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# · 990

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

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

		ne Peasury Le Service	•	The organization may have to us	e a copy of this return	to satisfy state	e repor	ting requirements.		Inspecti	ion
A	For the	2009 cal	endar ye	r, or tax year beginning	1/1/2009	, ar	nd endi	ing 6/3	0/2009		
<b>B</b> 0	heck if ap	oplicable	Please use IRS	C Name of organization UNI	TED WAY OF SOU	THWEST CO	DLORA	DO D Employer	identificati	on number	
	Address o	change	label or	Doing Business As				23-711322	l		
۱ ا	lame cha	ange	print or	Number and street (or P O box if	mail is not delivered to str	eet address)	Room	/suite E Telephone	number		
□ ·	nitial retu	ırn	type. See	P.O. BOX 3040				970-247-94	44		
П т	erminate	ed	Specific	City or town, state or country, and	ZIP + 4		•			· <u>·</u>	
$\Box$	Amended	i return	Instruc- tions.	DURANGO	СО	8130	2	G Gross reco	eipts \$		437,670
$\sqcap_{\ell}$	Application	on pending		ime and address of principal offic	er:			(a) Is this a group retu	rn for affiliat	982 V	s X No
				LSWORTH P.O. BOX 3040, [		202	ľ	• •		一一	
							"	(b) Are all affiliates inc		Ye	s No
		npt status			4947(a)(1) or	527		If "No," attach a lis	a (see msu	uctions)	
<u>J                                    </u>	<u>Vebsite</u>	: ► www		/ay-swco.org		<del></del>	<u>  H</u>	(c) Group exemption	number 🕨		
KF	orm of or	rganization	Χc₀	poration Trust Associati	on Other ▶	L	Year of	formation 1972	M State	of legal domic	ile CC
Р	art I	Sur	nmary								
	1	Briefly de	escribe	he organization's mission or r	most significant activ	vities: Unite	ed Way	y of Southwest C	olorado id	dentifies pro	blems
		the citize	ens of th	region are experiencing, the	n seeks out the loc	al nonprofit o	rganiz	ations that are b	est at add	ressing tho	se
26		problem	s. Unite	d Way provides funding and o	other resources to the	nese nonprofi	its to h	nelp them serve le	ocal peop	le who are	in need.
ī		Funding	į is secu	ed through an annual fundrai	ising campaign that	uses events,	, direc	t mail and workpl	ace fundi	raising.	
Activities & Governance	2	Check th	ns box	▶ if the organization disc	continued its operati	ons or dispos	sed of	more than 25%	of its net	assets.	
න	3			members of the governing b		•			3		12
es	4			endent voting members of the					4		12
Ĭ.	5			employees (Part V, line 2a) .					5		
Aci	6			volunteers (estimate if necess					6		
	7a			ated business revenue from F					7a		
	b	Net unre	elated bu	siness taxable income from F	orm 990-T, line 34.				7b		(
								Prior Year		Current Y	ear
-	8	Contribu	itions an	d grants (Part VIII, line 1h) .			· L	1,18	0,105		433,662
Revenue	9	Program	service	revenue (Part VIII, line 2g).				<u>.</u>	0		
eve	10	Investme	ent incoi	ne (Part VIII, column (A), lines	s 3, 4, and 7d)		. ∟	1	0,306		4,008
œ	11	Other re	venue (i	Part VIII, column (A), lines 5, 6	3d, 8c, 9c, 10c, and	11e)	. L		0		
	12			l lines 8 through 11 (must equal l				1,19	0,411	•	437,670
	13			ar amounts paid (Part IX, colu				94	6,410		223,656
	14		-	or for members (Part IX, colur	_		0				
ç	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)						9,023		78,512
Su:	16a			fraising fees (Part IX, column			·		0		1,064
Expenses	b			expenses (Part IX, column (I		35,	340				
ш	17	Other ex	penses	(Part IX, column (A), lines 11a	a-11d, 11f-24f)	(ED	<u> </u>		0,706		31,201
	18	Total exp	penses.	Part IX, column (A), lines 11a Add lines 13–17 (must equal penses, Subtract line 18 from	Part IX, PREMIDITAI)	/Ifae-25)	\		6,139	·	334,433
. 40	19	Revenue	e less ex	penses. Subtract line 18 from	Ine 12	··· · · · · · · · · · · · · · · · · ·	\		5,728		103,237
Net Assets or Fund Balances		Takal aa	t- (D-	4 V. Bar. 40)	10 MUL 18/	5010 /S	// F	Beginning of Current		End of Ye	
Sse	20			t X, line 16)	. 12		<u> </u>		2,141		626,022
et et	21	Not see	omues (r	art X, line 26)	· · · · · · · · · · · · · · · · · · ·	N LIT	1 -		6,806		425,634
		Net asse	els or iui	d balances. Subtract line 21	noth line GGDE	9.0	<u> </u>	9	5,335		200,388
	rt II		nature	of perjury, I declare that I have examin	ed this return, including a	ccompanying ect	hodulos	and statements, and t	o the best of	f my knowledge	
7				ue, correct, and complete Declaration							
era			Λ	/ //							
ືSig	n		Ju	- Little				4	12-K	)	
			Signature					Date			
=#le	re		Ism	Wakus 12, +	resident	FEEU	_				
<u>,</u>		<del></del>		nt name and title							
<u>.,</u>		Prepa		Λ	Da	te	Chec	ck if	Preparer's	identifying nun	nber
<b>⊋</b> ai		signa	lure	Frankie White Wander	WH.P.	4/7/2010	self- empl	oved ▶	(see insubc	uuria <i>j</i>	
	parer's		s name (or		ecociates Inc	1112010	1 5.1101	<u> </u>	<del>L</del>		
عولج	Only	ıf self	-employed	Clark, write and As				EIN •	(070) 0	7.005.4	
Φ_			ss, and ZI					Phone no	(970) 24		
Mar	/ the IF	RS discus	s this re	turn with the preparer shown a	above? (see instruc	tions)				X Yes	No

