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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)

OMB No 1545-0047

**2009**

Open to Public Inspection

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

**A For the 2009 calendar year, or tax year beginning** **APR 1, 2009** **and ending** **MAR 31, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C Name of organization</b>		<b>D Employer identification number</b>
		UNITED WAY OF DENTON COUNTY, INC.		75-1251128
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>625 DALLAS DRIVE, SUITE 525</b>		<b>E Telephone number</b> (940) 566-5851
		City or town, state or country, and ZIP + 4 <b>DENTON, TX 76205</b>		<b>G Gross receipts \$</b> 2,367,937.
		<b>F Name and address of principal officer:</b> LILIA BYNUM 625 DALLAS DRIVE, STE 525, DENTON, TX 76205		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
				<b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ <u>unitedwaydenton.org</u>				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> 1951 <b>M State of legal domicile</b> TX	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>United Way of Denton County (UWDC) serves as a catalyst to facilitate the organized effort of</u>				
	2 Check this box <input type="checkbox"/> 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)			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
	5	Total number of employees (Part V, line 2a)			
	6	Total number of volunteers (estimate if necessary)			
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12			
	7b	Net unrelated business taxable income from Form 990-T, line 34			
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)		Prior Year 2,355,172.	Current Year 2,316,599.
		9 Program service revenue (Part VIII, line 2g)		45,822.	3,846.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,712.	11,840.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,519.	19,274.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,452,225.	2,351,559.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,859,200.	1,853,984.		
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)		385,230.	415,310.		
16a Professional fundraising fees (Part IX, column (A), line 11e)					
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 100,085.					
<b>Expenses</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		259,848.	248,150.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,504,278.	2,517,444.	
	19 Revenue less expenses. Subtract line 18 from line 12		<52,053.>	<165,885.>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)		Beginning of Current Year 2,456,452.	End of Year 2,342,496.	
	21 Total liabilities (Part X, line 26)		363,559.	415,488.	
	22 Net assets or fund balances. Subtract line 21 from line 20		2,092,893.	1,927,008.	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer: <u>Mark Merki</u> Date: <u>12-30-10</u> Type or print name and title: <u>Mark Merki, Treasurer</u>		
<b>Paid Preparer's Use Only</b>	Preparer's signature: <u>Mac Camacho</u>	Date: <u>12/22/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>Freemon, Shapard &amp; Story</u> <u>807 8th Street, 2nd Floor</u> <u>Wichita Falls, Texas 76301</u>		Preparer's identifying number (see instructions): EIN ▶ Phone no ▶ <u>940-322-4436</u>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

GAT 2

SCANNED JAN 18 2011

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: See Schedule O for Continuation  
"United Way of Denton County (UWDC) serves as a catalyst to facilitate the organized effort of the community to identify and address the existing and emerging needs of its peoples." Since 1953, we have served the residents of northern Denton County as a fundraiser,
- 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.

4a (Code: ) (Expenses \$ 1,895,641. including grants of \$ ) (Revenue \$ 1,904,763. )  
 SEE SCHEDULE O

4b (Code: ) (Expenses \$ 254,275. including grants of \$ ) (Revenue \$ 258,671. )  
 SEE SCHEDULE O

4c (Code: ) (Expenses \$ 149,505. including grants of \$ ) (Revenue \$ 150,265. )  
 SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 41,251. including grants of \$ 24,000. ) (Revenue \$ 13,860. )

4e Total program service expenses \$ 2,340,672.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<b>12</b> X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12A</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

**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
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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: **UNITED WAY OF DENTON COUNTY - 940-566-5851**  
**625 DALLAS DRIVE, DENTON, TX 76205**

**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			
SIMONE ANDERSON DIRECTOR	0.50	X						0.	0.	0.
DEAN ANTHONY DIRECTOR	0.50	X						0.	0.	0.
JOHN BAINES DIRECTOR	0.50	X						0.	0.	0.
JACK BECKER DIRECTOR	0.50	X						0.	0.	0.
RAEDEAN BOLTON DIRECTOR	0.50	X						0.	0.	0.
RAY BRASWELL DIRECTOR	0.50	X						0.	0.	0.
DERRELL BULLS DIRECTOR	0.50	X						0.	0.	0.
JOHN CABRALES DIRECTOR	0.50	X						0.	0.	0.
GEORGE CAMPBELL DIRECTOR	0.50	X						0.	0.	0.
PAUL CHANDLER DIRECTOR	0.50	X						0.	0.	0.
CAROL CHRISTIAN DIRECTOR	0.50	X						0.	0.	0.
TONY CLARK DIRECTOR	0.50	X						0.	0.	0.
DAWN COBB DIRECTOR	0.50	X						0.	0.	0.
JESSE COFFEY DIRECTOR	0.50	X						0.	0.	0.
CHALESE CONNORS DIRECTOR	0.50	X						0.	0.	0.
TIM CROUCH DIRECTOR	0.50	X						0.	0.	0.
PAT DACUS DIRECTOR	0.50	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			
RAY DAVID, JR. DIRECTOR	0.50	X						0.	0.	0.
AL DeVORE DIRECTOR	0.50	X						0.	0.	0.
SHERRI DRAGOO DIRECTOR	0.50	X						0.	0.	0.
WALTER EAGLETON DIRECTOR	0.50	X						0.	0.	0.
CHUCK ENGLE DIRECTOR	0.50	X						0.	0.	0.
JERRY FALBO DIRECTOR	0.50	X						0.	0.	0.
PATRICE FRISBY DIRECTOR	0.50	X						0.	0.	0.
PHIL GALLIVAN DIRECTOR	0.50	X						0.	0.	0.
GILDA GARCIA DIRECTOR	0.50	X						0.	0.	0.
DEBBY GRIGSBY DIRECTOR	0.50	X						0.	0.	0.
<b>1b Total</b>								121,251.	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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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
<b>5</b> 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

Form 990 (2009)

**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
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	24,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,292,599.			
	g Noncash contributions included in lines 1a-1f \$					
	h <b>Total.</b> Add lines 1a-1f		2,316,599.			
	<b>Program Service Revenue</b>	2 a <b>SERVICE FEES</b>	Business Code 900099	3,846.	3,846.	
b						
c						
d						
e						
f All other program service revenue						
g <b>Total.</b> Add lines 2a-2f			3,846.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		11,840.			11,840.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	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 35,652.				
	b Less: direct expenses	b 16,378.				
	c Net income or (loss) from fundraising events		19,274.			19,274.
	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					
<b>Miscellaneous Revenue</b>		Business Code				
11 a						
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d						
12 <b>Total revenue.</b> See instructions		2,351,559.	3,846.	0.	31,114.	

