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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending

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

C Name of organization: UNITED WAY OF EL PASO COUNTY, INC.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 3488 — Room/suite:

City or town, state or country, and ZIP + 4: EL PASO, TX 79923

D Employer identification number: 74-1291051

E Telephone number: (915) 533-2434

G Gross receipts $: 7,818,088.

F Name and address of principal officer: DEBORAH ZULOAGA
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDWAYELPASO.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1957 M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEET THE HUMAN SERVICE NEEDS OF EL PASO COUNTY		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of employees (Part V, line 2a)	5	148
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,673,714.	7,639,420.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,085.	1,418.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	165,277.	177,250.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,849,076.	7,818,088.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,446,425.	5,199,577.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	939,519.	1,498,272.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 390,137.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,125,346.	752,575.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,511,290.	7,450,424.
	19 Revenue less expenses Subtract line 18 from line 12	-662,214.	367,664.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,267,677.	4,241,894.
	21 Total liabilities (Part X, line 26)	2,214,027.	1,820,580.
	22 Net assets or fund balances Subtract line 21 from line 20	2,053,650.	2,421,314.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Deborah A Zuloaga — Signature of officer — Date: 4-18-11

▶ DEBORAH ZULOAGA, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kirk Patterson — Date: 4-18-11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: GIBSON RUDDOCK PATTERSON LLC
SUNLAND PARK SUITE 6-300
EL PASO, TEXAS 79912

EIN ▶

Phone no. ▶ 915-356-3700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

TO IMPROVE THE LIVES OF EL PASO FAMILIES THROUGH THE CARING POWER OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 1,473,569. including grants of $ 1,449,641.) (Revenue $)

COMMUNITY IMPACT

UNITED WAY OF EL PASO COUNTY POSITIVELY IMPACTS THE COMMUNITY BY ALLOCATING FUNDS AND ADVOCATING FOR CHANGE TO SUPPORT STRATEGIES IN THREE AREAS OF FOCUS. THE GOALS FOR THESE FOCUS AREAS ARE: (1) EVERY CHILD BEING READY FOR SCHOOL AND REDUCE THE HIGH SCHOOL DROPOUT RATE; (2) FAMILIES WILL LIVE STABLE AND HEALTHY LIFESTYLES; AND (3) FAMILIES AND INDIVIDUALS WILL INCREASE FAMILY ASSETS BY EDUCATING ABOUT MONEY MANAGEMENT, INCREASING HOME OWNERSHIP, AND IMPROVING EMPLOYABILITY. WE ACCOMPLISH THIS THROUGH:

ASSESSING THE NEEDS IN THE COMMUNITY

4b (Code) (Expenses $ 3,749,936. including grants of $ 3,749,936.) (Revenue $)

DESIGNATIONS

DONORS TO THE CAMPAIGN MAY DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC NON PROFIT AGENCIES. FOR 990 REPORTING PURPOSES, THESE DESIGNATIONS TO SPECIFIC AGENCIES ARE REPORTED IN REVENUE AS WELL AS PROGRAM EXPENSE. UNITED WAY OF EL PASO COUNTY DOES NOT PROVIDE FISCAL OR PROGRAM OVERSIGHT FOR FUNDS DESIGNATED TO A SPECIFIC AGENCY. THE UNITED WAY OF EL PASO COUNTY HONORS THESE DESIGNATIONS MADE TO AGENCIES.

4c (Code.) (Expenses $ 357,209. including grants of $) (Revenue $)

AMERICORPS READY FOR DISASTER PROGRAM

UNITED WAY AND OUR PARTNERS-AMERICAN RED CROSS EL PASO CHAPTER, CITY OF EL PASO DEPARTMENT OF PUBLICH HEALTH, EL PASO CITY COUNTY OFFICE OF EMERGENCY MANAGEMENT, EL PASO COMMUNITY COLLEGE, MEDICAL RESERVE CORPS OF EL PASO COUNTY, HUDSPETH COUNTY, THE SALVATION ARMY, AND THE UNIVERSITY OF TEXAS AT EL PASO ARE DEVELOPING THE SYSTEMS NEEDED TO BETTER RESPOND TO AREA DISASTERS. THIS PROGRAM IS ADDRESSING PREPAREDNESS, DEVELOPING RELATIONSHIPS, AND EXECUTING PLANS WITH GROUPS WHO ARE ABLE TO CONTRIBUTE EMERGENCY RESOURCES WHEN NEEDED. THROUGH THIS EFFORT, BOTH EL PASO COMMUNITY COLLEGE AND UTEP HAVE COMPLETED DRAFTS OF A SCHOOL-WIDE DISASTER PLAN AND MORE THAN 450 VOLUNTEERS HAVE

4d Other program services (Describe in Schedule O.)

(Expenses $ 1,180,186. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 6,760,900.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice 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 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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.*			
	• 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		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	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 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	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
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	148		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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 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
c	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		
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
b	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).**				
a	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		
c	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	7d			
e	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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	37		
b	Enter the number of voting members that are independent	1b	37		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

