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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 07-01, 2009, and ending 06-30, 2010	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	C Name of organization UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) PO BOX 11566 City or town, state or country, and ZIP + 4 PUEBLO, CO 81001
	D Employer identification no. 84-0404917
	E Telephone number (719) 583-4455
	G Gross receipts \$ 1,126,054
F Name and address of principal officer KEN GOODNIGHT PO BOX 11566, PUEBLO, CO 81001	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No H(c) Group exemption number	
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.PUEBLOUNITEDWAY.ORG	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation 1969 M State of legal domicile CO	

Part I Summary	
1 Briefly describe the organization's mission or most significant activities THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. ITS MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19
5 Total number of employees (Part V, line 2a)	5 6
6 Total number of volunteers (estimate if necessary)	6 200
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0
8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,025,020 Current Year 1,058,349
9 Program service revenue (Part VIII, line 2g)	17,300 16,592
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,579 28,855
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,372 22,258
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,110,271 1,126,054
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	680,044 711,286
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	232,363 237,400
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
b Total fundraising expenses (Part IX, column (D), line 25) 80,004	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	76,395 81,201
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	988,802 1,029,887
19 Revenue less expenses Subtract line 18 from line 12	121,469 96,167
20 Total assets (Part X, line 16)	Beginning of Current Year 1,743,597 End of Year 1,762,471
21 Total liabilities (Part X, line 26)	559,764 482,893
22 Net assets or fund balances Subtract line 21 from line 20	1,183,833 1,279,578

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer JAMES J. DUFF Date
	Type or print name and title JIM DUFF, TREASURER
Paid Preparer's Use Only	Preparer's signature Rebecca Farrells CPA, Inc. Date 10-13-2011 Check if self-employed ☐ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 REBECCA FARRELLS CPA INC EIN 311 W 24TH ST Phone no PUEBLO, CO 81003 719-545-7999

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. ITS MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.

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 \$ 273,750 including grants of \$ _____) (Revenue \$ _____)
FAMILY STRENGTHENING - \$273,750**IN 2009/2010: OVER 7600 CHILDREN WERE PROVIDED WITH TRADITIONAL SCOUTING AND SCOUTING IN THE SCHOOL PROGRAMS.****APPROXIMATELY 521 CHILDREN WERE PROVIDED WITH AFTER SCHOOL SERVICES INCLUDING TUTORING, RECREATION AND LEADERSHIP SKILLS.****OVER 300 CHILDREN AND FAMILIES RECEIVED DAYCARE ON A SLIDING FEE SCALE.****APPROXIMATELY 4,000 SENIOR CITIZENS RECEIVED HOME AND YARD MAINTENANCE ON A SLIDING FEE SCALE, CHRONIC DISEASE MANAGEMENT AND ACCESS TO WELLNESS CLINICS AND FITNESS PROGRAMS.****APPROXIMATELY 5,950 CHILDREN WERE PROVIDED WITH APPLICATION ASSISTANCE AND THUS WERE ENROLLED IN STATE AND FEDERAL HEALTH CARE PROGRAMS.****1,000 CHILDREN IN PUEBLO COUNTY RECEIVED BACKPACKS AND SCHOOL SUPPLIES.****4b** (Code _____) (Expenses \$ 136,113 including grants of \$ _____) (Revenue \$ _____)
CRISIS SERVICES - \$136,113**IN 2009/2010:****UNITED WAY FUNDING PROVIDED SERVICES TO APPROXIMATELY 250 CHILDREN FACING PHYSICAL OR SEXUAL ABUSE, AS WELL AS SUPPORT SERVICES TO FAMILY MEMBERS OF THOSE CHILDREN.****APPROXIMATELY 5,600 PEOPLE RECEIVED DISASTER EMERGENCY SERVICES INCLUDING DIRECT DISASTER ASSISTANCE, HEALTH AND SAFETY, DISASTER EDUCATION AND SERVICES FOR THE ARMED FORCES.****OVER 9,300 PEOPLE WERE PROVIDED WITH SUICIDE PREVENTION ASSISTANCE, EDUCATION AND COUNSELING.****APPROXIMATELY 3,000 VICTIMS OF DOMESTIC VIOLENCE (WOMEN AND CHILDREN) RECEIVED SHELTER, FOOD, COUNSELING AND DAYCARE AND HOMELESSNESS PREVENTION SERVICES.****4c** (Code _____) (Expenses \$ 184,294 including grants of \$ _____) (Revenue \$ _____)
POVERTY - \$184,294**IN 2009/2010:****UNITED WAY OF PUEBLO COUNTY FUNDING ASSISTED THOSE INDIVIDUALS LIVING IN POVERTY BY PROVIDING APPROXIMATELY 3,683 UNITS OF SERVICE IN THE AREAS OF MENTAL HEALTH COUNSELING, HOUSING AND HOMELESS (RENT/MORTGAGE) PREVENTION AND UTILITY ASSISTANCE.****UNITED WAY FUNDS PROVIDED APPROXIMATELY 58,900 UNITS OF SERVICE INCLUDING MEALS, FOOD SACKS, EMERGENCY MEDICAL PRESCRIPTIONS AND EMERGENCY TRANSPORTATION.****APPROXIMATELY 8,000 DENTAL VISITS WERE PROVIDED TO CHILDREN LIVING IN POVERTY.****CLOTHING AND UNIFORMS WERE PROVIDED TO 1,000 SCHOOL AGED CHILDREN.****70 CHILDREN RECEIVED BACKPACKS FILLED WITH NUTRITIOUS FOOD TO EAT DURING THE WEEKENDS THROUGHOUT THE 2009/2010 SCHOOL YEAR.****4d** Other program services. (Describe in Schedule O)(Expenses \$ 328,083 including grants of \$ _____) (Revenue \$ _____)**4e Total program service expenses ▶ 922,240**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Part IV Checklist of Required Schedules (continued)