**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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,853,984.	1,853,984.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	121,251.	90,938.	24,251.	6,062.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	208,182.	156,137.	24,982.	27,063.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,038.	13,529.	2,165.	2,344.
<b>9</b> Other employee benefits	43,273.	32,455.	5,193.	5,625.
<b>10</b> Payroll taxes	24,566.	18,425.	2,948.	3,193.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	15,800.	4,898.	7,900.	3,002.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion	7,999.	6,044.		1,955.
<b>13</b> Office expenses	27,359.	19,508.	1,129.	6,722.
<b>14</b> Information technology	4,786.	3,517.	91.	1,178.
<b>15</b> Royalties				
<b>16</b> Occupancy	43,773.	31,954.	2,189.	9,630.
<b>17</b> Travel	7,905.	6,342.	168.	1,395.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,469.	4,928.	297.	1,244.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	22,499.	17,999.		4,500.
<b>22</b> Depreciation, depletion, and amortization	22,620.	16,513.	1,131.	4,976.
<b>23</b> Insurance	3,662.	2,343.	640.	679.
<b>24</b> 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.)				
<b>a</b> <b>IN-KIND EXPENSES</b>	33,379.	25,327.	825.	7,227.
<b>b</b> <b>PRINTING</b>	25,257.	15,691.	1,119.	8,447.
<b>c</b> <b>EQUIPMENT RENTAL &amp; MAIN</b>	11,963.	8,799.	598.	2,566.
<b>d</b> <b>DUES</b>	5,875.	4,725.		1,150.
<b>e</b> <b>AWARDS</b>	3,731.	3,658.	17.	56.
<b>f</b> All other expenses	5,073.	2,958.	1,044.	1,071.
<b>25</b> <b>Total functional expenses</b> Add lines 1 through 24f	2,517,444.	2,340,672.	76,687.	100,085.
<b>26</b> <b>Joint costs</b> Check here <input type="checkbox"/> 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
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,303,008.	2	954,314.
	3 Pledges and grants receivable, net	1,093,813.	3	1,319,942.
	4 Accounts receivable, net	18,000.	4	16,000.
	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	9,031.	9	8,215.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,290.		
	b Less: accumulated depreciation	10b 106,265.	32,600.	10c 44,025.
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,456,452.	16	2,342,496.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	363,559.	17	415,488.
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	363,559.	26	415,488.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	999,080.	27	607,066.
	28 Temporarily restricted net assets	1,093,813.	28	1,319,942.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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	2,092,893.	33	1,927,008.
34 <b>Total liabilities and net assets/fund balances</b>	2,456,452.	34	2,342,496.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**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?

**b** Were the organization's financial statements audited by an independent accountant?

**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

**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?

**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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

OMB No 1545-0047

2009

**Open to Public Inspection**

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1811354.	1821215.	1986070.	1974283.	1862686.	9455608.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1811354.	1821215.	1986070.	1974283.	1862686.	9455608.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						9455608.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1811354.	1821215.	1986070.	1974283.	1862686.	9455608.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,068.	29,218.	35,776.	24,712.	11,840.	123,614.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				30,820.	26,400.	57,220.
<b>11 Total support.</b> Add lines 7 through 10						9636442.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.12	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	98.30	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> 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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12)						
<b>14</b> 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 <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**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 ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule A, Part II, Line 10, Explanation for Other Income:

GRANTS

**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 DENTON COUNTY, INC.

Employer identification number

75-1251128

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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:

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

	Amount
1c	
1d	
1e	
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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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	150,290.		106,265.	44,025.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				44,025.

Schedule D (Form 990) 2009

(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 _____		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12) ►		

**Total.** (Col (b) must equal Form 990, Part X, col (B) line 12) ►[illegible]**Total.** (Col (b) must equal Form 990, Part X, col (B) line 13) ►

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

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.)

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.)

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	2,351,559.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,517,444.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<165,885.>
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	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<165,885.>

**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	1,900,926.
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	0.
3	Subtract line 2e from line 1	3	1,900,926.
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	450,633.
c	Add lines 4a and 4b	4c	450,633.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,351,559.

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

1	Total expenses and losses per audited financial statements	1	2,066,811.
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	0.
3	Subtract line 2e from line 1	3	2,066,811.
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	450,633.
c	Add lines 4a and 4b	4c	450,633.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,517,444.

**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.

\$12,017 ARE SPECIAL EVENT FUNDRAISER EXPENSES SHOWN ON THE AUDIT IN THE

FUNCTIONAL EXPENSE AREA AND ON THE 990 AS AN OFFSET TO SPECIAL EVENT

FUNDRAISER REVENUE.

\$462,650 REPRESENTS DESIGNATED AMOUNTS COLLECTED AND SUBSEQUENTLY

ALLOCATED FOR THE UWDC AND SECC CAMPAIGN.

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

### Open To Public Inspection

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

**Employer identification number**  
75-1251128

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	KICK-OFF LUNCHEON (event type)	None (total number)	
Revenue	1 Gross receipts	27,527.	8,125.		35,652.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,527.	8,125.		35,652.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	12,017.	4,362.		16,379.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 16,379 )
	11 Net income summary. Combine line 3, column (d), and line 10				19,273.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**17a**



**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 DENTON COUNTY, INC.**

Employer identification number  
**75-1251128**

**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?

☐ 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
AMERICAN RED CROSS 1200 S WOODROW LANE #200 DENTON, TX 76205	75-0800605	501(C)(3)	51,640.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
ANN'S HAVEN HOSPICE 501 S CARROLL BLVD, STE D DENTON, TX 76201	75-0800692	501(C)(3)	30,506.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
ARC OF DENTON COUNTY PO BOX 1279 DENTON, TX 76202	75-6081086	501(C)(3)	16,930.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
BIG BROTHERS/SISTERS 450 E JOHN CARPENTER FRWY IRVING, TX 75062	75-0800632	501(C)(3)	69,454.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
BOY SCOUTS - LONGHORN COUNCIL PO BOX 54190 HURST, TX 76054	74-1157377	501(C)(3)	6,920.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
CHILD STUDY CENTER 1300 W LANCASTER FORT WORTH, TX 76102	75-1099536	501(C)(3)	7,850.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE

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

**3** Enter total number of other organizations

23.