Га	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	United Way of Southwest Colorado's mission is to identify problems the citizens of the region are experiencing, and to seek out	
	local nonprofit organizations that are best addressing the problems. United Way provides funding and other resources to these	
		Z
	nonprofits to help them serve those individuals in need.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_		lo
		10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	lo
	If "Yes," describe these changes on Schedule O.	
4		
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 \$ 120,153 including grants of \$ 0 ) (Revenue \$ 104,302 )	
44		٠.
	United Way is the fiscal agent for three direct financial assistance programs, Community Emergency Assistance Coalition (CEA	ſΩĮ
	Pagosa Outreach Connection, and Energy Outreach Colorado (EOC). These three programs provide one time emergency	
	support to families and individuals who are behind on bills such as utilities, mortgage, rent and auto loans. All income,	
	expenses and financial support for each program flows through a United Way bank account.	
41-	/O-d	
4b	· · · · · · · · · · · · · · · · · · ·	
	United Way seeks out local nonprofit organizations that can prove they are helping local people and addressing local needs.	
	United Way recruits three volunteer committees across the region to help find the best nonprofit organizations. Each year these	e
	committees review requests for funding from local nonprofits, prioritize the requests after scoring each applicant, and then make	 e
	a set of funding recommendations that staff takes to United Way's board of directors for approval. The total of these funding	
		<u>-</u>
	recommendations form the core of the annual fundraising campaign's goal. If the goal is reached, the funding recommendation	5
	are honored and paid in full in the following calendar year.	
	United Way staff are involved in many other community projects and organizations that help the communities of the region to be	<u> </u>
	a good place for everyone to live. Examples include Rotary Clubs, FEMA Emergency Food and Shelter Program Board, the	
	Colorado Nonprofit Association, a local hospital's board of directors, the Community Foundation Serving Southwest Colorado,	
	La Dieta Chartie Association Douglilla Coundation beyond of discotors and resource there	
	LaPlata Electric Association Round up Foundation board of directors, and many others.	
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)	
-		
		<b></b> -
	***************************************	
4 .	Other program continue (Decembe in Cabadula O.)	
40	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)	
4e	Total program service expenses ► 250,795	

Part	IV Checklist of Required Schedules			_ <u></u> _
			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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	<u> </u>		
·	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
v	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
7		,		V
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ۽ ا		
_	complete Schedule D, Part III	8		Х
	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	9		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	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	i i		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No	<u> </u>		
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	⊢"⊢	-	<del>  ^-</del>
17	· · · · · · · · · · · · · · · · · · ·	47		v
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Χ_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		~
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Par	t 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	ļ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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	22	Х	
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	23		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			١
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١
_	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			١
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			١.,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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	27		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	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	00-		
20	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		├^
30		20		
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X_
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		<del>  ^</del>
JZ	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		├^
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<del>  ^</del>
J-T	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		<del>  ^</del>
33	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		<del>  ^</del> -
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130		<del>  ^</del>
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>"</del>		广
JO	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
	19. Hote. All Form 990 mers are required to complete Schedule C		990	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-5
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		ļ
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?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	76		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		<del>  ^-</del>
0	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:	- 25	-	$\vdash$
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			l
11	Section 501(c)(12) organizations. Enter:			İ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year.  12b			

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.

Seci	ion A. Governing Body and Management			
4	E		Yes	No
1a	Enter the number of voting members of the governing body			
b				
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?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del>  ^</del>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		·	
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			,
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			Ì
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	405	V	
	rise to conflicts?	12b	Χ	<del>                                     </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-	_	
40		12c 13	_X	Х
13	Does the organization have a written whistleblower policy?	14	Х	-^-
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	^	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	 X	
b	Other officers or key employees of the organization	15b		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?	16a		_x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	-	·
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second sec	est		
	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	ne		
	organization: ► TIM WALSWORTH, PRESIDENT AND CEO 970-247-944	4		
	<u>281</u> SAWYER DRIVE, SUITE 400, DURANGO, CO 81303			

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compe	ensate any curre	ent off	fice	r, di	irec	tor, or	· tru	ustee.		
(A) (B) (C) (D) (E) (F)										
Name and Title	Average hours per week				key employee	that employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RANDY EGNER MEMBER	1.	Х						0	0	0
DR. GARY LINN MEMBER	1.	Х						0	0	0
LON ERWIN MEMBER	1.	Х						0	0	0
CRYSTAL ROBERTSON MEMBER	1.	Х						0	0	0
GAYE WEISS MEMBER	1.	Х						0	0	0
CHRIS SERWE MEMBER	1.	Х						0	0	0
WARD HOLMES MEMBER	1.	Х						0	0	0
RANDY HAGEN TREAS	1.			х				0	0	0
CHESSA GILL PAST PRESIDENT	1.			х				0	0	0
DICK BABILLIS SECRETARY	1.			х				0	0	0
DAVID DOWNS PRESIDENT ELECT	1.			X				0	0	0
CHRISTI ZELLER PRESIDENT	1.			x				0	0	_0
TIM WALSWORTH PRES/CEO	40.				х			28,251	0	0
KAREN ROBERTS FINANCE DIRECTOR	40.				х			18,200	0	0

	rt VII Section A. Officers, Directors, Tru	(B)	 	<del></del>		C)	,		(D)	(E)			F)
	Name and title	Average	Position (check all that app					ply)	Reportable	Reporta	ble		mated
	· Name and tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	employee		compensation from the organization (W-2/1099-MISC)	compens from rela organiza (W-2/1099	ation ated tions	amo ol compe fror orgar and i	nated ther ensation in the nization related izations
		-											
<u>1b</u>	Total							. >	46,451		0		0
2	Total number of individuals (including but no reportable compensation from the organization)		se list	ed a	bove 0	e) wh	no re	ceive	ed more than \$1	00,000 in			
												Ye	s No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If</i> "Yes," complete Sca			•	•	•		_	st compensated		3		X
4	For any individual listed on line 1a, is the su the organization and related organizations of												
_	Individual			•			٠.				4		X
5	services rendered to the organization? If "Y									· · · · ·	. 5		X
	tion B. Independent Contractors  Complete this table for your five highest cor	na anastad inda					41-	- t		- 6100 00	)O of		
1	compensation from the organization.	mpensated inde		ent d		acto	rs in	at re		n \$100,00			
	(A) Name and business address								(B) Description of serv	/ices	Con	(C) pensation	
								_			<del></del>		0
								<u> </u>		-			0 0
	<del></del>							+	<del></del>				0
								t	<del></del>				0
2	Total number of independent contractors (in more than \$100,000 in compensation from	-		ed to	thos	se lis	sted a		e) who received				

**Business Code** 

000

ol

437,670

Miscellaneous Revenue

Total revenue. See instructions. . .

11a

4,008

#### <sup>△</sup> 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 req	uired to complete	columns (B), (C), an	id (D).
	not include amounts reported on lines 6b, 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		<u> </u>		
	organizations in the U.S. See Part IV, line 21	103,503	103,503		
2	Grants and other assistance to individuals in	, , , ,			1
	the U.S. See Part IV, line 22	120,153	120,153		1
3	Grants and other assistance to governments,	.201.00	,,		
-	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0		· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
-	trustees, and key employees	46,451	11,236	23,069	12,146
6	Compensation not included above, to disqualified	70,707	1,1=00		.=1
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	26,285	8,891	8,655	8,739
8	Pension plan contributions (include section 401(k)		-,	-,	-,
	and section 403(b) employer contributions)	ol		İ	
9	Other employee benefits	0			· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	5,776	1,540	2,638	1,598
11	Fees for services (non-employees):				
а	Management	o			
b	Legal	0			
C	Accounting	460		460	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	1,064			1,064
f	Investment management fees	0		Î	
g	Other	0			
12	Advertising and promotion	3,106		2,778	328
13	Office expenses	11,851	1,805	3,739	6,307
14	Information technology	0	, i	Í	
15	Royalties	0			
16	Occupancy	2,915	1,573	464	878
17	Travel	523	132	250	141
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ol	į		
19	Conferences, conventions, and meetings	911	182	698	31
20	Interest	0			
21	Payments to affiliates [	5,310	470	1,368	3,472
22	Depreciation, depletion, and amortization [	1,106	0	470	636
23	Insurance	2,805		2,805	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				į
	5% of total expenses shown on line 25 below.)				
а	EVENTS	1,310	1,310		
b	TRAINING	904		904	
С		. 0			
d		0			
e		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	334,433	250,795	48,298	35,340
26	Joint costs. Check here ▶ if following			İ	
	SOP 98-2. Complete this line only if the organization	ł			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising	ļ			
	solicitation				

^ P	art X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	600	1	600
	2	Savings and temporary cash investments	266,499	2	328,761
	3	Pledges and grants receivable, net	278,426	3	199,576
S)	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
Assets	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6	
ets	7	Notes and loans receivable, net	0	7	0
SSI	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges , ,	758	9	4,793
	10a	Land, buildings, and equipment: cost or 10a 13,919			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 9,961	1,198		3,958
	11	Investments—publicly traded securities	0	_11_	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	84,660		88,334
	16	Total assets. Add lines 1 through 15 (must equal line 34)	632,141		626,022
	17	Accounts payable and accrued expenses	4,988		15,427
	18	Grants payable	531,818		410,207
	19	Deferred revenue	_	19	
	20	Tax-exempt bond liabilities	0	20	
Ë	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			<u> </u>
<u>.</u>		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 26	Other liabilities. Complete Part X of Schedule D	536,806	25 26	425 624
	20	Total liabilities. Add lines 17 through 25	230,000		425,634
S		Organizations that follow SFAS 117, check here ► X and			
ည		complete lines 27 through 29, and lines 33 and 34.			
la	27	Unrestricted net assets	56,155		138,281
Ã	28	Temporarily restricted net assets	39,180		62,107
<u>a</u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds .	· · · · · · · · · · · · · · · · · · ·	32	
Š	33	Total net assets or fund balances	95,335		200,388
	34	Total liabilities and net assets/fund balances	632,141		626,022
					Form <b>990</b> (2009)

Form **990** (2009)

Form 9	90 (2009) UNITED WAY OF SOUTHWEST COLORADO	23-7113221	P	age 12
Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?	. 2a		X
b	Were the organization's financial statements audited by an independent accountant?	. 2b	Χ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:	•		
	X Separate basis Consolidated basis 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Foi	m <b>99</b> 0	(2009)

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

### **Public Charity Status and Public Support**

OMB No 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization Employer identification number UNITED WAY OF SOLITHWEST COLOPADO 22 7442224

	ONL		WAT UP SUU	HUMES! COL	JRADO						23-7	113221		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  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.)  A refear, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See 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	_Par	t I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	e this par	rt.) See ii	nstructio	ns.		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  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.)  A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)  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)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives a substantial part 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 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 509(a)(2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 509(a)(2)).  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III.)  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)(2). Complete Part III.  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the p		rgar		•	•		_		•	•				
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospitals name, (iv), and state:  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  An organization that normally receives: (1) more than 33 '13' % 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 '13' % of its support from gross investment income and unrelated business taxable income (less section 501) and the supposes of exempts and operated exclusively to test for public safety. See section 509(a)(4).  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 sections 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et Imruph 11h.  a   Type   b   Type   c   Type   III Functionally integrated   d   Type   III Functiona	1	$\square$	•		•			ed in sec	tion 170	(b)(1)(A)(i	i).			
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		닏												
hospital's name, city, and state:  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A norganization 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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A norganization are supported in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization organized and perated exclusives to testing the section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 runtionally integrated d Type IIII-Other Pype III-Functionally integrated described in (a) and the supported organization organization organization organization organization organization organization organization organization organization organization organization or	3	닏												
in section 170(b)(1)(A)(iv), (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization 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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A norganization 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.)  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 1 te through 11h.  a	4	Ш		=	= = = = = = = = = = = = = = = = = = = =	inction wi	th a hospi	tal descri	bed in se	ction 170	)(b)(1)(A) 	(iii). Ent	ter the	
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.)    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.)    An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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	5		-	•	_	ge or univ	ersity owr	ned or op	erated by	a govern	mental ur	nit descr	ribed	
described in section 170(b)(1)(A)(w). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  An organization that normally receives: (1) more than 33 13 % 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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	6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed	in sectio	n 170(b)(	1)(A)(v).				
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 scion 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10	7	X	•		•	•	its suppor	rt from a g	governme	ental unit o	or from the	e gener	al publ	ic
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	8		A community	y trust described	l in section 170(b)(1)(	( <b>A)(vi)</b> . (C	omplete f	Part II.)						
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). Sees section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	9		receipts from support from	n activities relate i gross investme	ed to its exempt function	ons—subj ted busine	ject to cer ess taxabl	tain exce <sub>l</sub> le income	ptions, an (less sec	nd (2) no retion 511	more than	33 1/3	% of it	
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	10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. S	ee <b>sectio</b>	n 509(a)(	(4).			
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).  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.  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 135% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization (described on lines 1-3 above or IRC section) (fescind in your governing document?  (iv) Is the organization or col (i) organization in col (i) organization in col (i) organization in col (i) organization (i) organization organization (i) organization organization (i) organization in col (i) organization organization (i) organization organization (i) organization org	11		purposes of	one or more pul	blicly supported organ	izations d	lescribed	in section	509(a)(1	) or section	on 509(a)	(2). See		on
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?  (ii) Name of supported organization  (iii) Fine of organization about the supported organization (see instructions))  (iv) Name of supported organization in col (i) listed in your governing document?  (iv) In the organization in col (i) o			a Type	b	Type II c	Тур <b>є</b>	e III–Fund	tionally in	ntegrated		d 🔲 T	ype III-	-Other	
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?	е		persons other	er than foundation	on managers and othe			_	_	-		-		on
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?	f		_			n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
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?			_											
(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?	g		_		tne organization acce	pted any	giπ or con	itribution	rrom any	or the				
and (iii) below, the governing body of the supported organization?			- ,		or indirectly controls.	either alo	ne or toge	ther with	persons	described	l in (ii)		Yes	No
(ii) A family member of a person described in (i) above?												11g(i)		
h Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (v) Did you notify the organization in col (i) of your support?  (vi) Is the organization in col (i) of your support?  Yes No Yes No  (vii) Amount of support  (vii) Amount of support  (vii) Amount of support  (vii) Amount of your support?  Ves No  (vii) Amount of support  (vii) Amount of support  (vii) Amount of your support?  (vii) Amount of your your support?  (vii) Amount of your your your your your your your your														
(i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) of your support?  Yes No Yes No Yes No  (vi) Is the organization in col (i) of your support?  Ves No Yes No  (vi) Is the organization in col (i) of your support?  Ves No Yes No  (vii) Amount of support very support?  (viii) Amount of organization in col (i) of your support?  Ves No Yes No  (viii) Amount of organization in col (i) of your support?  Ves No Yes No  (viii) Amount of organization in col (i) of your support?  Ves No Yes No  (viii) Amount of organization in col (i) of your support?  Ves No Yes No  (viii) Amount of organization in col (i) of your support?  Ves No Yes No  (viii) Amount of organization in col (i) of your support?  Ves No Yes No			• •		•	` '	` '					11g(iii)		
(ii) Name of supported organization  (iii) EIN  (described on lines 1–9 above or IRC section (see instructions))  (described on lines 1–9 above or IRC section (see instructions))  (described on lines 1–9 above or IRC section (see instructions))  (described on lines 1–9 above or IRC section (see instructions))  (described on lines 1–9 above or IRC section (see instructions))  (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii)  organization in col (i	<u>h</u>		Provide the f	following informa						1 6.3	1-4	(,,;t)	\ A	
above or IRC section (see instructions))  The set of the section (see instructions)  above or IRC section (see instructions)  The set of the support?  The set of the support support?  The set of the support	(i)		• •	(II) EIN								,		U
Yes No Yes No ()		orga	anization		above or IRC section			col (i)	of your	(ı) organı	ized in the			
					(see instructions))	Yes	No				T	┨		
					-					1.00	'''	†		
									ļ			ļ		0
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														0
Total C	Tota	 	<u></u>			_		_						0

Part	I Support Schedule for Organiz	zations Desc	ribed in Sec	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked t	he box on line	5, 7, or 8 of	Part I.)			
	on A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not						
	include any "unusual grants.")	852,092	1,065,412	1,090,940	1,180,105	433,662	4,622,211
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0	0		0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		0
4	Total. Add lines 1 through 3	852,092	1,065,412	1,090,940	1,180,105	433,662	4,622,211
5	The portion of total contributions by each						
	person (other than a governmental unit				ļ		
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	l					
6	Public support. Subtract line 5 from line 4.	*			٠.		4,622,211
	ion B. Total Support					1	7,022,211
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	852,092	1,065,412	1,090,940	1,180,105		4,622,211
8	Gross income from interest, dividends,	_ 652,092	1,005,412	1,090,940	1,160,105	433,002	4,022,211
•	payments received on securities loans,						
	rents, royalties and income from similar			}			
	sources	5,813	22,573	9,747	10,306	4,008	52,447
9	Net income from unrelated business						
	activities, whether or not the business is	ļ					
40	regularly carried on						0
10	Other income. Do not include gain or	!					
	loss from the sale of capital assets (Explain in Part IV.)	o	0	0	o		0
11	Total support. Add lines 7 through 10.	<u>0</u>					4,674,658
12	Gross receipts from related activities, etc. (s	ee instructions				12	4,074,000
13	First five years. If the Form 990 is for the or				•		1(3)
	organization, check this box and stop here						,(ĕ)
Sect	on C. Computation of Public Support			-			
14	Public support percentage for 2009 (line 6, o		ed by line 11	column (f))	1	14	98.88%
15	Public support percentage from 2008 Sched	• •	•		,	15	99.02%
16a	33 1/3% support test-2009. If the organiza					6 or more, chec	
	and <b>stop here</b> . The organization qualifies as			•		•	
b	33 1/3% support test-2008. If the organiza						
_	box and <b>stop here</b> . The organization qualified						
17a	10%-facts-and-circumstances test-2009.	•					
	or more, and if the organization meets the "f	_				-	
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2008.		_	•		. •	
	or more, and if the organization meets the "f	•					
	the organization meets the "facts-and-circum	nstances" test.	The organizat	ion qualifies as	a publicly sup	ported organiza	ition▶ 🔲
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b, check	this box and se	e instructions	▶ 🔲

Schedule A (Form 990 or 990-EZ) 2009 UNITED WAY OF SOUTHWEST COLORADO 23-7113221 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A, Public Support Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 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 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 ol 0 0 Total. Add lines 1 through 5. . . . . . 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . 0 **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 . . . . . . 0 0 c Add lines 7a and 7b . . . . . . . . . 0 ol ol 0 Public support (Subtract line 7c from line 6.) . 0 Section B. Total Support (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (f) Total Amounts from line 6 . . . . . . . . . 0 ol 0 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . . . . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . . 0 Add lines 10a and 10b . . . . . . 0 0 0 0 ol Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . . . . . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . 0 Total support. (Add lines 9, 10c, 11, 0 and 12.) . . . . . . . . . . . . . . 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) 14 Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . . . 0.00% Public support percentage from 2008 Schedule A, Part III, line 15 . . . . . 16 16 0.00% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . 17 0.00% 18 0.00% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . . 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . . . **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

20

Schedule A (Form	990 or 990-EZ) 2009	UNITED WAY	OF SOUTHWE	EST COLORAI	00		23-7113221	Page 4
Part IV	Supplemental					ions required		10;
	Part II, line 17a							
	<u> </u>	·	<del></del>					
•								
		• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •		
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### · SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

	ED WAY OF SOUTHWEST COLORADO		23-711322	21
Part		or Advised Funds or Other Similar F	unds or Accounts. Con	nplete if
	the organization answered "Yes"			
		(a) Donor advised funds	(b) Funds and other acc	counts
1	Total number at end of year		<del></del>	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and o			
	funds are the organization's property, subje			Yes 🔛 No
6	Did the organization inform all grantees, do	· · · · · · · · · · · · · · · · · · ·		
	used only for charitable purposes and not for			
	purpose conferring impermissible private be		•	Yes No
Part	Conservation Easements. Com	olete if the organization answered "Yes'	to Form 990, Part IV, lii	<u>ne 7.</u>
1	Purpose(s) of conservation easements held	by the organization (check all that apply).		
	Preservation of land for public use (e.g	., recreation or pleasure) 🔛 Preservatior	of an historically importan	t land area
	Protection of natural habitat	Preservation	of a certified historic struc	ture
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	tion in the form of a conse	rvation
	easement on the last day of the tax year.			
	•		Held at the End	of the Tax Year
а	Total number of conservation easements.			
b	Total acreage restricted by conservation ea	sements	. 2b	
С	Number of conservation easements on a co			
d	Number of conservation easements include	ed in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	erminated by the organizat	ion
	during the tax year			
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written policy	regarding the periodic monitoring, inspection	on, handling of	_
	violations, and enforcement of the conserva	ation easements it holds?	[ ]	Yes No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	n easements during the ye	ear
	<b>•</b>			
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year	
	\$			
8	Does each conservation easement reported	• • • • • • • • • • • • • • • • • • • •		
^	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization			
	balance sheet, and include, if applicable, the organization's accounting for conservat		nanciai statements that de	SCHDES
Part		ons of Art, Historical Treasures, or Othe	r Similar Assets	
1 411	Complete if the organization answere		ommur Adduta.	
12	If the organization elected, as permitted un	·	tatement and halance she	et works of
10	art, historical treasures, or other similar ass			
	service, provide, in Part XIV, the text of the			p=====
b	If the organization elected, as permitted un-	der SFAS 116, to report in its revenue state	ment and balance sheet w	orks of art,
	historical treasures, or other similar assets		arch in furtherance of pub	lic
	service, provide the following amounts rela-	-		
	(i) Revenues included in Form 990, Part VI	II, line 1	<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$	
2	If the organization received or held works o		sets for financial gain, pro	vide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, I	ine 1	<b>&gt;</b> \$	
b	Assets included in Form 990, Part X		▶ \$	