		Yes	No	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a	19	
b Enter the number of voting members that are independent	1b	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed:

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 PUEBLO COUNTY (719) 583-4455**

PO BOX 11566 PUEBLO, CO 81001

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 officer	Former key employee			
KEN GOODNIGHT CHAIRMAN	1.00			X					0	0	0
RENEE RODRIQUEZ VICE CHAIRMAN	1.00			X					0	0	0
JIM DUFF TREASURER	1.00			X					0	0	0
DAVE ABEYTA BOARD MEMBER	1.00	X							0	0	0
TERI NITCHEN SECRETARY	1.00			X					0	0	0
MICHELLE PEULEN BOARD MEMBER	1.00	X							0	0	0
SONIA CLARK BOARD MEMBER	1.00	X							0	0	0
SCOTT CONSTANTINI BOARD MEMBER	1.00	X							0	0	0
DAVE EDMISSON BOARD MEMBER	1.00	X							0	0	0
ANNETTE HERRERA BOARD MEMBER	1.00	X							0	0	0
JOHN KLUMP CHAIR ELECT	1.00			X					0	0	0
RENEE RICHARDSON BOARD MEMBER	1.00	X							0	0	0
DAN TOUSSAINT BOARD MEMBER	1.00	X							0	0	0
LENNY VALDEZ BOARD MEMBER	1.00	X							0	0	0
CINDY NUNEZ BOARD MEMBER	1.00	X							0	0	0
SANDY ROMERO BOARD MEMBER	1.00	X							0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Director	Officer	Trustee	Key employee	Highest compensated employee	Former officer	Former trustee			
LOU BRADEN BOARD MEMBER	1.00	X							0	0	0
DAVE GALLI BOARD MEMBER	1.00	X							0	0	0
GINA NANCE BOARD MEMBER	1.00	X							0	0	0
1b Total									0	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**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **Yes** **No** **X**

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **Yes** **No** **X**

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **Yes** **No** **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