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

Schedule I (Form 990) 2009



**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 DENTON COUNTY, INC.**

Employer identification number  
**75-1251128**

**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
DENTON CHRISTIAN PRESCHOOL 1114 W UNIVERSITY DENTON, TX 76201	75-1316703	501(C)(3)	130,629.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
FRIENDS OF THE FAMILY PO BOX 640 DENTON, TX 76202	75-1734175	501(C)(3)	89,070.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
CITY/COUNTY DAY NURSERY 1603 PAISLEY DENTON, TX 76209	75-1285779	501(C)(3)	86,050.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
FRED MOORE CHILD CARE 821 CROSSTIMBERS DENTON, TX 76205	75-0971775	501(C)(3)	98,706.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
GIRL SCOUTS 6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571	501(C)(3)	50,737.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
HOPE, INC. PO BOX 50946 DENTON, TX 76206	75-2117176	501(C)(3)	99,144.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
PILOT POINT GOODFELLOWS PO BOX 1125 PILOT POINT, TX 76258	75-1829320	501(C)(3)	9,044.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
RSVP 1400 CRESCENT, SUITE 3 DENTON, TX 76201	75-1959671	501(C)(3)	28,886.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE

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**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 DENTON COUNTY, INC.**

Employer identification number

**75-1251128**

**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
SALVATION ARMY 1508 E MCKINNEY DENTON, TX 76209	75-0800648	501(C)(3)	98,341.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
SPAN 1800 MALONE DENTON, TX 76201	75-1497010	501(C)(3)	60,873.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
CASA OF DENTON COUNTY PO BOX 2885 DENTON, TX 76202	75-2417472	501(C)(3)	45,287.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
AIDS SERVICES OF NORTH TEXAS 4210 MESA DRIVE DENTON, TX 76207	75-2252866	501(C)(3)	56,516.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
DENTON FAMILY RESOURCE PO BOX 2242 DENTON, TX 76202	75-2774773	501(C)(3)	46,874.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
INTERFAITH MINISTRIES PO BOX 1744 DENTON, TX 76202	75-2442459	501(C)(3)	126,613.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
DAY STAY FOR ADULTS 4845 S I-35E, STE 100 DENTON, TX 76210	75-2480904	501(C)(3)	47,559.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE
COMMUNITIES IN SCHOOLS PO BOX 295543 LEWISVILLE, TX 75029	75-2496426	501(C)(3)	114,679.	0.			TO ASSIST ENTITY WITH COMPLETION OF EXEMPT PURPOSE

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

**Schedule I-1 (Form 990) 2009**

UNITED WAY OF DENTON COUNTY, INC.

**Employer identification number**  
**75-1251128**

[illegible]

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

**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

**2009**  
Open to Public  
Inspection

Name of the Organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number  
75-1251128

**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			
BONITA HAIRSTON DIRECTOR	0.50	X						0.	0.	0.
BOB HALEY DIRECTOR	0.50	X						0.	0.	0.
TOM HARPOOL DIRECTOR	0.50	X						0.	0.	0.
JARED HAZLETON DIRECTOR	0.50	X						0.	0.	0.
GEORGE HIGHFILL DIRECTOR	0.50	X						0.	0.	0.
RICHARD HUCKABY DIRECTOR	0.50	X						0.	0.	0.
MARY EVELYN HUEY DIRECTOR	0.50	X						0.	0.	0.
ALFRED HURLEY DIRECTOR	0.50	X						0.	0.	0.
DALE KIMBLE DIRECTOR	0.50	X						0.	0.	0.
KIT KING DIRECTOR	0.50	X						0.	0.	0.
BRETT KUHN DIRECTOR	0.50	X						0.	0.	0.
UARLINE LAMB DIRECTOR	0.50	X						0.	0.	0.
JIM LEHMAN DIRECTOR	0.50	X						0.	0.	0.
DAVID MARTINO DIRECTOR	0.50	X						0.	0.	0.
FILIPPO MASCIARELLI DIRECTOR	0.50	X						0.	0.	0.
BRANDON McCLESKEY DIRECTOR	0.50	X						0.	0.	0.
ERNIE McCRAW DIRECTOR	0.50	X						0.	0.	0.
SHERRI McDADE DIRECTOR	0.50	X						0.	0.	0.
MARY ANN McDUFF CHAIRMAN	0.50	X		X				0.	0.	0.
MARK MERKI DIRECTOR	0.50	X						0.	0.	0.

**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

**2009**

Open to Public  
Inspection

Name of the Organization

UNITED WAY OF DENTON COUNTY, INC.

Employer Identification number  
75-1251128

**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			
ROY MINTER, JR. DIRECTOR	0.50	X						0.	0.	0.
STAN MORTON DIRECTOR	0.50	X						0.	0.	0.
JANET MULROY DIRECTOR	0.50	X						0.	0.	0.
BETTYE MYERS DIRECTOR	0.50	X						0.	0.	0.
LEE ANN NUTT DIRECTOR	0.50	X						0.	0.	0.
CALEB O'REAR DIRECTOR	0.50	X						0.	0.	0.
ELLEN PAINTER DIRECTOR	0.50	X						0.	0.	0.
BENNY PARKEY DIRECTOR	0.50	X						0.	0.	0.
FRED PATTERSON DIRECTOR	0.50	X						0.	0.	0.
BILL PATTERSON DIRECTOR	0.50	X						0.	0.	0.
CONNIE PELPHREY DIRECTOR	0.50	X						0.	0.	0.
FRED POLE DIRECTOR	0.50	X						0.	0.	0.
EVA POOLE DIRECTOR	0.50	X						0.	0.	0.
TODD PRICE CHAIRMAN - ELECT	0.50	X		X				0.	0.	0.
LINDA RATLIFF DIRECTOR	0.50	X						0.	0.	0.
SHEILA RICHARDS DIRECTOR	0.50	X						0.	0.	0.
MARTY RIVERS DIRECTOR	0.50	X						0.	0.	0.
RANDY ROBINSON DIRECTOR	0.50	X						0.	0.	0.
PRISCILLA SANDERS DIRECTOR	0.50	X						0.	0.	0.
GREGORY SAWKO DIRECTOR	0.50	X						0.	0.	0.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the Organization

UNITED WAY OF DENTON COUNTY, INC.

Employer Identification number  
75-1251128

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**Open to Public**  
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Name of the organization

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Form 990, Part I, Line 1, Description of Organization Mission:

the community to identify and address the existing and emerging needs  
of its people.

Form 990, Part III, Line 1, Description of Organization Mission:

community and coalition builder, information resource, volunteer  
coordinator and with non-profit management and leadership assistance  
and training to local agencies.

