,228	
Recipient	CCC DISBURSEMENT				
Address	VARIOUS				
City,St Zip	PUEBLO	CO	81001		
Activity	CHARITY			91,353	
Recipient	VARIOUS OTHERS				
Address	VARIOUS				
City,St Zip	PUEBLO	CO	81001		
			TOTAL	159,581	

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE

Statement #124

				Amount	Relationship
Activity	CHARITY			27,000	
Recipient	GIRL SCOUTS				
Address	21 MONTEBELLO				
City,St Zip	PUEBLO	CO	81003		
Activity	CHARITY			3,500	
Recipient	HEARING PROJECT ESA				
Address	4315 OUTLOOK E				
City,St Zip	PUEBLO	CO	81008		
Activity	CHARITY			18,500	
Recipient	PUEBLO CHILD ADVOCACY CENTER				
Address	301 E 13TH ST				
City,St Zip	PUEBLO	CO	81003		
Activity	CHARITY			10,000	
Recipient	PUEBLO COMMUNITY HEALTH CENTER				
Address	310 COLORADO AVE				
City,St Zip	PUEBLO	CO	81004		
Activity	CHARITY			20,000	
Recipient	PUEBLO SET FOR WELL BEING				
Address	1925 E ORMAN G 52				
City,St Zip	PUEBLO	CO	81004		
Activity	PREVENT SUICIDE			42,300	
Recipient	SUICIDE PREVENTION CENTER				
Address	1925 E ORMAN GTE G25				
City,St Zip	PUEBLO	CO	81004		
			TOTAL	121,300	

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY COLORAD

Your Social Security Number: 84-0404917

FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE

Statement #124

				Amount	Relationship
Activity	CHARITY			10,700	
Recipient	AMERICAN RED CROSS				
Address	4104 OUTLOOK BLVD 135				
City,St Zip	PUEBLO	CO	81008		
Activity	CHARITY			30,000	
Recipient	BOY SCOUTS ROCKY MTN COUNCIL				
Address	411 S PUEBLO BLVD				
City,St Zip	PUEBLO	CO	81005		
Activity	CHARITY			37,000	
Recipient	BOYS AND GIRLS CLUB OF PUEBLO				
Address	2601 SPRAGUE AVE				
City,St Zip	PUEBLO	CO	81004		
Activity	CHARITY			50,000	
Recipient	CATHOLIC CHARITIES OF THE DIOCESE				
Address	429 W 10TH ST 101				
City,St Zip	PUEBLO	CO	81003		
Activity	CHARITY			20,000	
Recipient	COOPERATIVE CARE CENTER				
Address	325 W 10TH ST				
City,St Zip	PUEBLO	CO	81003		
Activity	CHILD CARE			31,300	
Recipient	EASTSIDE CHILD CARE CENTER				
Address	PO BOX 11266				
City,St Zip	PUEBLO	CO	81001		
			TOTAL	179,000	

	Federal Supporting Statements	2007 PG 01
Name(s) as shown on return		Your Social Secunty Number
UNITED WAY OF PUEBLO COUNTY COLORAD		84-0404917

FORM 990, GENERAL EXPLANATION ATTACHMENT

Statement #127

A NONPROFIT AGENCY THAT RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY.

	Federal Supporting Statements	2007 PG 01
Name(s) as shown on return		Your Social Secunty Number
UNITED WAY OF PUEBLO COUNTY COLORAD		84-0404917

FORM 990, GENERAL EXPLANATION ATTACHMENT Statement #127

STM LD

	Statement of Program Service Accomplishments	2007 01
Name(s) as shown on return		Your Social Security Number
UNITED WAY OF PUEBLO COUNTY COLORAD		84-0404917

FORM 990, PART III (a)

Grants and Allocations	$601427
Program Service Expenses	$790000
Includes Foreign Grants	NO

Explanation

UNITED WAY PROVIDES SERVICES THROUGH FUND RAISING AND OTHER COMMUNITY SERVICE ACTIVITIES DEEMED APPROPRIATE BY THE BOARD OF DIRECTORS.

* Item was disposed of during current year

Depreciation Detail Listing

Program Services

For your records only

2007

Name(s) as shown on return

UNITED WAY OF PUEBLO COUNTY COLORAD

Social security number/EIN

84-0404917

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	9-BOOK CASE	19880301	211		100.00		211	7		0		211			
2	12-ZENITH TV	19880901	267		100.00		267	7		0		267			
3	13-ZENITH VCR	19880901	244		100.00		244	7		0		244			
4	15-2 METAL BOXES	19890601	120		100.00		120	5		0		120			
5	16-2 STORAGE CABINETS	19890601	200		100.00		200	5		0		200			
6	17-4 DOOR METAL CABIN	19890601	325		100.00		325	5		0		325			
7	20-FILE CABINET	19890601	125		100.00		125	5		0		125			
8	21-5 DRAWER CABINET	19890601	95		100.00		95	5		0		95			
9	22-FILE CABINET	19890601	125		100.00		125	5		0		125			
10	29-3 FILE CABINETS	19940501	1,146		100.00		1,146	5		0		1,146			
11	39-6 DESKS	20000731	2,354		100.00		2,354	5		0		2,354			
12	41-PRINTER	20010308	705		100.00		705	5		0		658			
13	42-5 COMPUTERS	20030301	5,950		100.00		5,950	5	S/L HY	20	793	5,950			793
14	44-RAINBOW SOFTWARE	20050701	11,900		100.00		11,900	3	S/L HY	33.333	3,966	11,900			3,966
15	45-1 SERVER GATEWAY P	20060406	1,058		100.00		1,058	5	S/L HY	20	212	476			212
16	46-LASER PRINTER 3115	20080630	897		100.00		897	5	S/L MQ	2.5					
	Totals		25,722				25,722				4,971	24,196			4,971

Land Amount

Net Depreciable Cost 25,722

ST ADJ:

	Federal Supporting Statements	2007 PG01
Name(s) as shown on return		Your Social Security Number
UNITED WAY OF PUEBLO COUNTY COLORAD		84-0404917

AMENDED RETURN INFORMATION

Statement #

Unformatted Statement

ON THE ORIGINAL RETURN SCHEDULE A PART IV: REASON FOR NON-PRIVATE FOUNDATION, 11A SHOULD HAVE BEEN CHECKED IE: 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)INSTEAD OF BOX 13.