(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**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,058,349			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		1,058,349			
Program Service Revenue	2a	SERVICE FEE REVENUE	Business Code	900099	4,295	4,295	
	b	OFFICIAL FUNCTIONS	900099	10,895	10,895		
	c	ADMIN FEES	900099	1,402	1,402		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		16,592			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		28,855	28,855	
4		Income from investment of tax-exempt bond proceeds . . . ▶					
5		Royalties ▶					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶					
7a		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) ▶					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		19,338			
b		Less direct expenses b					
c		Net income or (loss) from fundraising events ▶		19,338	19,338		
9a		Gross income from gaming activities. See Part IV, line 19 a					
b		Less direct expenses b					
c		Net income or (loss) from gaming activities ▶					
10a		Gross sales of inventory, less returns and allowances a					
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue			Business Code				
11a	MISC REVENUE	900099	2,920	2,920			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		2,920				
12	Total revenue. See instructions ▶		1,126,054	67,705	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	421,145	421,145		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	290,141	290,141		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	203,260	138,243	12,280	52,737
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	18,235	12,400	1,094	4,741
10 Payroll taxes	15,905	10,816	954	4,135
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,200		9,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,143	949		194
12 Advertising and promotion	7,415	5,041	445	1,929
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	2,400	1,632	144	624
17 Travel	3,077	2,092	185	800
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,339	8,391	740	3,208
20 Interest				
21 Payments to affiliates	8,989	8,989		
22 Depreciation, depletion, and amortization	1,351	1,351		
23 Insurance	3,311	2,251	199	861
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CAMPAIGN SUPPLIES	12,942	7,624	1,024	4,294
b TELEPHONE	1,248	849	75	324
c POSTAGE AND SHIPPING	5,372	3,653	322	1,397
d SPECIAL EVENTS	7,156	3,578		3,578
e EQUIP MAINT	1,712	1,164	103	445
f All other expenses	3,546	1,931	878	737
25 Total functional expenses. Add lines 1 through 24f	1,029,887	922,240	27,643	80,004
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A s s e t s	1 Cash - non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	483,180	2	502,907
	3 Pledges and grants receivable, net	355,516	3	357,324
	4 Accounts receivable, net		4	
	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	5,987	9	5,108
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,810		
	b Less accumulated depreciation	10b 19,188	10c	5,622
	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	886,613	13	887,848
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,601	15	3,562
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,743,597	16	1,762,471	
L i a b i l i t i e s	17 Accounts payable and accrued expenses	526,079	17	466,893
	18 Grants payable	16,000	18	16,000
	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	17,685	25	
	26 Total liabilities. Add lines 17 through 25	559,764	26	482,893
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	476,690	27	573,945
	28 Temporarily restricted net assets	106,143	28	105,633
	29 Permanently restricted net assets	601,000	29	600,000
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,183,833	33	1,279,578	
34 Total liabilities and net assets/fund balances	1,743,597	34	1,762,471	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its methods 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?

	Yes	No
2a		X

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

2b	X	
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c	X	
-----------	---	--

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?

3a		X
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b		
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EEA

Form 990 (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	820,694	774,389	956,503	1,025,020	1,058,349	4,634,955
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	820,694	774,389	956,503	1,025,020	1,058,349	4,634,955
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,634,955

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	820,694	774,389	956,503	1,025,020	1,058,349	4,634,955
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,853	38,708	46,281	39,579	28,855	189,276
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						4,824,231
12 Gross receipts from related activities, etc. (see instructions)					12	135,884
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.08	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.73	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	651,538	651,538			
b Contributions					
c Net investment earnings, gains, and losses	22,105				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	673,643	651,538			

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

- a Board designated or quasi-endowment _____ %
 b Permanent endowment 89.00 %
 c Term endowment _____ %

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

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

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				
e Other		24,810	19,188	5,622
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,622

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
FNB WITTELS CD	50,075	FMV
COLO EAST WITTELS CD	58,888	FMV
COLO EAST CD	52,524	FMV
COLO EAST CD	95,947	FMV
SUNFLOWER CD	102,148	FMV
SECURITY SERVICE CD	56,107	FMV
SUNFLOWER CD	144,433	FMV
EL POMAR-WF	327,726	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	887,848	

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

(a) Description	(b) Book value
INTEREST RECEIVABLE	3,562
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,562

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,126,054
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,029,887
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	96,167
4	Net unrealized gains (losses) on investments	4	3,853
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	(4,295)
9	Total adjustments (net) Add lines 4 through 8	9	(442)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	95,725

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	1,081,752
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,853
b	Donated services and use of facilities	2b	42,926
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	(91,081)
e	Add lines 2a through 2d	2e	(44,302)
3	Subtract line 2e from line 1	3	1,126,054
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,126,054

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

1	Total expenses and losses per audited financial statements	1	986,027
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	42,926
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	(86,786)
e	Add lines 2a through 2d	2e	(43,860)
3	Subtract line 2e from line 1	3	1,029,887
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,029,887

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.