NINA SIROS - (915) 533-2434
1918 TEXAS, EL PASO, TX 79901

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 compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAT ADAUTO SECRETARY	3.00	X						0.	0.	0.
JANET AGUILAR TREASURER	3.00	X						0.	0.	0.
BOB COOK DIRECTOR	1.00	X						0.	0.	0.
GRANT BASSETT DIRECTOR	1.00	X						0.	0.	0.
IRMA BOCANEGRA DIRECTOR	1.00	X						0.	0.	0.
JACK CHAPMAN PAST CHAIR	4.00	X						0.	0.	0.
DR. BLANCA ENRIQUEZ DIRECTOR	1.00	X						0.	0.	0.
NORMAN GORDON DIRECTOR	4.00	X						0.	0.	0.
DR. LORENZO GARCIA DIRECTOR	1.00	X						0.	0.	0.
GARY HEDRICK VICE CHAIR	3.00	X						0.	0.	0.
EDMUNDO CASTANEDA DIRECTOR	1.00	X						0.	0.	0.
LORRAINE HUIT DIRECTOR	1.00	X						0.	0.	0.
PETE PARRAZ DIRECTOR	1.00	X						0.	0.	0.
CINTRON JACOB DIRECTOR	1.00	X						0.	0.	0.
JUDY LUGO DIRECTOR	1.00	X						0.	0.	0.
DAVID ARANDA DIRECTOR	1.00	X						0.	0.	0.
STEVE BUSSER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HARRIET MAY DIRECTOR	1.00	X						0.	0.	0.
GARY HANSON DIRECTOR	1.00	X						0.	0.	0.
LEONARD GOODMAN DIRECTOR	1.00	X						0.	0.	0.
NICK COSTANZO DIRECTOR	3.00	X						0.	0.	0.
DR. ROBERT NACHTMANN CHAIR	4.00	X						0.	0.	0.
CARMEN PEREZ DIRECTOR	1.00	X						0.	0.	0.
TOM THOMAS DIRECTOR	1.00	X						0.	0.	0.
DR. RICHARD RHODES DIRECTOR	1.00	X						0.	0.	0.
REAGAN GLENEWINKEL DIRECTOR	1.00	X						0.	0.	0.
VICTOR NEVAREZ DIRECTOR	4.00	X						0.	0.	0.
1b Total ▶								136,484.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	6527581.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1111839.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			7639420.			
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,418.	1,418.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less. direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a CAMPAIGN AND GRANT FEE		541200	177,250.	177,250.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			177,250.			
	12 **Total revenue** See instructions.			7818088.	178,668.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,199,577.	5,199,577.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,103.	47,675.	65,224.	23,204.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,102,292.	889,419.	76,218.	136,655.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,575.	12,421.	6,706.	6,448.
9 Other employee benefits	126,837.	94,669.	16,005.	16,163.
10 Payroll taxes	107,465.	73,473.	21,215.	12,777.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,731.	10,000.	5,731.	6,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	339,061.	283,735.	34,478.	20,848.
12 Advertising and promotion				
13 Office expenses	58,804.	42,006.	12,178.	4,620.
14 Information technology				
15 Royalties				
16 Occupancy	76,078.	36,046.	20,775.	19,257.
17 Travel	18,207.	5,939.	1,367.	10,901.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,727.	7,817.	2,482.	8,428.
20 Interest				
21 Payments to affiliates	49,005.	23,158.	13,718.	12,129.
22 Depreciation, depletion, and amortization	8,154.		3,398.	4,756.
23 Insurance	4,967.	1,352.	2,907.	708.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING AND PUBLICATIO	60,377.	2,505.	323.	57,549.
b DONOR REGOGNITION	42,063.	2,183.	129.	39,751.
c STAFF DEVELOPMENT	26,079.	21,744.	520.	3,815.
d MISCELLANEOUS	16,787.	1,245.	12,219.	3,323.
e TELEPHONE AND INTERNET	6,332.	3,130.	1,950.	1,252.
f All other expenses	6,203.	2,806.	1,844.	1,553.
25 **Total functional expenses.** Add lines 1 through 24f	7,450,424.	6,760,900.	299,387.	390,137.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		980,729.	1	987,792.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,164,755.	3	3,134,214.
	4	Accounts receivable, net		93,332.	4	98,926.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,142.	9	7,142.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 89,412.			
	b	Less accumulated depreciation	10b 85,436.	10,030.	10c	3,976.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,689.	15	9,844.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,267,677.	16	4,241,894.
Liabilities	17	Accounts payable and accrued expenses		19,285.	17	21,384.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,194,742.	25	1,799,196.
	26	**Total liabilities.** Add lines 17 through 25		2,214,027.	26	1,820,580.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		907,434.	27	870,992.
	28	Temporarily restricted net assets		1,146,216.	28	1,550,322.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,053,650.	33	2,421,314.
	34	Total liabilities and net assets/fund balances		4,267,677.	34	4,241,894.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ 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		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ 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		X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF EL PASO COUNTY, INC.	74-1291051

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.")	4,983,279.	4,685,688.	5,243,173.	4,673,714.	3,739,383.	23,325,237.
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	4,983,279.	4,685,688.	5,243,173.	4,673,714.	3,739,383.	23,325,237.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						23,325,237.

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	4,983,279.	4,685,688.	5,243,173.	4,673,714.	3,739,383.	23,325,237.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,356.	14,309.	23,561.	10,085.	1,418.	58,729.
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.)	106,203.	134,154.	122,362.	168,277.	177,250.	708,246.
11 **Total support.** Add lines 7 through 10						24,092,212.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.82 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.97 %

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 ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number
74-1291051

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI 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				
b	Buildings				
c	Leasehold improvements				
d	Equipment				
e	Other		89,412.	85,436.	3,976.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*				▶	3,976.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED COMPENSATED ABSENCES	31,986.
DUE TO DESIGNATED AGENCIES	1,767,210.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,799,196.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIV Supplemental Information

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number 74-1291051

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional 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
ADVOCACY CENTER FOR THE CHILDREN OF EL PASO - 1100 E CLIFF DR - EL PASO, TX 79902	74-2741621	501(C)(3)	32,703.	0.			PROGRAM SERVICES
ALIVIANE, INC P.O. BOX 371710, EL PASO, TX 79937	74-1681485	501(C)(3)	13,351.	0.			TIGUA WOMEN & CHILDREN RECOVERY CENTER
ALZHEIMER'S ASSOCIATION STAR CHAPTER - EL PASO - 4400 N. MESA, SUITE 9, - EL PASO, TX 79912	07-3631046	501(C)(3)	32,685.	0.			OUTREACH & AWARENESS
AMERICAN RED CROSS EL PASO CHAPTER P. O. BOX 972236 EL PASO, TX 79997	53-0196605	501(C)(3)	91,876.	0.			DISASTER SERVICES, ARMED FORCES EMERGENCY SERVICES
ARMY COMMUNITY SERVICES BLDG. 2494, RICKER RD FORT BLISS, TX 79916		501(C)(1)	19,252.	0.			SERVICES TO MILITARY FAMILIES
AVANCE INC 616 N. VIRGINIA, STE D, EL PASO, TX 79902	74-1769114	501(C)(3)	83,288.	0.			EVEN START FAMILY LITERACY, CORE PARENT-CHILD EDUCATION PROGRAM