Form 990, Part III, Line 2, New Program Services:

United Way of Denton County's Project Blueprint: Board Leadership  
Training program is designed to train community volunteers to become  
qualified, quality board members of non-profit organizations in Denton  
County. The training consists of a series of meetings where the  
following areas are taught: Governance, Board and Agency Relations,  
Operations of the Board, Finance, and Fundraising/Marketing.

Each module taught is presented by an expert in that field, with  
attendance requirements and group exercises. Each graduate of Project  
Blueprint will be placed for service with UWDC or introduced to an  
agency that matches their interests and passion.

This program was initiated in the Fall of 2009.

Form 990, Part III, Line 4d, Other Program Services:

I&R Research

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The information and referral line at United Way of Denton County is a helpline designed to guide community members to the right organization that can best meet their need. The helpline is answered 5 days a week from 8-5. On average, the I&R helpline receives roughly 55 calls a week. In addition, Denton County is served by 2-1-1, a service mandated by the Federal Communication Commission (FCC) to have the number accessible for community information and referral 24 hours a day, seven days a week. UWDC is currently working in partnership with 2-1-1 to build a stronger relationship between the organizations and ensuring we have the best information available to Denton County residents. UWDC also has additional published resources available to both the private and public sector. The 'Denton County Community Services Directory' and 'Mini-Directory' are printed each year by UWDC and distributed to local community organizations.

**ADRC**

UWDC began a partnership with the North Central Texas Aging and Disability Resource Center (NCT-ADRC). We received a \$20,000 grant to participate in the development of a system of increasing long-term supports and services through an inter-agency collaboration.

United Way of Denton County serves as the local coordinating agency for Denton County. We have engaged a part-time project coordinator who convened local partners, participated in the advisory committee, scheduled training sessions, conducted program outreach and continues to report results to the community.

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- The first goal of the program/grant is to streamline access to a wide range of long-term services and supports both for service providers and for consumers.

- The second goal is to serve as a highly visible and trusted resource for information on the full range of long-term services and support options.

- Third, we hope to provide a resource for professionals in health and long-term services and supports.

- Fourth, we will empower individuals, families, and caregivers to make informed choices.

During our first fiscal year we were able to recruit over 23 partner agencies helping us create a support group so to streamline access to services for both clients and professionals alike. The project also was able to host a number of successful and well attended workshops for professionals as well as for the overall community seminars including "Finding Services for Clients Who Require On-Going Assistance," "Denton County Housing Resources for People with Limited Incomes," and a five piece series supporting Parents with Children with Disabilities.

Expenses \$ 41251. including grants of \$ 24000. Revenue \$ 13860.

Form 990, Part VI, Section B, line 11: Management receives a copy of the audited financial statements and the Form 990 prior to the filing of the 990. Management reviews Form 990 comparing it to the audited financial statements and looks for accurate disclosure of information requested by

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the form 990.

Form 990, Part VI, Section B, Line 12c: The organization requires each officer, director or trustee, key employee to complete a conflict of interest form and questionnaire annually.

Form 990, Part VI, Section B, Line 15a: The executive committee of the Board of Directors reviews and determines compensation for the Executive Director and Key Employees.

Form 990, Part VI, Section C, Line 18: FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

FORM 990, PART III, LINE 4a

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY INVESTMENT (FUNDS AWARDED/DISTRIBUTED TO FOR AGENCY PROGRAMS)

Twenty five agencies serving Denton County were provided with funds to maintain a "safety net" of services for those residents most in need.

All agencies that received funds provided services that fall under at least one of the following focus areas:

Education: Preparing children and youth to achieve their potential

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Income: Promoting financial stability and independence

Health: Improving People's Health

Funding decisions are based on recognized existing and emerging needs in Denton County. Five teams of community volunteers review partner agency programming, outcomes and financials to determine the most effective use of funds.

Funding for this process comes from UWDC's annual fundraising campaign which is conducted with the help of hundreds of local companies and volunteers. The campaign includes workplace and individual solicitation and corporate donations and sponsorships. Funded partner agencies participate in this process by providing outcome information and numbers served, providing speakers for presentations, and conducting internal fundraising campaigns within their offices. UWDC also provides donors the opportunity to designate their donations to local agencies. Local agencies must annually verify compliance with provisions of the USA Patriot Act and verify they are an agency in good standing as an IRS Code Section 501(c)3 nonprofit organization.

During 2009-2010 funding year, UWDC was able to distribute a total of \$1,475,125 to our 25 partner agencies.

Through these partnerships, UWDC partner agencies were able to assist more than 100,000 individuals and families in Denton County in 2009.

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FORM 990, PART III, LINE 4b

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY CAPACITY BUILDING

Because of the strong network of programs provided by our community partners, UWDC is able to work as a community resource, facilitator and collaborator in making community improvements and problem solving.

This work is driven by the following principals:

- Must align within at least 1 of our 3 focus areas: Education, Income and Health

- Must align with our UWDC mission

- Must demonstrate a definite health and human service need in the community

- Results must be measurable

Local partnerships include universities, nonprofits, local government, faith based organizations, businesses and local school districts.

Summaries of 3 of our major initiatives/programs is as follows:

**Community Needs Assessment**

Our community needs assessment is a tool to help pinpoint unmet needs and gaps in services for the short term in Denton County due in part to the constantly changing nature of the local area. Population growth, changes in area demographics and the local economy influence and often stress the public and nonprofit health and human services.

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Outside factors also have a profound effect in determining the local needs. Federal and state government changes have a major impact on community agencies' abilities to provide the needed services as well as on the individuals who receive governmental assistance. The rapid population growth of the community and the constantly changing government funding priorities require regular community assessments. The community needs assessment provides essential information to develop a long-term plan for health and human services based on socio-economic trends and long-standing health, housing, and human service issues.

FORM 990, PART III, LINE 4B - CONTINUED

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

In 2009, United Way of Denton County continued into our second year of a "rolling" needs assessment. In a rolling community needs assessment the various components are completed at different times. Our needs assessment consists of the following components:

- ☐ Environmental Scan
- ☐ Local Agency Profiles
- ☐ Focus Groups
- ☐ Key Informant Surveys
- ☐ General Community Survey

Denton County, Texas encompasses 957 square miles and is comprised of

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eleven (11) school districts; over 20 incorporated cities or towns as well as substantial unincorporated areas. The City of Denton is the county seat as well as the largest City in Denton County and is located in a metropolitan triangle formed by Dallas located 38 miles to the southeast and Fort Worth located 38 miles to the southwest. Denton is experiencing strong growth along with other communities in the Dallas-Ft. Worth Metropolitan area. The City's population increased by 21.5% from 1990 to 2000 and is estimated to increase 43.5% by 2015.