Other change in net assets (Part XI, line 8)

SERVICE FEES - (\$4,295)

Part XIV Supplemental Information (continued)**02. Other revenues non included on Form 990 (Part XII, line 2d)**

DONOR DESIGNATIONS \$(91,081)

03. Other expenses not included on Form 990 (Part XIII, line 2d)

DONOR DESIGNATIONS \$(86,786)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

2009

Open to Public Inspection

Employer identification number
84-0404917

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 | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** 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

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events Add col (a) through col (c)
		FLAVOR (event type)	KICKOFF (event type)	5 (total number)	
1	Gross receipts	15,033	2,570	1,735	19,338
2	Less: Charitable contributions				
3	Gross revenue (line 1 minus line 2)	15,033	2,570	1,735	19,338
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				19,338

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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				

	Yes	No
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?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

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," to 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 PUEBLO COUNTY, COLORADO, I

Employer identification number

84-0404917

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
BOY SCOUTS ROCK MTN COUNCIL							
411 S PUEBLO BLVD 81005	22-1576300	501C3	40,175				BOYS ACTIVIT
BOYS AND GIRLS CLUB OF PUEBLO							
2601 SPRAGUE AVE 81004	23-7307508	501C3	44,120				CHILDREN ACT
CATHOLIC CHARITIES OF THE DIOC							
429 W 10TH ST 101 81003	84-0471001	501C3	46,095				VARIOUS CHAR
COOPERATIVE CARE CENTER							
325 W 10TH ST 81003	84-0913793	501C3	26,345				FREE CARE OF
EASTSIDE CHILD CARE CENTER							
PO BOX 11266 81001	84-0709410	501C3	36,050				CHILD CARE
GIRL SCOUTS COLUMBINE COUNCIL							
21 MONTEBELLO 81003	84-0410630	501C3	19,500				GIRLS ACTIV
HEARING PROJECT ESA							
4315 OUTLOOK E 81008	23-7024504	501C3	3,150				HEARING
PUEBLO CHILD ADVOCACY CENTER							
301 E 13TH ST 81003	84-1071784	501C3	20,000				CHILD ADVOCA
PUEBLO COMMUNITY HEALTH CENTER							
310 COLORADO AVE 81004	84-0921521	501C3	10,000				CARE OF INDI
PUEBLO SET FOR WELL BEING							
1925 E ORMAN G 52 81004	84-1234295	501C3	28,500				CARE OF INDI
SUICIDE PREVENTION CENTER							
1925 E ORMAN GTE 25 81004	84-0755888	501C3	41,300				SUICIDE PREV
SRDA							
230 N UNION 81003	84-0593609	501C3	35,000				SENIOR CARE
SALVATION ARMY							
326 W 8TH ST 81003	94-1156347	501C3	16,860				VARIOUS CHAR

2 Enter total number of section 501(c)(3) and government organizations 42

3 Enter total number of other organizations 2

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

EEA

Schedule I (Form 990) 2009

Part III**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COMMUNITY IMPACT GRANT		52,843			
CCC DISBURSEMENT		41,153			
DESIGNATIONS TO NONMEMBER AGENCIES		45,633			
SCHOOL SUPPLY PROGRAM		20,479			
CPS DISBURSEMENT		16,000			
NEWLY UNEMPLOYED PROGRAM		35,000			
IBEW ER PROGRAM		11,813			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

01. Monitoring procedures (Part I, line 2)

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE SELECTION OF GRANTEES, CRITERIA, REPORTS FROM AGENCIES AND THE AMOUNT OF ASSISTANCE PROVIDED. A COMMITTEE EVALUATES NEEDS, REQUEST FOR PROPOSALS FROM NONPROFIT ORGANIZATIONS, FINANCIAL RECORDS, PROOF OF NONPROFIT STATUS, OTHER FACTORS WHEN SELECTING AGENCIES TO ALLOCATE FUNDS.

OMB No 1545-0047

2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

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

[illegible]

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

FEA

Schedule I-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

01. Amended return information (Page 1, line 1A)

ON THE ORIGINAL RETURN, SCHEDULE A PART I: REASON FOR PUBLIC CHARITY STATUS, BOX 7 SHOULD
HAVE BEEN CHECKED RATHER THAN BOX 11. UNITED WAY OF PUEBLO IS 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).

02. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY
OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE
SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO
DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE
COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR
THEIR TIME.

05. Other officer or key employee compensation (Part VI, line 15b)

AS ABOVE

06. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED AND AN OFFICIAL OF THE ORGANIZATION WILL MEET TO DISCUSS.

07. Significant program services not listed on prior year return (Part III, line 2)

NEWLY UNEMPLOYED PROGRAM- UNITED WAY OF PUEBLO COUNTY BEGAN A PILOT PROGRAM TO HELP THOSE FACING LAY-OFFS IN OUR COMMUNITY IN THE SPRING OF 2010. FUNDS RAISED THROUGH MATCHING GRANTS FROM EL POMAR FOUNDATION AND THE DAVID & LUCILE PACKARD FOUNDATION WERE USED TO HELP THE NEWLY UNEMPLOYED (WITHIN THE LAST 12 MONTHS) WITH UTILITIES AND MORTGAGE. IN 2009/2010, WE HAVE HELPED 31 FAMILIES GET BACK ON THEIR FEET.