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 02-02-10

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALLOCATIONS

ALLOCATIONS TO AGENCY PROGRAMS ARE ONE OF THE MEANS THROUGH WHICH THE UNITED WAY ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR THREE FOCUS AREAS (HELPING CHILDREN SUCCEED, BUILDING STRONG FAMILIES AND INCREASING FINANCIAL STABILITY). UNITED WAY RECOGNIZES THAT NONPROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN EL PASO COUNTY. AGENCIES RECEIVING PROGRAM FUNDING FROM UNITED WAY UNDERGO STAFF AND VOLUNTEER SCREENING BEFORE BEING AWARDED FUNDING. THE

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number
74-1291051

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
BOY SCOUTS OF AMERICA YUCCA COUNCIL - 7601 LOCKHEED - EL PASO, TX 79925	74-1109834	501(C)(3)	57,889.	0.			SCOUTING IN EL PASO COUNTY, LEARNING FOR LIFE
BOYS AND GIRLS CLUBS OF EL PASO 801 S FLORENCE EL PASO, TX 79901	74-1145974	501(C)(3)	91,692.	0.			PROJECT LEARN
CANDLELIGHTERS OF EL PASO AREA 1900 OREGON SUITE 402 EL PASO, TX 79901	74-2243283	501(C)(3)	70,077.	0.			LIVING EVERYDAY
COURT APPOINTED SPECIAL ADVOCATES 500 E SAN ANTONIO SUITE 312 EL PASO, TX 79901	74-1950407	501(C)(3)	42,058.	0.			COURT APPOINTED SPECIAL ADVOCATES
CATHOLIC COUNSELING SERVICES 499 SAINT MATHEWS ST EL PASO, TX 79907	74-1109833	501(C)(3)	31,795.	0.			COUNSELING
CENTER AGAINST FAMILY VIOLENCE 580 GILES RD EL PASO, TX 79915	74-1945924	501(C)(3)	69,082.	0.			FAMILY RESOURCE CENTER, SHELTER FOR BATTERED WOMEN
CENTRO SAN VICENTE 8061 ALAMEDA EL PASO, TX 79915	74-2505561	501(C)(3)	25,580.	0.			PROGRAM SERVICES
CHILD CRISIS CENTER OF EL PASO 2100 N STEVENS EL PASO, TX 79930	74-2055761	501(C)(3)	152,423.	0.			FAMILY SUPPORT PROGRAM, EMERGENCY SHELTER/CRISIS NURSERY

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Employer identification number
74-1291051

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
CHILDREN'S GRIEF CENTER OF EL PASO 11625 PELLICANO EL PASO, TX 79936	74-2770329	501(C)(3)	15,263.	0.			CHILDREN'S GRIEF SUPPORT SERVICES
DIOCESAN MIGRANT & REFUGEE SERVICES, INC - 2400 E YANDELL - EL PASO, TX 79903	74-2723627	501(C)(3)	27,798.	0.			LEGAL SERVICES FOR IMMIGRANT FAMILIES
EL PASO CENTER FOR CHILDREN 2200 N STEVENS EL PASO, TX 79930	74-1695944	501(C)(3)	78,688.	0.			HEALTHY MARRIAGE INITIATIVE, TRANSITIONAL LIVING PROGRAM FOR HOMELESS TEEN MOTHERS AND
EL PASO CHILD GUIDANCE CENTER 2701 E YANDELL EL PASO, TX 79903	74-1043335	501(C)(3)	64,270.	0.			CHILDREN'S MENTAL HEALTH PREVENTION,MENTAL HEALTH INTERVENTION FOR ABUSED CHILDREN
EL PASO DIABETES ASSOCIATION 1220 MONTANA AVE EL PASO, TX 79902	74-1759410	501(C)(3)	49,703.	0.			DIABETES MANAGEMENT CLASSES
EL PASO DRIVE A MEAL 4120 RIO BRAVO SUITE 118 EL PASO, TX 79902	74-6072181	501(C)(3)	18,386.	0.			DRIVE A MEAL
PASO DEL NORTE CHILDREN'S DEVELOPMENTAL CENTER - 1101 E SCHUSTER - EL PASO, TX 79902	74-1312313	501(C)(3)	75,198.	0.			EARLY CHILDHOOD INTERVENTION PROGRAM, EL PAPALOTE INCLUSIVE CHILD DEVELOPMENT, COMMUNITY
FAMILY SERVICES OF EL PASO 6040 SURETY DR. EL PASO, TX 79905	74-1152612	501(C)(3)	19,947.	0.			FAMILY AND INDIVIDUAL COUNSELING, CHILD ABUSE PREVENTION AND RECOVERY

SCHEDULE I-1
(Form 990)
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Internal Revenue Service