UNITED WAY OF SOUTHWEST COLORADO 23-7113221 Schedule D (Form 990) 2009 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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): Public exhibition а Loan or exchange programs b Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part Part IV 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 No Yes b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 0 1c 1d d е 1e 0 f Did the organization include an amount on Form 990, Part X, line 21? . . . . . . . . . . . . Yes X No If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance . . . 1a Contributions . . . . . . . . . Net investment earnings, gains, and losses . . . . . . . . . Grants or scholarships . . . . Other expenditures for facilities and programs . . . . . . Administrative expenses . . . End of year balance . . . . . g 2 Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment Term endowment ▶ % C 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: Yes (i) 3a(i)

- 3a(ii) 3b
- If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . . Describe in Part XIV the intended uses of the organization's endowment funds.

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	13,919	9,961	3,958
е	Other	0	0	_0	0
Tota	I. Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990, Pa	art X, column (B), line	9 10(c).) ▶	3,958

organization's liability for uncertain tax positions under FIN 48.

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
, (	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	erivatives	0		
	d equity interests	0		<del></del>
Other		0		
•		0	<del> </del>	
••••		0	<del></del>	· · · · · · · · · · · · · · · · · · ·
		0	<del></del>	
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		0	-	
Tatal (Caluma //	b) must sound Form 2000 Red V and (R) (see 42)	0	<del>  </del>	<del></del>
Part VIII	b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Relate	d See Form 990 Part Y	<u> </u>	
rait VIII			(c) Method of valu	ation
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
		0		······································
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		0	<del> </del>	
		0		
Total. (Column (I	b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990, P	art X, line 15.		
	(3	a) Description		(b) Book value
DENECIOIA	L INTEREST IN ASSETS HELD BY C			0 224
BENEFICIA	AL INTEREST IN ASSETS HELD BY C	DIMINIONITY FOUNDATION		88,334 0
		,		0
•				0
				0
				0
				0
				0
Total (Cali	ump (h) must squal Form 000. Bort V	not (D) line 45 )		0 88,334
Part X	umn (b) must equal Form 990, Part X, on Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	00,334
1.	(a) Description of liability	(b) Amount		
Federal inc		(-,,	0	,
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			0	
			0	,
	<del></del>		0	,
			<u> </u>	'
		-	0	
Total (Column (i	b) must equal Form 990, Part X, col (B) line 25)		0	
2. FIN 48 F	ootnote. In Part XIV, provide the text of	the footnote to the organiz	ation's financial statements that	reports the

Sched	ule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	Stat	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	437,670
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	334,433
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	103,237
4	Net unrealized gains (losses) on investments	4	1,815
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	1,815
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	105,052
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	
1	Total revenue, gains, and other support per audited financial statements		1,630,941
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	60	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	11	
е	Add lines 2a through 2d	2	e 1,193,271
3	Subtract line 2e from line 1		437,670
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b		l <b>c</b> 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b> 437,670
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es pe	
1	Total expenses and losses per audited financial statements		1,575,229
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		60	
b	Prior year adjustments	_	
С		115	
d	Other (Describe in Part XIV.)         1,236,1		
е	Add lines 2a through 2d		e 1,240,796
3	Subtract line 2e from line 1	<u> </u>	334,433
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	$\dashv$	
b	Other (Describe in Part XIV.)	<u> </u>	
С	Add lines 4a and 4b	_	kc 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b> 334,433
Par	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14; Pa	art 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. A	ilso complete
this	part to provide any additional information.		
Part	XII Line 2d Amounts that were recognized as income on the form 990 for the period		
Janu	ary 1, 2008 to December 31, 2008 are included in the audited financial statements, but		
are r	not included in the current form 990.		
Part	XIII Line 2d Amounts that were recognized as expenses on the form 990 for the period		
1.011	Ann Chie 20 (another that were recognized as expenses on the form say for the being		
Janu	ary 1, 2008 to December 31, 2008 are included in the audited financial statements, but		
	and its already distribution accurrent forces 000		
are i	not included in the current form 990.		

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part I

UNITED WAY OF SOUTHWEST COLORADO

the selection criteria used to award the grants or assistance?

Open to Public Inspection

**Employer Identification number** 23-7113221 X Yes No

the selection criteria used to award the grants of assistance?	ation's proced	s of assistancer Iures for monitorin	g the use of grant func	Is 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. Use	sistance to 21. for any	Governments a	and Organizations in the United States. Complete if the organization answered "Yes" to seeived more than \$5,000. Check this box if no one recipient received more than \$5,000. U	n the United States 000. Check this box	. Complete if the org	anization answered	1 "Yes" to \$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed.	-1 (Form 990	0) if additional sp	ace is needed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONNECTIONS 281 SAWYER DRIVE, STE 200 D 74	74-2384155	501(c)(3)	13,200	0			COMMUNTY SVC GF
	84-1118878	501(c)(3)	5,458	0			COMMUNTY SVC GF
	84-0506701	501(c)(3)	20,800	0			COMMUNTY SVC GF
VOLUNTEERS OF AMERICA PO BOX 2107 DURANGO, CO 81	84-0430995	501(c)(3)	20,600	0			COMMUNTY SVC GF
l I	84-0405515	501(c)(3)	6,500	0			COMMUNTY SVC GF
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
2 Enter total number of section 501(c)(3) and government orga	01(c)(3) and g	jovernment organ	nizations				18
3 Enter total number of other organizations.	anizations .					•	18

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

application for funding. The year-end report is included when evaluating future requests from past recipients of funding. Emergency assistance involves one-time assistance with rent, mortgage payments, child care, utilities, auto costs, medical, dental, eye care, and other misc. essential needs. (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part I Line 2 United Way of Southwest Colorado monitors the use of grant funds by requiring all grant recipients to complete a year end report. The year-end report asks for basic information on the funded program for the funding period and also requires reporting on outcomes the grantee included in it's Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Emergency Ourteach Colorado served 74 families during the period Community Emergency Assistance Coalition (CEAC) served 132 families. Part III Line 1 United Way is fiscal agent for four (4) emergency assistance programs which served 351 families in the first six months of 2009 (e) Method of valuation (book, FMV, appraisal, other) All of these programs review applications from families and individuals and assess the priority of needs from among the applicants. 0 (d) Amount of non-cash assistance 120,153 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 351 (b) Number of recipients Pagosa Outreach Connection served 145 families Next Step was not operational during the period. (a) Type of grant or assistance **EMERGENCY ASSISTANCE** Part IV Part III

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047	

Open to Publi

Employer identification number

▶ Attach to Form 990.