BACKPACK FOOD PROGRAM- PARTNERING WITH QWEST FOUNDATION, UNITED WAY BEGAN A BACKPACK FOOD PROGRAM IN PUEBLO CITY SCHOOLS TO PROVIDE 70 CHILDREN AT TWO TITLE 1 SCHOOLS WITH BACKPACKS FILLED WITH NUTRITIOUS FOODS TO TAKE HOME ON FRIDAY. THIS WILL ENSURE THE CHILD HAS WHOLESOME FOOD THROUGHOUT THE WEEKEND. STUDIES AND FEEDBACK FROM SCHOOL OFFICIALS SHOW THAT MANY CHILDREN ARE GOING WITHOUT ADEQUATE FOOD OVER THE WEEKEND. WE HOPE TO GROW THIS PROGRAM TO 1,000 CHILDREN DISTRICT WIDE, MANY OF WHOM ARE CONSIDERED HOMELESS.

SCHOOL SUPPLIES- RESPONDING TO AN EMERGING NEED TO HELP WITH SCHOOL SUPPLIES, UNITED WAY LEVERAGED GRANTS FROM WALMART FOUNDATION & ENT FEDERAL CREDIT UNION TO PROVIDE 1,000 CHILDREN IN PUEBLO CITY SCHOOLS AND SCHOOL DISTRICT 70 WITH BACKPACKS & SCHOOL SUPPLIES IN ORDER TO FULLY PREPARE THEM TO LEARN.

COMMUNITY IMPACT FUNDING- SINCE 2005, UNITED WAY BOARD OF TRUSTEES HAVE PROVIDED ADDITIONAL GRANTS TO HELP SOLVE NEW AND EMERGING NEEDS THAT CAN MAKE THE BIGGEST IMPACT IN OUR COMMUNITY. THESE ARE GRANTS MADE TO ORGANIZATIONS THAT HAVE NOT BEEN PREVIOUSLY FUNDED BY UNITED WAY. AS A RESULT, UNITED WAY HAS INVESTED APPROXIMATELY \$175,575 TO BENEFIT NEW NEEDS. PROGRAMS RECEIVING IMPACT GRANTS INCLUDE DROP-OUT PREVENTION; DIABETES

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

SCREENING AND EQUIPMENT; AUTISM SUPPORT AND SCHOLARSHIPS; EMERGENCY DENTAL SERVICES; COURT APPOINTED ADVOCATES FOR CHILDREN AND CHILD ABUSE PREVENTION; BASIC EMERGENCY SERVICES FOR CANCER PATIENTS; RAPE CRISIS SERVICES; YOUTH ATHLETIC PROGRAM ASSISTANCE; EQUIPMENT AND SCHOLARSHIPS FOR THE ECONOMICALLY DISADVANTAGED.

IN 2009/2010 SPECIFICALLY, WE PROVIDED THE FOLLOWING GRANTS: A CAREER EXPLORATION PROGRAM THROUGH BOY SCOUTS, WHICH WILL PROVIDE 600 HIGH SCHOOL YOUTH WITH HANDS-ON EXPERIENCES IN DIFFERENT CAREERS. THE PROGRAM MATCHES YOUTH WITH A VARIETY OF PROFESSIONALS WHO COACH THEM ON PREPARATION FOR FUTURE CAREERS. WE ALSO WERE ABLE TO CLOTHE 1,000 CHILDREN IN PUEBLO CITY SCHOOLS AND SCHOOL DISTRICT 70 WITH A GRANT TO ASSISTANCE LEAGUE OF PUEBLO. THE PROGRAM PROVIDES SCHOOL UNIFORMS, COATS, SOCKS, SHOES, UNDERWEAR, PANTS AND SHIRTS TO ENSURE CHILDREN ARE PROPERLY DRESSED FOR SCHOOL AND READY TO LEARN.

IBEW/NECA EMERGENCY ELECTRICAL REPAIR ASSISTANCE PROGRAM- IN COLLABORATION WITH IBEW LOCAL 12 AND THE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION (NECA) AND FOUR LOCAL CONTRACTORS, UNITED WAY BEGAN A PROGRAM IN 2008 THAT PROVIDES ASSISTANCE FOR EMERGENCY ELECTRICAL REPAIRS FOR THOSE IN NEED. AS A RESULT, OVER 11 HOUSEHOLDS WERE ASSISTED IN 2009/2010.