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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
GIRL SCOUTS OF THE DESERT SOUTHWEST - 9700 GIRL SCOUT WAY - EL PASO, TX 79924	74-1189693	501(C)(3)	34,532.	0.			OUTREACH
HOSPICE OF EL PASO 1440 MIRACLE WAY EL PASO, TX 79925	74-2093957	501(C)(3)	78,223.	0.			CAREGIVERS ASSISTANCE FUND
HOUCHEN COMMUNITY CENTER 609 TAYS EL PASO, TX 79901	74-1117337	501(C)(3)	34,566.	0.			CHILD CARE FOR LOW INCOME FAMILIES
JEWISH FAMILY AND CHILDREN'S SERVICES - 401 WALLENBERG DRIVE - EL PASO, TX 79912	74-1168038	501(C)(3)	30,674.	0.			MENTAL HEALTH COUNSELING
LULAC PROJECT AMISTAD 310 N MESA SUITE 520 EL PASO, TX 79901	74-1861796	501(C)(3)	10,616.	0.			REPRESENTATIVE PAYEE PROGRAM
LATCH KEY CENTERS UNLIMITED 3800 N. MESA SUITE 2-A PMB 257 EL PASO, TX 79902	74-2380573	501(C)(3)	31,085.	0.			SCHOOL AGE CHILD CARE
LEE AND BEULAH MOORE CHILDREN'S HOME - 1100 E CLIFF DR - EL PASO, TX 79902	74-1329373	501(C)(3)	6,877.	0.			PROGRAM SERVICES
LUTHERAN SOCIAL SERVICES/ BUENA VIDA ADULT DAY CARE - 9640 MONTWOOD DR. - EL PASO, TX 79925	74-1109745	501(C)(3)	35,021.	0.			ADULT DAY CARE CENTERS

SCHEDULE I-1
(Form 990)
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Continuation Sheet for Schedule I (Form 990)
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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
OPPORTUNITY CENTER FOR THE HOMELESS - P.O. BOX 63 - EL PASO, TX 79941	74-2634199	501(C)(3)	80,285.	0.			DAY RESOURCE CENTER/EMERGENCY NIGHT SHELTER, CENTRALIZED FEEDING PROGRAM
PASO DEL NORTE FOOD BANK 300 S OCHOA EL PASO, TX 79901	74-2258726	501(C)(3)	72,797.	0.			FOOD BANK
PLANNED PARENTHOOD CENTER 1801 E. WYOMING. SUITE 202 EL PASO, TX 79902	74-1157987	501(C)(3)	12,079.	0.			REPRODUCTIVE HEALTHCARE, RURAL ABSTINENCE EDUCATION PROJECT
PROJECT VIDA 3607 RIVERA AVE EL PASO, TX 79905	74-2481679	501(C)(3)	127,151.	0.			PROJECT VIDA HEALTH SERVICES,ROOTS & WINGS HOMELESS PREVENTION AND RECOVERY, EARLY CHILDHOOD
THE SALVATION ARMY P.O. BOX 10756, EL PASO, TX 79905	86-0096791	501(C)(3)	75,279.	0.			EMERGENCY SHELTER
SIN FRONTERA ORGANIZING PROJECT 201 E NINTH AVE EL PASO, TX 79901	74-2277806	501(C)(3)	20,397.	0.			SAFE HAVEN FOR MIGRANT FAMILIES
SOCIETY OF ST VICENTE DE PAUL 2104 N PIEDRAS EL PASO, TX 79930	91-1789800	501(C)(3)	25,007.	0.			EMERGENCY ASSISTANCE
VISITING NURSE ASSOCIATION 4171 N MESA EL PASO, TX 79912	74-6087587	501(C)(3)	33,424.	0.			HOME HEALTH CARE, HOME SERVICES

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization
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74-1291051

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
VOLAR CENTER FOR INDEPENDENT LIVING - 1220 GOLDEN KEY CIR # C - EL PASO, TX 79925	74-2421976	501(C)(3)	14,931.	0.			FINANCIAL HARDSHIP
YMCA OF GREATER EL PASO 701 MONTANA AVENUE EL PASO, TX 79902	74-1109880	501(C)(3)	14,531.	0.			DAY CAMP
YWCA EL PASO DEL NORTE REGION 1918 TEXAS AVE EL PASO, TX 79901	74-1109650	501(C)(3)	142,845.	0.			PROJECT REDIRECTION, SARA MCKNIGHT TRANSITIONAL LIVING CENTER, CHILD CARE FOR LOW INCOME FAMILIES
EL PASO CHILDREN'S DAY CARE ASSOCIATION INC - 510 S OREGON - EL PASO, TX 79901	74-1464297	501(C)(3)	49,177.	0.			CHILD CARE FOR LOW INCOME FAMILIES
AMERICA'S BEST (INDEPENDENT CHARITIES OF AMERICA) - 1100 LARKSPUR LANDING CIRCLE #340 - LAKSPUR, CA 94939	94-3067804	501(C)(3)	15,919.	0.			DESIGNATION
AMERICA'S CHARITIES PO BOX 79570, CHANTILLY, MD 21279-0570	54-1517707	501(C)(3)	30,298.	0.			DESIGNATION
CHILDREN'S CHARITIES ALLIANCE OF TEXAS - 173 MENDEZ LOOP - KYLE, TX 78640-4343	72-1562497	501(C)(3)	5,268.	0.			DESIGNATION
COMMUNITY HEALTH CHARITIES OF TEXAS - 16414 N. SAN PEDRO, SUITE 940 - SAN ANTONIO, TX 78232	75-0954584	501(C)(3)	76,451.	0.			DESIGNATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384-9616	52-1273585	501(C)(3)	21,292.	0.			DESIGNATION
ANIMAL CHARITIES OF AMERICA PO BOX 45756, SAN FRANCISCO, CA 94145	94-3193389	501(C)(3)	57,068.	0.			DESIGNATION
BORDER PATROL MUSEUM AND MEMORIAL LIBRARY FOUNDATION - 4315 TRANSMOUNTAIN DR - EL PASO, TX 79924	74-2128819	501(C)(3)	35,489.	0.			DESIGNATION
CANCER CURE OF AMERICA PO BOX 45501, SAN FRANCISCO, CA 94145	81-0648432	501(C)(3)	66,207.	0.			DESIGNATION
CHILDREN FIRST - AMERICAN CHARITIES - 14150 NEWBROOK DR., SUITE 110, - CHANTILLY, VA 20151	30-0186795	501(C)(3)	30,209.	0.			DESIGNATION
CHILDRENS CHARITIES OF AMERICA PO BOX 45757 CHANTILLY, VA 94145	94-3148588	501(C)(3)	41,885.	0.			DESIGNATION
CHILDREN'S MEDICAL CHARITIES OF AMERICA - PO BOX 45310 - SAN FRANCISCO, CA 94145	27-0093393	501(C)(3)	22,474.	0.			DESIGNATION
CHRISTIAN CHARITIES USA PO BOX 45758 SAN ANTONIO, CA 94145	94-3255961	501(C)(3)	31,517.	0.			DESIGNATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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2009
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Employer identification number
74-1291051

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
CHRISTIAN SERVICE CHARITIES OF AMERICA - PO BOX 79704 - BALTIMORE, MD 21279-9704	94-3193374	501(C)(3)	54,663.	0.			DESIGNATION
COMMUNITY HEALTH CHARITIES FEDERATION - PO BOX 75153 - BALTIMORE, MD 21275-5153	13-6167225	501(C)(3)	102,000.	0.			DESIGNATION
COMMUNITY HEALTH CHARITIES OF NEW MEXICO - 1224 PENNSYLVANIA ST. NE #A - ALBUQUERQUE, NM 87110-7410	85-0258784	501(C)(3)	21,582.	0.			DESIGNATION
CONSERVATION & PRESERVATION CHARITIES OF AMERICA - PO BOX 45759 - SAN FRANCISCO, CA 94145	94-3217738	501(C)(3)	14,205.	0.			DESIGNATION
DO UNTO OTHERS PO BOX 45760 SAN FRANCISCO, CA 94145	94-3148590	501(C)(3)	7,884.	0.			DESIGNATION
EARTH SHARE CAMPAIGN 0840, DEPARTMENT 4011, DC, WA 20042-4011	52-1601960	501(C)(3)	16,159.	0.			DESIGNATION
FISHER HOUSE, WBAMC BLDG 7360 RODRIGUEZ S EL PASO, TX 79930	76-0573980	501(C)(1)	19,563.	0.			DESIGNATION
HEALTH AND MEDICAL RESEARCH CHARITIES - PO BOX 45763 - SAN FRANCISCO, CA 94145	94-3217739	501(C)(3)	35,543.	0.			DESIGNATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number
74-1291051

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
HEALTH FIRST - AMERICAS CHARITIES PO BOX 79570 BALTIMORE, MD 21279-0570	30-0186796	501(C)(3)	12,577.	0.			DESIGNATION
HISPANIC UNITED FUND PO BOX 45764 SAN FRANCISCO, CA 94145	68-0455509	501(C)(3)	5,684.	0.			DESIGNATION
HUMAN CARE CHARITIES OF AMERICA PO BOX 45765 SAN FRANCISCO, CA 94145	94-3067804	501(C)(3)	14,034.	0.			DESIGNATION
LOCAL INDEPENDENT CHARITIES OF TEXAS - 173 MENDEZ LOOP - KYLE, TX 78640-4343	94-3219813	501(C)(3)	49,512.	0.			DESIGNATION
MEDICAL RESEARCH CHARITIES OF AMERICA - PO BOX 79703 - BALTIMORE, MD 21279-9703	94-3148591	501(C)(3)	14,230.	0.			DESIGNATION
MILITARY VETERAN & PATRIOTIC SERVICE ORGANIZATION OF AMERICA - PO BOX 45766 - SAN FRANCISCO, CA 94145	94-3193418	501(C)(3)	61,996.	0.			DESIGNATION
OPSANTA INC HHB, 6TH BDE, BLDG. 1031, FORT BLISS, TX 79906	74-2798344	501(C)(3)	6,741.	0.			DESIGNATION
ROGER L VON AMELUMXEN FOUNDATION INC - 104-15 100TH STREET - OZONE PARK, NY 11417	11-2583014	501(C)(3)	9,683.	0.			DESIGNATION

SCHEDULE I-1
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Department of the Treasury
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Continuation Sheet for Schedule I (Form 990)
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2009
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Name of the organization
UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number
74-1291051

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
UNITED WAY OF SOUTH NEW MEXICO 106 S. WATER ST. LAS CRUCES, NM 88004	85-6004324	501(C)(3)	41,023.	0.			DESIGNATION
USO INC 2111 WILSON BLVD., SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	18,361.	0.			DESIGNATION
WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - PO BOX 45767 - SAN FRANCISCO, CA 94145	94-3193386	501(C)(3)	13,132.	0.			DESIGNATION
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY, SUITE 100 JACKSONVILLE, FL 32256	20-1407520	501(C)(3)	18,195.	0.			DESIGNATION
AMERICAN RED CROSS CFC PO BOX 73857 CHICAGO, IL 60673-7857	53-0196605	501(C)(3)	24,731.	0.			DESIGNATION
AMERICAN CANCER SOCIETY TEXAS 909 E. SAN ANTONIO EL PASO, TX 79901	74-1185665	501(C)(3)	6,045.	0.			DESIGNATION

Part IV Supplemental Information

APPLICATION PROCESS INCLUDES:

- EXPLANATION OF THE PROPOSED FUNDS AND MEASUREABLE OUTCOMES TO SUPPORT SPECIFIC TARGETED OUTCOMES
- REVIEW OF AGENCIES FOR SOUND GOVERNANCE, AND OPERATIONAL AND FISCAL POLICIES
- VERIFICATION OF COMPLIANCE WITH THE PROVSIONS OF THE PATRIOT ACT
- VERIFICATION OF CURRENT 501(C)3 STATUS

FUNDED AGENCIES ARE REQUIRED TO PROVIDE UNITED WAY WITH PERIODIC REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED AND WHAT OUTCOMES HAVE BEEN ACHIEVED.