**Population Growth and Projections**

Year	Population	% Change
1990	66,270	
1995	69,875	5.4%
2000	80,537	15.3%
2005	92,375	14.7%
2010	108,042	17.0%
2015	132,579	22.7%

Source: U.S. Census 2000 and North Central Texas Council of Governments, April 2003.

**2009 Second Year Activities/Results:**

We are partnering with the University of North Texas American Humanics Program to staff and update components of this assessment each year. In 2009 students completed agency profiles for 45 local agencies and continued to work on the environmental scan.



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FORM 990, PART III, LINE 4B - CONTINUED

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

The Financial Stability Initiative

In 2007, United Way of Denton County launched a new initiative to promote financial stability among low-to-moderate income families and individuals in Denton County. This initiative has continued and grown in 2009.

The Reasons:

- Over 12% of the US population has an income below the federal poverty level (\$20,650 for a family of 4) in spite of the fact that many are employed, some with 2-3 jobs
- Credit Card debt in America has tripled in recent years with 1 out of 3 households having to use credit cards to cover basic living expenses including rent, groceries, utilities and insurance
- The fastest growing segment of society filing for bankruptcy is people under the age of 25

United Way has identified a 3 step process of addressing financial stability:

Increase Income - Build Savings - Gain and Sustain Assets

United Way of Denton County began this process by coordinating with the IRS, Denton North Branch Library, UNT Student Money Management Center, Wells Fargo and AARP to open free tax-preparation sites and financial counseling for low-to-moderate income workers, educating and assisting

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workers apply for the Earned Income Tax Credit and the Child Tax Credit, and offering choices of how to invest their refunds to benefit the financial health of their families. VITA (Volunteer Income Tax Assistance) sites are staffed by IRS certified volunteers who are trained specifically to offer tax preparation and financial counseling in a variety of areas.

In 2007, the IRS estimates that over \$16 million in tax credits were unclaimed by Denton County residents who qualified for them. To combat this and get money back into resident's wallets the UWDC offered 16 free tax preparation sessions in 2008. In turn, VITA participants received a total of over \$60,000 in Earn Income Tax Credits and \$181,421 in Federal refunds issued.

FORM 990, PART III, LINE 4B - CONTINUED

+

In 2008 the UWDC VITA program was able to provide 20 free tax preparation dates, at 3 different sites, over a period of two and half months. The accessibility of this program is in strong part because of the overall increase of volunteers, which doubled since the previous year, and additional partnerships. During this time volunteers prepared and submitted 230 tax forms, an 8% increase from 2007.

The IRS estimates that the average out-of-pocket cost incurred by taxpayers to prepare and submit their returns is \$209 per return.

Based on this calculation, the United Way of Denton County VITA program

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saved residents roughly \$47,861 in tax preparation alone. In addition, volunteer tax preparers found a total of over \$55,000 in Earned Income Tax Credits for participants (a 1% decrease since 2008) and had over \$216,000 in Federal refunds issued, an increase in \$34,680 or 8% increase. The VITA program saved money for Denton residents as well as increased their income.

**Results**

	2007 Tax Year	2008 Tax Year	% Inc/(Dec)	Total Inc/(Dec)
Volunteers	7	14	50%	7
VITA Participants	193	230	8%	37
EITC in DC	\$61,021	\$54,951	(1%)	(6,070)
Avg.EITC in DC	\$316.17	\$256.78	(1%)	\$59.39
Fed.Refunds DC	\$181,421	\$216,101	8%	\$34,680
Avg.Fed.Ref.	\$940.01	\$1,009.82	9%	\$69.81
AGI for DC	\$4,162,267	\$4,253,562	10%	\$91,295
Avg.AGI-DC	\$21,566.15	\$19,876.46	(1%)	(\$1,689.69)

UWDC is helping families access the money that is available to them and choose how best to provide for their families. Through this initiative, working individuals and families with low-to-moderate incomes will be more knowledgeable about their financial options and gain an understanding of how to become more financially stable.

FORM 990, PART III, LINE 4B - CONTINUED

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

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

Schedule O (Form 990) 2009

**SCHEDULE O**  
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Denton County Volunteer Management - Volunteer Connections

Volunteer Connections is a resource to guide those looking to make a  
difference in their community and those that can present the  
opportunity to do so. This online service provides:

- community outreach through board connections
- general volunteer opportunities
- community spotlight event and calendar
- product connections
- information on nonprofit agencies in the area

Whether someone has items that can be donated or time that can be  
given, each section is designed to help those that want to help. In  
2008, the online resource served:

- 35 volunteer opportunities
- 4 board connections
- 25 agency profiles

It is our goal at United Way of Denton County to market this community  
resource to both nonprofits and community leaders and to be the link  
for individuals to agencies, organizations, and business where their  
talents can be best utilized, interests matched, and needs met.

Listings can be found at [www.unitedwaydenton.org/volunteers.html](http://www.unitedwaydenton.org/volunteers.html). This  
program is funded by the UWDC annual fundraising campaign.

FORM 990, PART III, LINE 4c

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

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Schedule O (Form 990) 2009

**SCHEDULE O**  
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COMMUNITY EDUCATION

UWDC has provided management assistance, training and supportive services to over 40 local agencies and organizations that serve Denton County.

UWDC conducted 10 training/networking meetings for local funded partner agencies that covered topics such as Board/Staff Relations, Board Management, Volunteer Management and Community Partnerships. These were all topics that were requested needs by partner agency staff leadership. Participation rates for these services by our 25 partner agencies were consistently 70%.

Project Blueprint

United Way of Denton County's Project Blueprint: Board Leadership Training program is designed to train community volunteers to become qualified, quality board members of non-profit organizations in Denton County. The training consists of a series of meetings where the following areas are taught:

Governance (Mission Statements, Vision Statements, Developing & Reviewing Programs, Funding Relationships, Policies, Strategic Planning, Board Self-Assessment)

Board and Agency Relations (Recruitment, Succession Planning, Tenure, Diversity, Human Resources, Personnel Policies, Board vs. Staff Roles)

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Operations of the Board (Board Functions & Responsibilities, Meetings,  
Committees, Code of Ethics, Conflicts of Interest, Bylaws, Legal Issues  
& Insurance, Job Descriptions)

Finance (Budgets, Financial Statements, Accounting Policies &  
Reporting, Investments, Management & Oversight, 990's, Audits)

Fundraising/Marketing (Special Events, Types of Giving, Fundraising  
Plans and Goals, Fundraising Ethics, Marketing Plans, Public Relations)

Each module taught is presented by an expert in that field, with  
attendance requirements and group exercises. Each graduate of Project  
Blueprint will be placed for service with UWDC or introduced to an  
agency that matches their interests and passion.