ž Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 23-7113221 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? UNITED WAY OF SOUTHWEST COLORADO Part I

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part II

Part IV and Schedule I-1 (Form 990) if additional	le I-1 (Form 99		space is needed.				· · · · · · · · · · · · · · · · · · ·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	0			
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			0	0			
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			0	0			1
			0	0			
			0	0			
			0	0			
	n 501(c)(3) and	government organ	izations			<b>A</b> .	
3 Enter total number of other organizations.	organizations.						

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

Schedule I (Form 990) 2009

23-7113221

Schedule I (Form 990) 2009

Part III

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
		0	0	0		
		0				
		0	0	0		
) 		0	0	0		
		0	0	0		
		0	0	0		
		0	0	0		
Part IV	Supplemental Information. Complete this part		vide the information r	required in Part I, line	to provide the information required in Part I, line 2, and any other additional information.	onal information.

Schedule I (Form 990) 2009

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

### **Supplemental Information to Form 990**

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

UNITED WAY OF SOUTHWEST COLORADO 23-7113221 Form 990 Part VI Section B Line 11A The finance committee reviews, and presents the form 990 to the board of directors for review and approval. Form 990 Part VI Section B Line 12c Board members are required to disclose conflict of interests, and must abstain from voting, and if necessary leave the room during a vote. Form 990 Part VI Section B Line 15A President/CEO is reviewed by personnel committee yearly. Form 990 Part I Line 22 The change in net assets is the sum of line 19, plus the unrealized losses as shown on Schedule D, Part XI, Line 4 Form 990 Part VI Section C Line 19 All governing documents, conflict of interest policy, financial statements and the form 990 are available in the organization's office and on the website. Form 990 Part XI Line 2C The finance committee reviewed the audit for the 18 month period, January 1, 2008 to June 30, 2009, and presented it to the board of directors for them to review and approve.

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Hem   Description of   Date Placed   Asset   Bus Use   Cost or     No							á	0/30/2003		
Property   In Service   Code   % Othe Basis	st or Sec 179	Special	Salvage	Recovery	Recovery	Method	Conv	Pnor Accum	5005	2009
sted Property  ted property with more than 50% business use (Line 25 and 26)  DELL SERVER 11/1/2004 F-4 100 00%  DONATION TRACKER 6/30/2004 F-4 100 00%  SOFTWARE (OFFICE 4/12/2005 F-4 100 00%  SERVER ADDITION 4/13/2005 F-4 100 00%  Total listed prop with > 50% business use	her Deduction	Affowance	Value	Basis	Period		Code	Deprec ,	Deprec	Accums
ted Property  ted property with more than 50% business use (Line 25 and 26)  DELL SERVER 11/1/2004 F-4 100 00%  DONATION TRACKER 6/30/2004 F-4 100 00%  SOFTWARE (OFFICE 4/12/2005 F-4 100 00%  SERVER ADDITION 4/13/2005 F-4 100 00%  Total listed prop with > 50% business use	ISIS							179, Bonus	•	Deprec
ted property with more than 50% business use (Line 25 and 26) DELL SERVER 11/1/2004 F-4 100 00% DONATION TRACKER 6/30/2004 F-4 100 00% SOFTWARE (OFFICE 4/12/2005 F-4 100 00% SERVER ADDITION 4/13/2005 F-4 100 00% Total listed prop with > 50% business use										
DELL SERVER 11/1/2004 F-4 100 00% DONATION TRACKER 6/30/2004 F-4 100 00% SOFTWARE (OFFICE 4/12/2005 F-4 100 00% SERVER ADDITION 4/13/2005 F-4 100 00% Total listed prop with > 50% business use										
DONATION TRACKER 6/30/2004 F-4 100 00% SOFTWARE (OFFICE 4/12/2005 F-4 100 00% SERVER ADDITION 4/13/2005 F-4 100 00%  Total listed prop with > 50% business use	3,275 0	0		3,275	5	ร	¥	2,948	327	3,275
SOFTWARE (OFFICE 4/12/2005 F-4 100 00% SERVER ADDITION 4/13/2005 F-4 100 00%  Total listed prop with > 50% business use	5,950	0		5,950		ઝ	¥	5,355	595	5,950
SERVER ADDITION 4/13/2005 F-4 100 00%  Total listed prop with > 50% business use	500 0	0		200	ა	ઝ	¥	350	100	450
	420 0	0		420		SF	È	294	\$	378
	10,145 0	0	0	10,145			i i	8,947	1,106	10,053
							ļ			
Subtotal Listed Property 10,14	10,145 0	0	0	10,145			l	8,947	1,106	10,053