DONOR DESIGNATED FUNDS - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS UNDERGO SCREENING TO VERIFY COMPLIANCE WITH PROVISIONS OF THE PATRIOT ACT AND CURRENT STATUS AS A 501(C)3 NONPROFIT ORGANIZATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EL PASO CENTER FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY MARRIAGE INITIATIVE, TRANSITIONAL LIVING PROGRAM FOR HOMELESS TEEN MOTHERS AND THEIR CHILDREN, RUNAWAY SHELTER

NAME OF ORGANIZATION OR GOVERNMENT:

PASO DEL NORTE CHILDREN'S DEVELOPMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY CHILDHOOD INTERVENTION PROGRAM, EL PAPALOTE INCLUSIVE CHILD DEVELOPMENT, COMMUNITY RESOURCE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT VIDA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT VIDA HEALTH SERVICES,ROOTS & WINGS HOMELESS PREVENTION AND RECOVERY, EARLY CHILDHOOD CENTER, YOUTH RECREATION AND GANG PREVENTION

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number 74-1291051

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047
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Open to Public Inspection

Name of the Organization
UNITED WAY OF EL PASO COUNTY, INC.

Employer Identification number
74-1291051

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROSA SANTANA DIRECTOR	3.00	X						0.	0.	0.
LARRY PATTON CHAIR ELECT	4.00	X						0.	0.	0.
KIM STULL DIRECTOR	1.00	X						0.	0.	0.
HECTOR RETTA DIRECTOR	1.00	X						0.	0.	0.
RAY STAFFORD DIRECTOR	1.00	X						0.	0.	0.
PAIGE MANDELL DIRECTOR	1.00	X						0.	0.	0.
MONICA VARGAS DIRECTOR	1.00	X						0.	0.	0.
DR. PATRICIA WITHERSPOON DIRECTOR	1.00	X						0.	0.	0.
STEVE YELLEN DIRECTOR	1.00	X						0.	0.	0.
TERENCE MCGREEHAN DIRECTOR	1.00	X						0.	0.	0.
JAMES VALENTI DIRECTOR	1.00	X						0.	0.	0.
DEBORAH ZULOAGA CEO	47.00			X				79,179.	0.	0.
NINA SIROS VICE PRESIDENT FINANCE AND ADMIN.	47.00			X				57,305.	0.	0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization

UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number

74-1291051

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REVIEWING FUNDING APPLICATIONS SUBMITTED UNDER IDENTIFIED AREAS OF NEED.

TRAINED VOLUNTEERS REVIEW OF FUNDING REQUESTS

ALLOCATING FUNDS TO APPROVED PROGRAMS/SERVICES

MONITORING OF PROGRAM OUTCOMES AND PROGRAM BUDGETS

ADVOCATING FOR TARGETED PUBLIC POLICIES

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BEEN RECRUITED AND TRAINED TO SUPPORT DISASTER RELEIF SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY DEVELOPMENT - ACCOMPLISHING MORE BY WORKING WITH OTHERS IN THE COMMUNITY INCLUDING BUSINESS, LABOR, OTHER NON PROFITS, ACADEMIA, FAITH-BASED, MEDIA, ELECTED OFFICIALS, NEIGHBOORHOOD NETWORKS, VOLUNTEERS AND DONORS TO BUILD ON A SHARED VISION OF A STRONGER EL PASO

COMMUNITY SERVICES

ASSISTING THE PUBLIC THROUGH INFORMATION AND REFERRAL SERVICES, PROVIDING A NON-DURABLE MEDICAL GOODS, LENDING CLOSET, AND OTHER SOCIAL SERVICES.

JCPENNEY AFTERSCHOOL GRANT

THE GRANT PROVIDED SCHOLARSHIPS FOR YOUTH ATTENDING AFTER SCHOOL PROGRAMS.

SCHEDULE O
(Form 990)
Department of the Treasury
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GLOBAL YOUTH SERVICE DAY (GYSD)

HELD ANNUALLY, GYSD IS THE LARGEST SERVICE EVENT IN THE WORLD WHERE MILLIONS OF YOUNG PEOPLE ACROSS THE GLOBE SERVE THEIR COMMUNITIES. OVER THE YEARS, EL PASO'S YOUTH HAVE COME TOGETHER TO CLEAN UP PARKS, REBUILD BIKE TRAILS AND WORK WITH LOCAL AGENCIES THROUGH PROJECTS THEY RESEARCH AND DEVELOP. IN 2009, UNITED WAY AND EL PASO WATER UTILITIES (EPWU)ALSO JOINED FORCES TO PROMOTE ENVIRONMENTAL AWARENESS THROUGH "RECYCLE 2 GO @ TECH20", A GREEN-LIVING AND RECYCLING EXPO AT THE TECH20 CENTER. THE EXPO EVENT INCLUDED GAMES AND INTERACTIVE EXHIBITS.

VOLUNTEER ACTION CENTER

THE VOLUNTEER ACTION CENTER MATCHES VOLUNTEERS WITH NON PROFIT ORGANIZATIONS IN NEED OF HELPING HANDS. OPPORTUNITIES MAY BE EVENT SPECIFIC, RUN ON A DAILY BASIS, OR RECUR WEEKLY.

CHICO-COMPASSION: HELPING INCREASE CAPACITY OF ORGANIZATIONS

UWEPC RECEIVED $900,000 FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR AN INITIATIVE NAMED CHICO. OVER THE PAST THREE YEARS, THIS INITIATIVE HAS BEEN INCREASING THE ABILITY OF COMMUNITY COALITIONS WORKING TO ADDRESS CHILD ABUSE AND COMBAT YOUTH VIOLENCE. ONE OF THE MOST SUCCESSFUL OUTCOMES OF THIS INITIATIVE IS THE CREATION OF COLLBORATION BETWEEN EL PASO COMMUNITY COLLEGE AND THE BOYS & GIRLS CLUBS TO DEVELOP A CULINARY INSTITUTE THAT WILL BE TEACHING FOOD PREPARATION SKILLS TO YOUTH IN ORDER TO PROVED THEM WITH EMPLOYMENT

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

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SKILLS AND EXPERIENCE.