United Way of Denton County, Inc  
Depreciation Schedule  
03/31/2010

Type	A-7 Class	Asset Number	Description	Date Purchased	Date Disposed	Beginning Cost	Additions	Deletions	Ending Cost	Salvage Value	Method	Life	Beginning Accumulated	Current Expense	Accumulated Deletions	Ending Accumulated	Net Book Value
6		7	Fire Proof File	02/14/86		829.00			829.00	200.00	SL	AD 10	629.00			629.00	200.00
6		13	Zenith TV	08/15/89	3/31/2010	328.00		328.00			SL	AD 10	278.00		278.00		
6		14	Shelving Units	05/15/85		297.56			297.56	50.00	SL	AD 10	247.56			247.56	50.00
6		17	Storage Cabinet	06/01/94		223.50			223.50	50.00	SL	AD 10	223.50			223.50	
6		18	Refrigerator	06/01/94		1,200.00			1,200.00	200.00	SL	AD 5	1,000.00			1,000.00	200.00
6		19	Cabinets	06/01/94		1,250.00			1,250.00	200.00	SL	AD 5	1,050.00			1,050.00	200.00
6		22	Workpak Software	05/15/87		1,825.00			1,825.00		SL	AD 5	1,825.00			1,825.00	
6		23	HP Laserjet Printer	08/14/88		1,995.00			1,995.00		SL	AD 5	1,995.00			1,995.00	
6		24	Compaq Laptop	09/11/99		2,079.90			2,079.90		SL	AD 5	2,079.90			2,079.90	
6		27	Expand Computer	03/15/00		275.00			275.00		SL	AD 5	275.00			275.00	
6		28	Desk and Bookcase	02/13/01		920.90			920.90		SL	AD 5	920.90			920.90	
6		30	Lateral Filing Cabinet	03/15/01		200.00			200.00		SL	AD 5	200.00			200.00	
6		31	Compaq Monitor	08/15/00		349.00			349.00		SL	AD 5	349.00			349.00	
6		33	Backup Executive Software	09/20/00		315.00			315.00		SL	AD 5	315.00			315.00	
6		34	Metal Filing Cabinet	06/15/00		108.00			108.00		SL	AD 5	108.00			108.00	
6		35	FireSafe Filing Cabinet	06/27/00		920.38			920.38		SL	AD 5	920.38			920.38	
6		36	Filing Cabinet	05/30/01		109.95			109.95		SL	AD 5	109.95			109.95	
6		37	Netgear SDN Router	07/13/01		345.00			345.00		SL	AD 5	345.00			345.00	
6		38	Computer Monitor	08/31/01		149.99			149.99		SL	AD 5	149.99			149.99	
6		39	Oreck Vacuum	09/25/01		446.90			446.90		SL	AD 5	446.90			446.90	
6		41	Computer Monitor	09/25/01		149.99			149.99		SL	AD 5	149.99			149.99	
6		42	Computer Software	12/31/01		352.32			352.32		SL	AD 5	352.32			352.32	
6		43	Compaq Computer	02/14/02		3,359.00			3,359.00		SL	AD 5	3,359.00			3,359.00	
6		44	FireSafe Filing Cabinet	03/12/02		799.99			799.99		SL	AD 5	799.99			799.99	
6		47	Donated Furniture	12/11/01		1,000.00			1,000.00		SL	AD 5	1,000.00			1,000.00	
6		48	Telephone System	05/23/02		7,962.00			7,962.00		SL	AD 5	7,962.00			7,962.00	
6		50	Miscellaneous Equipment	06/04/02		1,823.00			1,823.00		SL	AD 5	1,823.00			1,823.00	
6		51	Texas Bank Donated Furniture	01/31/03		2,500.00			2,500.00		SL	AD 5	2,500.00			2,500.00	
6		52	Donated Furniture	01/31/03		1,500.00			1,500.00		SL	AD 5	1,500.00			1,500.00	
6		53	Software- Helix	03/24/04		9,500.00			9,500.00		SL	AD 5	9,500.00			9,500.00	
6		54	Server Choice Solutions	03/24/04		6,433.00			6,433.00		SL	AD 5	6,433.00			6,433.00	
6		55	Computer Upgrade	06/20/03		2,800.00			2,800.00		SL	AD 5	2,800.00			2,800.00	
6		56	Equipment	06/02/03		956.00			956.00		SL	AD 5	956.00			956.00	
6		57	Computer	06/04/03		979.00			979.00		SL	AD 5	979.00			979.00	
6		58	Office Equipment	10/01/04		4,139.00			4,139.00		SL	AD 5	4,139.00			4,139.00	
6		59	HP Computer	03/15/05		974.43			974.43		SL	AD 5	974.43			974.43	
6		60	2 Compaq Computers	03/21/05		1,000.00			1,000.00		SL	AD 5	1,000.00			1,000.00	
6		61	Compaq Computer- Vicki	09/30/05		1,040.00			1,040.00		SL	AD 5	1,040.00			1,040.00	
6		63	Office Equipment	09/30/05		4,719.81			4,719.81		SL	AD 5	4,719.81			4,719.81	
6		64	Office Equipment	04/28/06		159.18			159.18		SL	AD 5	159.18			159.18	
6		65	Office Equipment	05/03/06		69.99			69.99		SL	AD 5	69.99			69.99	
6		66	Office Equipment	05/31/06		486.64			486.64		SL	AD 5	486.64			486.64	
6		67	Dell Laptop Projector	05/31/06		2,343.94			2,343.94		SL	AD 5	2,343.94			2,343.94	
6		68	Office Equipment	06/02/06		61.85			61.85		SL	AD 5	61.85			61.85	
6		69	Cabling and Hardware Rack	06/15/06		1,273.19			1,273.19		SL	AD 5	1,273.19			1,273.19	
6		70	Office Equipment	07/05/06		209.98			209.98		SL	AD 5	209.98			209.98	
6		71	Computer Equipment	07/05/06		9,697.00			9,697.00		SL	AD 5	9,697.00			9,697.00	
6		72	Tape Drive	07/14/06		619.00			619.00		SL	AD 5	619.00			619.00	
6		73	Office Equipment	07/17/06		622.42			622.42		SL	AD 5	622.42			622.42	
6		74	Cabling	07/17/06		162.14			162.14		SL	AD 5	162.14			162.14	
6		75	Memory Modules	07/13/06		666.00			666.00		SL	AD 5	666.00			666.00	
6		76	Andar Server	08/30/06		1,160.00			1,160.00		SL	AD 5	1,160.00			1,160.00	
6		77	SBS Server	08/30/06	3/31/2010	2,510.00		1,160.00			SL	AD 5	2,510.00		1,160.00		
6		78	Office Equipment	08/30/06		435.00			435.00		SL	AD 5	435.00			435.00	
6		79	Office Equipment	08/30/06		63.97			63.97		SL	AD 5	63.97			63.97	
6		80	Office Equipment	09/05/06		749.84			749.84		SL	AD 5	749.84			749.84	
6		81	Software	09/07/06		525.00			525.00		SL	AD 5	525.00			525.00	
6		82	Cabling	09/30/06		151.87			151.87		SL	AD 5	151.87			151.87	
6		83	Office Equipment	10/09/06		328.00			328.00		SL	AD 5	328.00			328.00	
6		84	Office Equipment	11/02/06		148.43			148.43		SL	AD 5	148.43			148.43	
6		85	Antec Power Supply	12/04/06		112.95			112.95		SL	AD 5	112.95			112.95	
6		86	Office Equipment	12/15/06		94.99			94.99		SL	AD 5	94.99			94.99	
6		87	Class Firewall	12/15/06		1,145.00			1,145.00		SL	AD 5	1,145.00			1,145.00	
6		88	Office Equipment	01/23/07		126.86			126.86		SL	AD 5	126.86			126.86	
6		89	Office Equipment	01/26/07		275.80			275.80		SL	AD 5	275.80			275.80	
6		90	Office Equipment	01/30/07		113.00			113.00		SL	AD 5	113.00			113.00	
6		91	Foundation Combo Software	01/30/07		3,995.00			3,995.00		SL	AD 5	3,995.00			3,995.00	
6		92	Office Equipment	02/01/07		36.64			36.64		SL	AD 5	36.64			36.64	
6		93	Office Equipment	03/05/07		81.98			81.98		SL	AD 5	81.98			81.98	
6		94	Software	03/30/07		435.00			435.00		SL	AD 5	435.00			435.00	