Department of the \*Treasury

### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172 Attachment

Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Sequence No 67

Name(s) shown on return UNITED WAY OF SOUTHWEST COLC	<b>I</b>	rity to which this f	orm relates		Identifying num   23-7113221	ber 	
Part I Election To Expense C	ertain Property Und	er Section 17	9		_		
Note: If you have any listed prop	erty, complete Part V b	efore you comp	lete Part I.				
1 Maximum amount. See the instruction	ons for a higher limit for	certain busines	ses		<del></del>	1	250,000
2 Total cost of section 179 property pl	aced in service (see ins	tructions)				2	
3 Threshold cost of section 179 prope	erty before reduction in I	imitation (see in	structions).			3	800,000
4 Reduction in limitation. Subtract line	e 3 from line 2 If zero o	or less, enter -0-				. 4	0
5 Dollar limitation for tax year. Subtra	ct line 4 from line 1. If a	zero or less, ent	er -0 If mar	ried filing			
separately, see instructions	<u> </u>	. <u> </u>	. <u></u> .			. 5	250,000
6 (a) Description of pr			t (business use		(c) Elected or	ost	
7 Listed property. Enter the amount f							
8 Total elected cost of section 179 pro							0
9 Tentative deduction. Enter the sma							0
10 Carryover of disallowed deduction for						$\overline{}$	
11 Business income limitation. Enter th						. 11	_
12 Section 179 expense deduction. Ac						12	0
13 Carryover of disallowed deduction to				🕨 13	3	0]	
Note: Do not use Part II or Part III below							<del></del>
Part II Special Depreciation A					property.) (See	instru	ictions.)
14 Special depreciation allowance for o						1	
during the tax year (see instructions						14	
15 Property subject to section 168(f)(1)	election					15	
16 Other depreciation (including ACRS Part III MACRS Depreciation (	D 4 in alcode links al		· · · · · ·	- \	<del></del>	16	
Part III MACRS Depreciation (	Do not include listed		e instruction	S.)			
4 <del>-</del> 14000	1	Section A	0000			14-1	
17 MACRS deductions for assets place						17	
18 If you are electing to group any asso					▶ □		
general asset accounts, check here						上	
Section B - Assets P	laced in Service Durin					m	
	(b) Month and	(c) Basis for	(d) Recovery	1 ' '	(e) (f)		(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depre	eciation deduction
	in service	(business/investment)			-	┼	·
19 a 3-year property					-	∔—	
b 5-year property		_				∔	
c 7-year property						∔—	-
d 10-year property					<del></del>	┼	
e 15-year property						┼	
f 20-year property			05			+-	<u></u>
g 25-year property			25 yrs.	1111	S/L	+-	
h Residential rental		<del></del>	27.5 yrs.	MM	S/L	┼	<del> </del>
property	· · · · · · · · · · · · · · · · · · ·	<del>_</del>	27.5 yrs.	MM	S/L	+-	
i Nonresidential real			39 yrs.	MM	S/L	+-	<del> </del>
property		0000 T- V		MM_	S/L		
Section C - Assets Pla	cea in Service During	2009 lax Year	Using the Ai	ternative De		<u>}m</u>	
20 a Class life			40		S/L	<del></del>	<del> </del>
b 12-year	<del></del>		12 yrs.	N 4 8 4	S/L	-	
c 40-year	iona \	L	40 yrs.	MM	S/L	Ш	
Part IV Summary (See instruct						164	4 400
21 Listed property. Enter amount from						21	1,106
22 Total. Add amounts from line 12, lin							4 400
Enter here and on the appropriate li					110118	22	1,106
23 For assets shown above and placed					,		
of the basis attributable to section 2	00A 00818	<u> </u>	<u> </u>	<u></u> . <u>. 2</u> 3	<u> </u>		

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete

	` only 24a	a, 24b, colum	nns (a) through (	c) of S	ection A	A, all of S	Section	B, and	Section	n Cifa	pplicab	le.	•		
Secti	on A—Depreciation												s. )		
	Do you have evidence					Yes	No		4b If "\					Yes	No
	(a)	(b)	(c) Business/	1	d)	(e) Ba	sis for dep	)-  -	(f)	1 (	g)	0	h)		<u> </u>
	Type of property	Date placed	investment use		st or		) (busines		ecovery		thod/	1	ciation	Elected se	-
	(list vehicles first)	in service	percentage		basis	1	ent use or	1	period	l	ention		uction	co	
25	Special depreciation	on allowance	for qualified lis	ted pro	perty pl	laced in	service	during	the tax		T				
	year and used mo										25				
26	Property used mor	re than 50%	in a qualified bu	siness	use:										
			%												
			%											L	
	statement		%			<u> </u>						<u> </u>	1,106		
27	Property used 50%	6 or less in a	qualified busine	ess use	): 	,				,					
		ļ	%			<u> </u>				S/L -					
			%							S/L -		ļ			
		<u> </u>	<u>%</u>			L				S/L -					
	Add amounts in co										28	L	1,106	ļ	
_29	Add amounts in co	olumn (ı), line									<u></u>		29		0
_						nation o									
	lete this section for ve												ed vehic	les to	
	mployees, first answe			1									- 1	1 ,,	
30	Total business/inves			1	a)	(t	•		(c)		d)	1	e) 	(1	
	during the year (do r		nmuting	Veni	cle 1	Vehi	cie 2	ven	ııcle 3	ven	icle 4	Veni	cle 5	Vehi	cie 6
31	miles)		na tha waar	<del> </del>				-		l				<u> </u>	
	Total other personal		•			<u> </u>				<del>                                     </del>				1	
<b>J</b> _	miles driven	(noncommuta	יפי	<del>                                     </del>		<del></del>		<u> </u>				<del>                                     </del>			•
33	Total miles driven du	iring the year						<del>                                     </del>				<del>                                     </del>			•
•	Add lines 30 through			<b></b>											
34	Was the vehicle avai			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	use during off-duty h	-				100		1.00	<del> </del>	1.00		100	-110	100	
35	Was the vehicle use			<u> </u>	<del>                                     </del>			†			<u> </u>				-
	5% owner or related			<u> </u>							·····				
36	Is another vehicle av							<u> </u>	1						
	personal use?														
	•	Section C—(	Questions for E	mploy	ers Wh	no Provi	de Veh	icles f	or Use	by The	ir Emp	loyees			
Answ	er these questions	to determine	if you meet an	excepti	on to c	ompletin	g Secti	on B fo	r vehicl	es use	d by en	nployee	s who		
are n	ot more than 5% or	wners or rela	ted persons (se	e instru	ictions)	).									
														Yes	No
37	Do you maintain a w			-					-						
	by your employees?														
38	Do you maintain a w			-					-						
	See the instructions														
39	Do you treat all use o												•		
40	Do you provide more						-		•						
44	the use of the vehicle														<del></del>
41	Do you meet the req									•				-	
Dart	Note: If your answer		40, or 41 is "Yes,	ao not	comple	te Sectioi	B for tr	ie covei	rea venic	ies				<u> </u>	
Part	Amortiz				4.	D-4-			T .		1				
	Do	(a)				Date		c)		d)		(e)		(1	
	De	scription of costs	•			tization		tizable		ode		rtization p		Amortiza	
42	Amortization of co	sts that heal	ns during your 2	009 tax		gins see instr		ount N	ı sec	tion	10	percenta	ige	this	yeai .
74	7	ow mar bogn	io during your z	(0)	, your (	ooc maa	40110113	<i>1</i> ·	T		<u> </u>			<u> </u>	
	<u> </u>								†						
43	Amortization of co	sts that bega	n before your 2	009 tax	vear								43		
44	Total. Add amour												44		0

# Form 1128

## Application To Adopt, Change, or Retain a Tax Year

(Rev January 2008)-Department of the Treasury Internal Revenue Service

► See separate instructions.

OMB No 1545-0134

Attachment

Sequence No 148

	General Information Important: All filers must complete Part I and sign below See instructions							
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number						
	UNITED WAY OF SOUTHWEST COLORADO	23-7113221						
ł	Number, street, and room or suite no (if a P O box, see instructions)	Service Center where income tax return will be filed						
ᆵ	P.O. BOX 3040	Ogden Utah						
or Print	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number						
ē	DURANGO, CO 81302	(970) 247-9444 /						
2	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)						
1								
	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number /						
1	Check the appropriate box(es) to indicate the type of app	plicant (see instructions).						
	Individual Cooperative (sec. 1381(a))	Passive foreign investment company (PFIC)						
	Partnership Controlled foreign corporation (CFC) (s							
	Estate Foreign sales corporation (FSC) or Inte	·						
	Domestic corporation domestic international sales corporatio							
	S corporation Specified foreign corporation (SFC) (se							
	Personal service 10/50 corporation (sec. 904(d)(2)(E))	Other						
	corporation (PSC)	(Specify entity and applicable Code section)						
2	2a Approval is requested to (check one) (see instructions):         ☐ Adopt a tax year ending ► (Partnerships and PSCs: Go to Part III after completing Part I.)         ☐ Change to a tax year ending ► June 30 ☐ Retain a tax year ending ►							
	<ul> <li>b If changing a tax year, indicate the date the present tax year e</li> <li>c If adopting or changing a tax year, the first return or short periodeginning</li> <li>Danuary 1 , 20 09 , and end</li> </ul>	od return will be filed for the tax year						
3	Is the applicant's present tax year, as stated on line 2b above,							
		, , , ,						
	If "No," attach an explanation.							
4	Indicate the applicant's present overall method of accounting.							
	Cash receipts and disbursements method X Accrua	il method						
	☐ Other method (specify) ►							
	State the nature of the applicant's business or principal source ited Way of Southwest Colorado is a non-profit organization that pm serve local people in need. The principal source of income is contact the principal source of income is contact.	provides funding and other resources to area non-profits to help contributions from local individuals and businesses						
	Signature—All Filers (See Who							
	er penalties of perjury, i declare that i have examined this application, including accompany belief, it is true, correct, and complete  Declaration of preparer (other than filer) is based on							
	Λ , γ <del>Filpπ</del> *	Preparer (other than filer)						
۷	JM 2000 4.12.10	Manhe With 4/7/2010						
	Signature and date	Signature of individual prepanng the application and date						
1	Name and title (print or type)	Frankie White  Name of individual preparing the application						
*If t	ne application is filed on behalf of a controlled foreign corporation or a	Clark, White and Associates, Inc.						
10/5	0 corporation by a controlling domestic shareholder, see instructions	Name of firm prepanng the application						

Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.

Form 1	128 (Rev 1-2008) UNITED WAY OF SOUTHWEST COLORADO 23-7113221	Р	age 3
6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:	Yes	No
	Generated Expiring		
	Net operating loss		1
	Capital loss		1
_	Unused credits		i
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of		
0-	Rev. Proc. 2002-39, or its successor)		لــــ
8a	Is the applicant a U.S. shareholder in a CFC?	<del>                                     </del>	<u> </u>
	percentage of total combined voting power of the applicant, and the amount of income included in the gross		İ
	income of the applicant under section 951 for the 3 tax years immediately before the short period and for the		ļ
	short period.		1
<b>.</b>			
D	Will each CFC concurrently change its tax year?		i
	If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S.		[
	shareholder.		
9a	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?		<u>'</u>
	If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the		
	percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net		,
	capital gain from the PFIC included in the income of the applicant.		
-	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?		
10a	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation,		
	a shareholder of an IC-DISC, or a shareholder of an FSC?	<u> </u>	<u>X</u>
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust,		;
	estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year		,
	and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.		
b	Will any partnership concurrently change its tax year to conform with the tax year requested?		
	If "Yes" to line 10b, has any Form 1128 been filed for such partnership?		
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical		
	advice request pending with the IRS National Office?		X
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues		
40	involved in each request.		نـــــــــــــــــــــــــــــــــــــ
<u>12</u> 13	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?		<u> </u>
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the		نــ ــــ
14	IRS proposes to disapprove the application?		
	ion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15	Enter the date of incorporation.		
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short	Yes	No
-	period?		
b	If "Yes," will the corporation be going to a permitted S corporation tax year?		
	If "No" to line 16b, attach an explanation.		
17	Is the corporation a member of an affiliated group filing a consolidated return?	<b> </b>	
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated		1
	return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying		1
	number of each member of the affiliated group; <b>(c)</b> the taxable income (loss) of each member for the 3 years <u>immediately</u> before the short <u>period</u> and <u>for the short period</u> ; and <u>(d)</u> the name of the parent corporation.		i
		<del>  </del>	<del></del>
тва	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity		:
	(individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.		ŀ
h	, , , , , , , , , , , , , , , , , , , ,		1
D	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Section 444 election (date of election)		
	Letter ruling (date of letter ruling (attach copy))		1

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	on C—S Corporations (see instructions)						
<u>19</u>	Enter the date of the S corporation election. ▶	Yes	No				
20	Is,any shareholder applying for a corresponding change in tax year?						
	If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get						
	advance approval to change its tax year.						
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year.	-					
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)						
	Letter ruling (date of letter ruling (attach copy))	ł					
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified	1					
	subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying						
	number, tax year, percentage of ownership, and the amount of income each shareholder received from the S						
	corporation for the first preceding year and for the short period.						
Secti	on D—Partnerships (see instructions)	L.					
23	Enter the date the partnership's business began. ▶	Yes	No				
24	Is any partner applying for a corresponding change in tax year?						
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust,						
	corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of						
	interest in capital and profits.						
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?						
	If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest						
	in capital and profits, and the amount of income received from each PSC for the first preceding year and for the						
	short period.						
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.						
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)						
	Letter ruling (date of letter ruling (attach copy))						
Secti	on E—Controlled Foreign Corporations (CFC)						
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address,						
	identifying number, tax year, percentage of total value and percentage of total voting power, and the amount						
	of income included in gross income under section 951 for the 3 tax years immediately before the short period						
•	and for the short period.	ļ					
Secti	on F—Tax-Exempt Organizations						
29	Type of organization:   X Corporation ☐ Trust ☐ Other (specify) ►	Yes	No				
30	Date of organization. ► 6/1/1972	]					
31	Code section under which the organization is exempt. ► 501(c)(3)	]					
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL?	X					
33	Enter the date the tax exemption was granted. ▶Attach a copy of the letter ruling granting						
	exemption. If a copy of the letter ruling is not available, attach an explanation.						
34	If the organization is a private foundation, is the foundation terminating its status under section 507?	ļ					
	on G—Estates						
35	Enter the date the estate was created. ▶						
36 a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each pe	rson w	/ho				
	is an interested party of any portion of the estate.						
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing to						
	distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before	re the					
	short period and for the short period.						

37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name,

Section H—Passive Foreign Investment Companies

address, identifying number, and percentage of interest owned.