HIPPY (HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS) PROGRAM -- THIS PARENT INVOLVEMENT EFFORT, TEACHES PARENTS HOW TO PREPARE THEIR PRESCHOOL-AGED CHILDREN FOR SUCCESS IN SCHOOL. THE PROGRAM ALSO INVOLVES OTHER CAREGIVERS SUCH AS GRANDPARENTS, RELATIVES OR FRIENDS WHO MAY ALSO BE CARING FOR CHILDREN. THE PROGRAM IS DESIGNED TO BRING FAMILIES, ORGANIZATIONS AND COMMUNITIES TOGETHER TO SUPPORT SCHOOL READINESS. PARTICIPATING AGENCIES ARE ADULTS AND YOUTH & UNITED DEVELOPMENT ASSOCIATION (AYUDA), CHILD CRISIS CENTER OF EL PASO, YSLETA DEL SUR PUEBLO, RIO VISTA COMMUNITY CENTER AND THE YMCA OF EL PASO.

ALTERNATIVE SPRING BREAK (ASB) ASB IS A PROGRAM OF UNITED WAY WORLDWIDE, ORIGINALLY CREATED IN PARTNERSHIP WITH MTV. THE GOAL OF THIS PROGRAM IS TO INSPIRE COLLEGE STUDENTS TO ENGAGE IN COMMUNITY SERVICE DURING THEIR SPRING VACATIONS. OVER THE LAST TWO YEARS, EL PASO STUDENTS HAVE TRAVELED TO LOUISIANA AND MISSISSIPPI CONNECTING WITH THEIR PEERS FROM AROUND THE COUNTRY TO CONTINUE THE REBUILDING EFFORTS AFTER HURRICANES KATRINA AND RITA.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - OUR UNITED WAY IS A RECIPIENT OF A OUTREACH GRANT TO INCREASE THE COMMUNITY'S ACCESS TO SAFETY NET SERVICES INCLUDING WOMEN AND INFANT AND CHILDREN (WIC) NUTRITION PROGRAM AND TEMPORARY AID TO NEEDY FAMILIES GRANT. PARTICIPATING AGENCIES ARE FAMILY SERVICE OF EL PASO, LULAC PROJECT AMISTAD, AND THE CENTER AGAINST FAMILY VIOLENCE

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STAMP OUT HUNGER FOOD DRIVE -- WE WERE PROUD TO ONCE AGAIN PARTNER WITH THE NATIONAL ASSOCIATION OF LETTER CARRIERS, THE AFL-CIO, TEAMSTERS LOCAL 745, YELLOW ROADWAY CORPORATION, CAMPBELL SOUP, VAL-PAK, AND AMERICA'S SECOND HARVEST FOR THE 17TH ANNUAL FOOD DRIVE. IN 2009, THIS COMMUNITY-WIDE EFFORT RAISED 97 TONS OF FOOD FOR LOCAL FOOD BANKS INCLUDING THE PASO DEL NORTE FOOD BANK.

FEDERAL EMERGENCY FOOD AND SHELTER PROGRAM (FEMA) -- UNITED WAY CONTINUES TO SERVE AS ADMINISTRATOR OF THE FEMA FUNDING FOR COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE MASS SHELTER AND RENTAL, UTILITY AND FOOD ASSISTANCE. IN 2009, $673,402 OF SERVICES WERE PROVIDED THROUGH LOCAL AGENCIES: ADULT AND YOUTH UNITED DEVELOPMENT ASSOCIATION (AYUDA), CENTER AGAINST FAMILY VIOLENCE, CHILD CRISIS CENTER, DAME LA MANO, EL PASO COUNTY GENERAL ASSISTANCE, INTERNATIONAL AIDS EMPOWERMENT, OPPORTUNITY CENTER FOR THE HOMELESS, PASO DEL NORTE FOOD BANK, RECOVERY ALLIANCE OF EL PASO, SIN FRONTERAS ORGANIZING PROJECT, SOCIAL MINISTRY OF SACRED HEART CHURCH, SOCIETY OF ST VINCENT DE PAUL, ST. CHRISTOPHER EMERGENCY FOOD PANTRIES, AND THE SALVATION ARMY.

DAYS OF CARING -- THE 2009 EVENT AFFORDED THOUSANDS OF THE AREAS CHILDREN THE CONFIDENCE THEY NEEDED FOR THEIR FIRST DAY OF SCHOOL. THIS WAS POSSIBLE THROUGH GENEROUS DONATIONS OF BACKPACKS, PAPER, CRAYONS, AND SPIRAL NOTEBOOKS. THANKS TO THE GENEROSITY OF SO MANY PEOPLE, EL PASO KIDS WERE OFF TO SCHOOL READY, EAGER, AND PROUD TO

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START A NEW YEAR OF LEARNING.

THE IRAQ-AFGHANISTAN DEPLOYMENT IMPACT FUND -- OVER THE LAST THREE YEARS, OUR UNITED WAY HAS WORKED WITH THE PERMIAN BASIN AREA FOUNDATION TO SUPPORT THEIR EFFORTS TO ALLOCATE FUNDING TO PROVIDE SERVICES IN OUR COMMUNITY FOR ACTIVE AND FORMER MILITARY PERSONNEL SERVING IN IRAQ AND/OR AFGHANISTAN AND THEIR FAMILIES. IN 2009, THE PERMIAN BASIN AREA FOUNDATION AWARDED OUR UNITED WAY $50,000.