United Way of Denton County, Inc  
Depreciation Schedule  
03/31/2010

2 of 2

Type	A-7 Class	Asset Number	Description	Date Purchased	Date Disposed	Beginning Cost	Additions	Deletions	Ending Cost	Salvage Value	Method	Life	Beginning Accumulated	Current Expense	Accumulated Deletions	Ending Accumulated	Net Book Value	
6		95	MX Ultimate Defense - Software	04/01/07		564.68		-	564.68	-	SL	AD	3	375.94	188.23	-	564.17	0.51
6		96	Office Professional Plus 2007	06/30/07		200.00		-	200.00	-	SL	AD	3	116.76	66.67	-	183.43	16.57
6		97	CFO Deskbook	06/30/07		101.67		-	101.67	-	SL	AD	3	59.35	33.89	-	93.24	8.43
6		98	PC Cart	10/22/07		189.98		-	189.98	-	SL	AD	3	91.19	63.33	-	154.52	35.46
6		99	Messaging Software	05/16/07		470.00		-	470.00	-	SL	AD	3	283.65	156.67	-	450.32	19.68
6		100	UPS backup	09/28/07		1,175.00		-	1,175.00	-	SL	AD	3	589.64	391.67	-	981.31	193.69
6		101	Donated Computer	06/30/07		1,373.33		-	1,373.33	-	SL	AD	3	801.74	457.78	-	1,259.52	113.81
6		102	Surge Protector	09/19/07		113.98		-	113.98	-	SL	AD	3	58.13	37.99	-	96.12	17.86
6		103	Fire Resistant Safe	03/09/08		421.27		-	421.27	-	SL	AD	5	89.31	84.25	-	173.56	247.71
6		104	Bitronics auto switch	02/25/08		116.89		-	116.89	-	SL	AD	3	42.69	38.96	-	81.65	35.24
6		105	Electrical Work	10/30/07		232.84		-	232.84	-	SL	AD	10	33.01	23.28	-	56.29	176.55
6		106	Condless Computer Equip	04/30/07		328.83		-	328.83	-	SL	AD	3	210.24	109.61	-	319.85	8.98
6		107	UPS Battery	01/31/08		212.89		-	212.89	-	SL	AD	3	82.59	70.96	-	153.55	59.34
6		108	Licenses	07/23/07		460.00		-	460.00	-	SL	AD	3	258.90	153.33	-	412.23	47.77
6		109	Office Desk	04/07/08		549.72		-	549.72	-	SL	AD	5	107.84	109.94	-	217.78	331.94
6		110	File Cabinet	04/07/08		139.99		-	139.99	-	SL	AD	5	27.46	28.00	-	55.46	84.53
6		111	Office Chair	04/10/08		169.99		-	169.99	-	SL	AD	5	33.07	34.00	-	67.07	102.92
6		112	Helix-Software	04/15/08		1,500.00		-	1,500.00	-	SL	AD	3	479.45	500.00	-	979.45	520.55
6		113	HP DC5800 MicroTower PC-2	09/24/08		1,702.00		-	1,702.00	-	SL	AD	3	282.22	567.33	-	859.55	842.45
6		114	HP LaserJet P4015TN Printer	10/24/08		1,495.00		-	1,495.00	-	SL	AD	3	215.72	498.33	-	714.05	780.95
6		115	HP Storageworks Tape Drive	07/03/08		1,708.88		-	1,708.88	-	SL	AD	3	422.93	569.63	-	992.56	716.32
6		116	HP Compaq DC 5800	05/06/08		1,126.00		-	1,126.00	-	SL	AD	3	338.31	375.33	-	713.64	412.36
6		117	HP Compaq DC 5800	05/06/08		1,126.00		-	1,126.00	-	SL	AD	3	338.31	375.33	-	713.64	412.36
6		118	HP Compaq DC 5800	05/06/08		1,126.00		-	1,126.00	-	SL	AD	3	338.31	375.33	-	713.64	412.36
6		119	HP L1710 Flat Panel Display	05/06/08		182.00		-	182.00	-	SL	AD	3	54.68	60.67	-	115.35	66.65
6		120	HP L1710 Flat Panel Display	05/06/08		182.00		-	182.00	-	SL	AD	3	54.68	60.67	-	115.35	66.65
6		121	HP L1710 Flat Panel Display	05/06/08		182.00		-	182.00	-	SL	AD	3	54.68	60.67	-	115.35	66.65
6		122	HP ProCurve Ethernet Switch	09/09/08		385.00		-	385.00	-	SL	AD	3	71.37	128.33	-	199.70	185.30
6		123	Office equipment	09/30/08		231.25		-	231.25	-	SL	AD	5	23.06	46.25	-	69.31	161.94
6		124	Leather Chair	03/31/09		79.99		-	79.99	-	SL	AD	5	16.00	16.00	-	16.00	63.99
6		125	PC Speakers	03/31/09		32.99		-	32.99	-	SL	AD	3	11.00	11.00	-	11.00	21.99
6		126	Printer Maintenance Kit	08/13/08		197.00		-	197.00	-	SL	AD	3	41.38	65.67	-	107.05	89.95
6		127	USB Drives	10/06/08		81.97		-	81.97	-	SL	AD	3	13.18	27.32	-	40.50	41.47
6		128	Office 2007 tutorial	04/24/08		61.97		-	61.97	-	SL	AD	3	19.30	20.66	-	39.96	22.01
6		129	Venzon Modem	09/13/08		79.95		-	79.95	-	SL	AD	3	14.53	26.65	-	41.18	38.77
6		130	iPhone	10/09/08		457.87		-	457.87	-	SL	AD	3	72.34	152.62	-	224.96	232.91
6		131	Toshiba Laptop	11/19/08		680.44		-	680.44	-	SL	AD	3	82.03	226.81	-	308.84	371.60
6		132	Toshiba Laptop	11/19/08		680.44		-	680.44	-	SL	AD	3	82.03	226.81	-	308.84	371.60
6		133	Toshiba Laptop	11/19/08		680.44		-	680.44	-	SL	AD	3	82.03	226.81	-	308.84	371.60
6		134	Toshiba Laptop	11/19/08		680.44		-	680.44	-	SL	AD	3	82.03	226.81	-	308.84	371.60
6		135	Toshiba Laptop	11/19/08		680.44		-	680.44	-	SL	AD	3	82.03	226.81	-	308.84	371.60
6		136	Toshiba Laptop	11/19/08		680.44		-	680.44	-	SL	AD	3	82.03	226.81	-	308.84	371.60
6		137	Software	04/30/08		290.48		-	290.48	-	SL	AD	3	88.87	96.83	-	308.85	371.60
6		138	Software - XP	07/31/08		99.00		-	99.00	-	SL	AD	3	21.97	33.00	-	185.70	104.78
6		139	Software	09/18/08		28.09		-	28.09	-	SL	AD	3	9.36	33.00	-	54.97	44.03
6		140	Friendly Finger Software	03/25/09		68.00		-	68.00	-	SL	AD	3	4.98	0.37	-	14.34	13.75
6		141	Adobe Acrobat 9.0	02/28/09		90.00		-	90.00	-	SL	AD	3	2.55	22.67	-	23.04	44.96
6		142	USB Drives for VITA	02/10/09		200.12		-	200.12	-	SL	AD	3	8.96	30.00	-	32.55	57.45
6		143	Office Chair	02/10/09		82.25		-	82.25	-	SL	AD	3	2.21	66.71	-	75.67	124.45
6		144	SSL Certificate	11/12/08		249.00		-	249.00	-	SL	AD	5	31.61	16.45	-	18.66	63.59
6		145	Office Chair	11/12/08		161.98		-	161.98	-	SL	AD	3	12.34	83.00	-	114.61	134.39
6		146	HP DL380 GS Server	09/03/09		10,737.48		-	10,737.48	-	SL	AD	5	32.40	32.40	-	44.74	117.24
6		147	HP DL360 G6 Server	05/02/09		11,685.28		-	11,685.28	-	SL	AD	3	-	2,049.44	-	2,049.44	8,688.04
6		148	21.5" Widescreen Monitor	04/21/09		219.99		-	219.99	-	SL	AD	3	-	3,553.61	-	3,553.61	8,131.67
6		149	File Cabinet	04/02/09		214.98		-	214.98	-	SL	AD	5	-	69.11	-	69.11	150.88
6		150	Dell PC OptiPlex 960	12/29/09		1,126.99		-	1,126.99	-	SL	AD	3	-	42.76	-	42.76	172.22
6		151	Dell PC OptiPlex 961	07/02/09		1,308.01		-	1,308.01	-	SL	AD	3	-	94.69	-	94.69	1,032.30
6		152	TV - DVD Player	11/23/09		900.00		-	900.00	-	SL	AD	5	-	324.91	-	324.91	983.10
6		153	20" Widescreen Monitor	02/16/09		196.99		-	196.99	-	SL	AD	3	-	63.12	-	63.12	836.88
6		154	Server Software	06/30/09		532.00		-	532.00	-	SL	AD	3	-	65.66	-	65.66	131.33
6		155	Quick SSL Software	09/18/09		468.00		-	468.00	-	SL	AD	3	-	133.12	-	133.12	388.88
6		156	Kernel Recovery for OST Software	01/08/10		199.00		-	199.00	-	SL	AD	3	-	82.92	-	82.92	385.08
6		157	Software	03/31/10		1,933.72		-	1,933.72	-	SL	AD	3	-	14.90	-	14.90	184.10
6		158	TV Equipment	07/09/09		1,325.79		-	1,325.79	-	SL	AD	3	-	-	-	-	1,933.72
6		159	TV Equipment	11/23/09		419.42		-	419.42	-	SL	AD	3	-	320.85	-	320.85	1,004.84
6		160	Software - Grant Writing	03/31/10		3,895.00		-	3,895.00	-	SL	AD	5	-	29.42	-	29.42	3,900.00
						119,224.98	35,162.65	4,098.00	150,289.63									44,024.38
						119,224.98	35,162.65	4,098.00	150,289.63									44,024.38



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	UNITED WAY OF DENTON COUNTY, INC.		75-1251128
	Number, street, and room or suite no. If a P.O. box, see instructions. 625 DALLAS DRIVE, SUITE 525		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DENTON, TX 76205		

**Check type of return to be filed** (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

### UNITED WAY OF DENTON COUNTY

- The books are in the care of **625 DALLAS DRIVE - DENTON, TX 76205**

Telephone No **940-566-5851**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **February 15, 2011**

5 For calendar year , or other tax year beginning **APR 1, 2009**, and ending **MAR 31, 2010**

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title **Treasurer**

Date