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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization, number and street, city, town, state, and ZIP code UNITED WAY OF EL DORADO KANSAS INC PO BOX 122 EL DORADO KS 67042	D Employer identification number 23-7199368
			E Telephone number 316-321-6200
			F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☒ Accrual
 Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

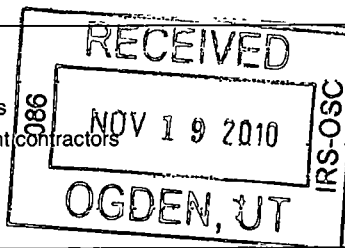
H Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **323,222.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	322,617.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	605.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	323,222.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	227,150.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	21,315.
	13 Professional fees and other payments to independent contractors	13	6,065.
	14 Occupancy, rent, utilities, and maintenance	14	4,788.
	15 Printing, publications, postage, and shipping	15	693.
	16 Other expenses (describe ▶ SEE STMT)	16	17,996.
	17 Total expenses. Add lines 10 through 16	17	278,007.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	45,215.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	206,259.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	251,474.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	243,359.	22 278,930.
23 Land and buildings	1,133.	23 1,672.
24 Other assets (describe ▶ SEE STMT)	191,025.	24 204,022.
25 Total assets	435,517.	25 484,624.
26 Total liabilities (describe ▶ SEE STMT)	229,258.	26 233,150.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	206,259.	27 251,474.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED DEC 14 2010

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 , section 4955 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of KRISTI KLOEBLEN Telephone no 316-321-6200 Located at 226 S MAIN KS EL DORADO ZIP + 4 67042		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
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.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

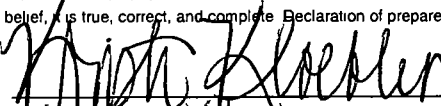

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		11-15-10 Date	
Kristi Klaethen Exec Director Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying no. (See instr.)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	11/15/10	<input type="checkbox"/>	P00185212
	BIRD & COMPANY, CHARTERED PO BOX 887 EL DORADO KS 67042-		EIN ▶ 48-1205853 Phone no. ▶ 316-321-0282	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

UNITED WAY OF EL DORADO KANSAS INC

23-7199368

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- #### **h** Provide the following information about the supported organization(s)

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

[illegible]**Total**

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	172329.	280982.	251400.	292567.	322617.	1319895.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	172329.	280982.	251400.	292567.	322617.	1319895.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						290445.
6 Public support. Subtract line 5 from line 4.						1029450.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	172329.	280982.	251400.	292567.	322617.	1319895.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1166.	1585.	1891.	2597.	605.	7844.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1327739.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	77.53 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.52 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box in line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

US 990		Other Assets		2009
Description	Beginning of year book value	End of year book value	FMV	
PLEDGES RECEIVABLE	191,025.	204,022.		
	191,025.	204,022.		

US 990**Other Liabilities****2009**

Description	Beginning of year book amount	End of year book amount
AGENCY ALLOCATIONS PAYABLE	229,150.	233,150.
PAYROLL TAX PAYABLE	108.	
	229,258.	233,150.

UNITED WAY OF EL DORADO KANSAS, INC.

23-7199368

FORM 990-EZ PAGE 1, LINE 10

GRANTS & SIMILAR AMOUNTS PAID

Class of Activity	Donee's Name	Donee's Address	Amount	Relationship	Date of Gift
Social Service	Habitat for Humanity	Augusta, KS	2,000 00	NONE	2009
Medical Service	Health Ministries Clinic	Newton, KS	4,000.00	NONE	2009
Social Service	Bethlehem House	El Dorado, KS	3,000 00	NONE	2009
Social Service	Boy Scouts	El Dorado, KS	6,400 00	NONE	2009
Medical Service	RCIL	El Dorado, KS	3,000 00	NONE	2009
Medical Service	Harry Hynes Hospice	El Dorado, KS	6,500.00	NONE	2009
Medical Service	Tri County CASA	El Dorado, KS	5,000 00	NONE	2009
Social Service	Special Families	El Dorado, KS	5,600 00	NONE	2009
Social Service	Wichita Childrens Home	Wichita, KS	3,500.00	NONE	2009
Social Service	Meals on Wheels	El Dorado, KS	22,000.00	NONE	2009
Social Service	RSVP Program	Andover, KS	3,500 00	NONE	2009
Outreach Service	Butler County Library	El Dorado, KS	5,000 00	NONE	2009
Social Service	American Red Cross	El Dorado, KS	35,000 00	NONE	2009
Social Service	Big Brothers Big Sisters	El Dorado, KS	9,500 00	NONE	2009
Social Service	United Cerebral Palsy	El Dorado, KS	8,450.00	NONE	2009
Social Service	ARC of Butler County	El Dorado, KS	3,000.00	NONE	2009
Social Service	SCARF	El Dorado, KS	15,000 00	NONE	2009
Social Service	Family Life Center	El Dorado, KS	25,000 00	NONE	2009
Social Service	Salvation Army	El Dorado, KS	31,000.00	NONE	2009
Social Service	Girls Scout	El Dorado, KS	6,400.00	NONE	2009
Social Service	Bright Beginnings	El Dorado, KS	11,500.00	NONE	2009
Social Service	Mid Cap	Augusta, KS	3,300 00	NONE	2009
Social Service	Episcopal Social Services	Wichita, KS	8,000.00	NONE	2009
Social Service	Wheatland FHNB	El Dorado, KS	1,500 00	NONE	2009
Total			227,150 00		

US 990**Other Expenses****2009**

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
CAMPAIGN EXPENSE	9,154.			
REPAIRS AND MAINTENANCE	1,247.			
DEPRECIATION	443.			
BANK FEES	147.			
SUPPLIES	392.			
TELEPHONE	1,526.			
DUES AND SUBSCRIPTIONS	3,099.			
INSURANCE	1,988.			
	17,996.			

List of Officers, Directors, Trustees and Key Employees 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII					2009	
US	Name and Address		Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
	1770 COUNTRY	67042-KS EL DORADO	EX DIRECTOR 30	19,800.		
	KRISTI KLOEBLE	67042-KS EL DORADO	PRESIDENT			
	CAPPI VONFANGE	67042-KS EL DORADO	VICE PRESI			
	SHELLI LEWIS	67042-KS EL DORADO	TREASURER			
	GAIL GOMEZ	67042-KS EL DORADO	DIRECTOR			
	FRANK KRATZER	67042-KS EL DORADO	DIRECTOR			
	RENEE SCANLON	67042-KS EL DORADO	DIRECTOR			
	SALLY OWENS	67042-KS EL DORADO	DIRECTOR			
	MARY M GOOD	67042-KS EL DORADO	DIRECTOR			
	GLORIA MCLEAN	67042-KS EL DORADO	DIRECTOR			
	BECKY CURRIER	67042-KS EL DORADO	DIRECTOR			
	CHARLES PATTON	67042-KS EL DORADO	DIRECTOR			
	SHERRY CLYMER	67042-KS EL DORADO	DIRECTOR			
	JUSTIN PARSONS	67042-KS EL DORADO	DIRECTOR			
	LINDA SWAN	67042-KS EL DORADO	DIRECTOR			
	JOYCE DEMO	67042-KS EL DORADO	DIRECTOR			
	SHARON ROGERS	67042-KS EL DORADO	DIRECTOR			
	KENNETH WAGNER	67042-KS EL DORADO	DIRECTOR			
	KAY FISHER	67042-KS EL DORADO	DIRECTOR			
	JOSH GOODMANSO	67042-KS EL DORADO	DIRECTOR			
	DEWAYNE MOORE	67042-KS EL DORADO	DIRECTOR			
	WENDY MCADOO	67042-KS EL DORADO	DIRECTOR	19,800.		