COALITION FOR FAMILY ECONOMIC PROGRESS (CFEP) -- OUR UNITED WAY IS A PROUD MEMBER OF THE CFEP WHOSE EFFORTS ARE TO IMPROVE THE FINANCIAL STABILITY OF EL PASO INDIVIDUALS AND FAMILIES. SINCE 2004, THE UNITED WAY OF EL PASO COUNTY HAS WORKED WITH CFEP MEMBERS THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITES THROUGHOUT THE COMMUNITY. IN 2009, THE COALITIONS EFFORT WAS ENHANCED THROUGH GRANTS TO THE UNITED WAY FROM BANK OF AMERICA, WALMART AND REPUBLIC BANK.

INVEST IN THE AMERICAN DREAM INITIATIVE -- AS A MEMBER OF THE INITIATIVE TO PROMOTE WEALTH CREATION IN OUR REGION, WE ARE WORKING WITH AREA BUSINESSES, GOVERNMENT AND EDUCATION STAKEHOLDERS. THIS INITIATIVE IS A FIVE-YEAR EFFORT THAT INCORPORATES INNOVATIVE SOLUTIONS TO CHALLENGES FACING EL PASO AND TEXAS IN CREATING WEALTH AND FINANCIAL STABILITY, DEVELOPING FINANCIAL LITERACY AND FACILITATING ACCESS TO CAPITAL. IN SEPTEMBER OF 2009, A DELEGATION OF EL PASOANS INCLUDING UNITED WAY CEO DEBORAH ZULOAGA VISITED WASHINGTON, D.C. AND AUSTIN TO DETERMINE FUNDING POSSIBILITIES FROM FEDERAL AND STATE AGENCIES AND

SCHEDULE O
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GRANT PROPOSALS ARE CURRENTLY BEING DEVELOPED.

AMERICORPS CHARACTER SKILLS FOR LIFE

IN 2006, UNITED WAY OF EL PASO COUNTY INTRODUCED THE CHARACTER SKILLS FOR LIFE PROGRAM AS PART OF AN AFTER-SCHOOL ENRICHMENT EFFORT. UTILIZING BOY SCOUTS OF AMERICA LEARNING FOR LIFE CURRICULUM, OUR UNITED WAY HAS LED A ONE-OF-A-KIND COLLABORATIVE EFFORT TO ENHANCE AFTER SCHOOL PROGRAMS IN THE COMMUNITY. THROUGH AN AMERICORPS GRANT AND COLLABORATIONS WITH LOCAL AGENCIES UWEPC IMPLEMENTED STRUCTURED, CHARACTER-BUILDING ENHANCEMENTS FOR CHILDREN. THE PROGRAM HELPS TO INSTILL VALUES OF GOOD CHARACTER, CITIZENSHIP, AND PERSONAL FITNESS AS A FOUNDATION TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES THROUGHOUT THEIR LIVES. IN THREE YEARS, 1,250 CHILDREN HAVE PARTICIPATED IN THE (CSL) PROGRAM. THROUGH PRE- AND POST-TESTING, PARTICIPANTS SHOWED A 35% INCREASE IN POSITIVE CHARACTER TRAIT RECOGNITION.
EXPENSES $ 1180186. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANZIATION AMENDED ITS BYLAWS TO READ "THESE BYLAWS MAY BE ALTERED, AMENDED, OR REPEALED AND NEW BYLAWS ADOPTED BY THE VOTE OF THE BOARD AT ANY REGULAR OR SPECIAL MEETING." THE CONFLICT OF INTEREST POLICY WAS ADDED TO THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6: EACH CONTRIBUTOR TO THE UNITED WAY IS AN INDIVIDUAL MEMBER OF THE CORPORATION FOR THE YEAR FOR WHICH CONTRIBUTION WAS GIVEN AND SHALL BE ENTITLED TO ATTEND AND VOTE AT ALL

MEMBERSHIP MEETINGS DURING THAT PERIOD. EACH MEMBER SHALL BE ENTITILED TO ONE VOTE AT SUCH MEETINGS.

FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER SHALL BE ENTITILED TO ONE VOTE AT MEMBERSHIP MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. AFTER APPROVAL BY THE FINANCE COMMITTEE, THE 990 IS THEN RATIFIED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: MANAGEMENT REVIEWS THE ANNUAL CONFLICT OF INTEREST STATEMENTS PROVIDED BY THE GOVERNING BOARD. IT ALSO REVIEWS THE DISBURSEMENT TRANSACTIONS THROUGHT THE YEAR TO IDENTIFY ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION AMOUNT OF THE OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL MAIL ITS FORMS 1023 AND 990 UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

THE FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND FOR SELECTING THE INDEPENDENT AUDITOR. THE COMMITTEE ALSO MEETS WITH THE AUDITOR AND REVIEWS THE AUDIT BEFORE IT IS ISSUED. THEN THE COMMITTEE MAKES A RECOMMENDATION TO APPROVE THE AUDIT TO THE FULL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF EL PASO COUNTY, INC.

Employer identification number: 74-1291051

BOARD OF DIRECTORS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FOBM 990 PART XI LINE 3B

THE AGENCY IS IN THE PROCESS OF CHANGING ITS FISCAL YEAR TO A MARCH 31 YEAR END. AN INDEPENDENT AUDIT WILL BE PERFORMED ON THE 15TH MONTH PERIOD ENDING MARCH 31, 2010. A SINGLE AUDIT WILL BE PERFORMED ON THAT TIME PERIOD.

FORM 990 PAGE 9 LINE 1F AND PAGE 10 LINE 1 COLUMN A & B

AMENDED RETURN

THE DESIGNATION CONTRIBUTIONS AND CORRESPONDING GRANT EXPENSES WERE INADVERTENTLY OMITTED FROM THE ORIGINAL 990 FILING. THEY ARE NOW INCLUDED IN THIS 990. THE CONTRIBUTION REVENUE INCREASED $2,046,350 AND THE GRANT EXPENSE ALSO INCREASED $2,046,350. THERE WAS NO CHANGE TO THE TOTAL NET ASSET BALANCE.