BOARD OF WATER WORKS CARES PROGRAM- IN COLLABORATION WITH PUEBLO COUNTY BOARD OF WATER WORKS, THE CITY OF PUEBLO, AND CATHOLIC CHARITIES OF PUEBLO, UNITED WAY BEGAN A NEW PROGRAM TO AID THOSE NEEDING ASSISTANCE IN PAYING THEIR WATER BILL. AS A RESULT, OVER 433 HOUSEHOLDS HAVE RECEIVED ASSISTANCE IN 2009/2010.

08. General explanation attachment

PAYMENT TO AFFILIATES LIST

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

UNITED WAY OF AMERICA, 101 N FAIRFAX ST, ALEXANDRIA, VA 22314

AMOUNT \$8,989

PURPOSE MEMBERSHIP DUES OTHER PROGRAM SERVICES:

EMERGENCY FOOD AND SHELTER PROGRAM:

UNITED WAY OF PUEBLO COUNTY SERVES AS THE LOCAL ADMINISTRATOR FOR THE FEDERALLY FUNDED

EMERGENCY FOOD AND SHELTER PROGRAM GRANTS THAT PROVIDE FOOD AND SHELTER FOR THOSE IN NEED.

WE ARE RESPONSIBLE FOR OVERSIGHT OF FUNDS DISTRIBUTED AND MUCH ENSURE PROGRAMS RECEIVING

FUNDS ARE IN FULL COMPLIANCE WITH FEDERAL GUIDELINES. WE ALSO SUBMIT RECOMMENDATIONS ON

FUNDING, AND ARE RESPONSIBLE FOR SUBMITTING ACCURATE FUNAL REPORTS AS REQUIRED BY EFSP.

IN 2009, WE WERE RESPONSIBLE FOR OVERSIGHT OF \$110,003 IN FUNDS (CALENDAR YEAR); AND 2010,

WE WERE RESPONSIBLE FOR OVERSIGHT OF \$88,921. HEALTH ACCESS PUEBLO:

SINCE 2007, UNITED WAY HAS SERVED AS THE FISCAL AGENT FOR HEALTH ACCESS PUEBLO, A UNIQUE

PROGRAM DESIGNED TO CREATE AFFORDABLE HEALTH CARE OPTIONS FOR SMALL BUSINESSES THAT ARE

UNABLE TO PROVIDE HEALTH INSURANCE FOR THEIR EMPLOYEES. UNITED WAY OF PUEBLO COUNTY WILL

CONTINUE TO SERVE AS THE FISCAL AGENT FOR THIS PROGRAM UNTIL THEIR STATUS AS A NONPROFIT

ORGANIZATION IS APPROVED, WHICH IS PENDING.

DONOR DESIGNATIONS:

WE PROCESSED APPROXIMATELY \$50,000 TO 63 NONPROFIT ORGANIZATIONS IN NONMEMBER DONOR

DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE

DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS. UNITED WAY ACTS AS AN AGENT THAT

COLLECTS, PROCESSES AND DISBURSES THE FUNDS. WE PROVIDE THIS SERVICE AS A CONVENIENCE TO

OUR DONORS. SINCE IT IS GIVEN SOLELY BY THE DESIRE OF THE DONOR, WE DO NOT REQUIRE THE

RECIPIENT ORGANIZATIONS TO PROVIDE US WITH INFORMATION RELATIVE TO THE USE AND RESULTS OF

THESE CONTRIBUTIONS.

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

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009
Attachment
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF PUEBLO COUNTY, COL

FORM 990 - 1

84-0404917

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6			
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29		7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the smaller of line 5 or line 8		9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . ▶		13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,301

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,981	5	MQ	S/L	50
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,351
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2009)

Statement of Program Service Accomplishments**2009 01**

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III(D)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$328083

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

SEE OTHER PROGRAM SERVICES

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number
84-0404917

01. Amended return information (Page 1, line 1A)

ON THE ORIGINAL RETURN, SCHEDULE A PART I: REASON FOR PUBLIC CHARITY STATUS, BOX 7 SHOULD
HAVE BEEN CHECKED RATHER THAN BOX 11. UNITED WAY OF PUEBLO IS 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).

02. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY
OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE
SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO
DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE
COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR
THEIR TIME.

05. Other officer or key employee compensation (Part VI, line 15b)

AS ABOVE

06. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL