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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

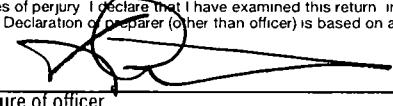
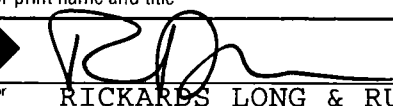
2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization UNITED WAY OF LARIMER COUNTY		D Employer identification number 84-6031503
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 424 PINE STREET 102		E Telephone number 970-407-7000
		City or town, state or country, and ZIP + 4 FORT COLLINS, CO 80524-2421		G Gross receipts \$ 7,596,367.
		F Name and address of principal officer GORDAN THIBEDEAU SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.UWAYLC.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1958 M State of legal domicile: CO				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities UNITED WAY OF LARIMER COUNTY IS THE GUIDING FORCE THAT DIRECTS DONOR CONTRIBUTIONS TO THE MOST			
	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)	17		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17		
	5	Total number of employees (Part V, line 2a)	42		
	6	Total number of volunteers (estimate if necessary)	5588		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
7b		Net unrelated business taxable income from Form 990-T, line 34	0.		
8		Contributions and grants (Part VIII, line 1h)	6,620,322.	7,430,161.	
9		Program service revenue (Part VIII, line 2g)	17,822.	56,765.	
10		Investment income (Part VII, column (A), lines 3, 4, and 7d)	57,633.	44,381.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,292.	9,848.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,690,485.	7,541,155.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,752,262.	3,975,992.	
Expenses		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)	1,573,543.	1,611,564.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 518,717.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	671,360.	1,041,414.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,997,165.	6,628,970.	
	19	Revenue less expenses Subtract line 18 from line 12	693,320.	912,185.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,388,318.	8,661,261.	
	21	Total liabilities (Part X, line 26)	3,181,668.	2,438,519.	
	22	Net assets or fund balances. Subtract line 21 from line 20	5,206,650.	6,222,742.	

Part II Signature Block

Sign Here	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  GORDAN THIBEDEAU, PRESIDENT & CEO Type or print name and title		Date 1/5/2011	
Paid Preparer's Use Only	Preparer's signature 	Date 12/22/10	Check if self-employed ☐	Preparer's identifying number (see instructions) P00432362
	Firm's name (or yours if self-employed), address, and ZIP + 4 RICKARDS LONG & RULON, LLP PO BOX 483 CHEYENNE, WY 82003		EIN ▶ 84-1483675 Phone no. ▶ 307-631-5598	

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

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916-19

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SCANNED JAN 20 2011

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO CULTIVATE AND MOBILIZE COMMUNITY RESOURCES TO CHANGE AND SAVE LIVES.

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 \$ 4,036,501. including grants of \$ 4,036,501.) (Revenue \$)
 FUNDS ALLOCATED OR DESIGNATED TO THE COMMUNITY: UNITED WAY OF LARIMER COUNTY DIRECTS DONATIONS TO URGENT AND LONG-TERM NEEDS THROUGHOUT LARIMER COUNTY. A CONTRIBUTION TO UNITED WAY OF LARIMER COUNTY DOES MORE THAN HELP ONE PERSON OR ONE NONPROFIT AGENCY THAT WE FUND; WE COLLECTIVELY WORK TO IMPROVE LIVES AND BUILD A STRONGER COMMUNITY.

4b (Code) (Expenses \$ 304,269. including grants of \$) (Revenue \$)
 UNITED WAY 2-1-1 INFORMATION AND REFERRAL LINE GIVES COMMUNITY RESIDENTS THE INFORMATION THEY NEED TO MOVE THEM TOWARDS STABILITY AND SELF-SUFFICIENCY.

4c (Code) (Expenses \$ 471,011. including grants of \$) (Revenue \$)
 THE SISTER MARY ALICE MURPHY CENTER FOR HOPE IS A RESOURCE CENTER FOR FAMILIES AND INDIVIDUALS WHO ARE HOMELESS OR ON THE BRINK OF HOMELESSNESS. THE MISSION OF THE CENTER FOR HOPE IS TO HELP THESE FAMILIES AND INDIVIDUALS ACHIEVE STABILITY AND LONG-TERM SELF-SUFFICIENCY.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,032,942. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 5,844,723.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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		
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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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	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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>		X
35 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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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.	25	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	42	
2b	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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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
1a Enter the number of voting members of the governing body	17	
1b Enter the number of voting members that are independent	17	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
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.)		
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?		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?		

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: **THE ORGANIZATION - 970-407-7000**
424 PINE STREET, NO. 102, FORT COLLINS, CO 80524-2421

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			
JOHN BUSBY BOARD MEMBER	1.00	X						0.	0.	0.
BRYAN GUEST CHAIR-ELECT	2.00	X						0.	0.	0.
SUZANNE JARBOE-SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
LAUREL KUBIN SECRETARY	2.00	X						0.	0.	0.
CINDY KUTIN BOARD MEMBER	1.00	X						0.	0.	0.
JANET MABRY BOARD MEMBER	1.00	X						0.	0.	0.
KATHAY RENNELS BOARD MEMBER	1.00	X						0.	0.	0.
KATHY SLAVICK CHAIR	2.00	X						0.	0.	0.
BILL BROWN BOARD MEMBER	1.00	X						0.	0.	0.
DANA KLAUSMEYER TREASURER	2.00	X						0.	0.	0.
CHUCK LEVINE BOARD MEMBER	1.00	X						0.	0.	0.
DARCY MCCLURE BOARD MEMBER	1.00	X						0.	0.	0.
LYN PRING BOARD MEMBER	1.00	X						0.	0.	0.
MIKE SANDERS BOARD MEMBER	1.00	X						0.	0.	0.
NIKKI VAN DEN HEEVER BOARD MEMBER	1.00	X						0.	0.	0.
LAURA JO WASHLE BOARD MEMBER	1.00	X						0.	0.	0.
CAROLINE WOCKNER 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN MCCLUSKEY VICE PRESIDENT & CFO	50.00			X				65,220.	0.	8,627.
GORDAN THIBEDEAU PRESIDENT & CEO	60.00			X				82,514.	0.	9,049.
1b Total								147,734.	0.	17,676.

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
- 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
- 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

	Yes	No
3		X
4		X
5		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**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1953612.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5476549.			
	g	Noncash contributions included in lines 1a-1f \$		43,816.			
	h	Total. Add lines 1a-1f		7430161.			
Program Service Revenue	2 a	SERVICE FEE	Business Code 900099	56,765.	56,765.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		56,765.			
	3	Investment income (including dividends, interest, and other similar amounts)		39,878.			39,878.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	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	4,503.			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	4,503.				
	d	Net gain or (loss)		4,503.	4,503.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	65,060.			
	b	Less direct expenses	b	55,212.			
	c	Net income or (loss) from fundraising events		9,848.		9,848.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a						
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		7541155.	61,268.	0.	49,726.	

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	3,748,553.	3,748,553.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	227,439.	227,439.		
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	165,410.	77,842.	68,777.	18,791.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,132,433.	827,532.	65,483.	239,418.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	205,816.	145,369.	23,206.	37,241.
10 Payroll taxes	107,905.	74,048.	11,582.	22,275.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	462,476.	420,276.	11,092.	31,108.
12 Advertising and promotion				
13 Office expenses	17,727.	4,458.	1,473.	11,796.
14 Information technology	59,362.	30,129.	7,199.	22,034.
15 Royalties				
16 Occupancy	37,192.	4,472.	11,193.	21,527.
17 Travel	24,798.	12,651.	67.	12,080.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,807.	6,238.	187.	5,382.
20 Interest	2,292.	2,292.		
21 Payments to affiliates	49,735.		49,735.	
22 Depreciation, depletion, and amortization	91,580.	84,053.	2,575.	4,952.
23 Insurance	16,069.	8,502.	2,588.	4,979.
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 OTHER EXPENSES	127,502.	117,380.	3,332.	6,790.
b PRINTING AND PUBLICATIONS	67,501.	13,157.	375.	53,969.
c SUPPLIES	44,113.	24,283.	2,336.	17,494.
d EQUIPMENT RENTAL	22,720.	11,546.	3,823.	7,351.
e MEMBERSHIP DUES	6,540.	4,503.	507.	1,530.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,628,970.	5,844,723.	265,530.	518,717.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	1,760,636.
	2 Savings and temporary cash investments	2,931,141.	2	1,415,351.
	3 Pledges and grants receivable, net	1,381,615.	3	1,125,186.
	4 Accounts receivable, net	131,275.	4	445,660.
	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	53,581.	9	14,186.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D.	10a 3,284,267.		
	b Less accumulated depreciation	10b 426,803.		
		2,949,044.	10c	2,857,464.
	11 Investments - publicly traded securities	941,462.	11	1,042,778.
	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 Total assets. Add lines 1 through 15 (must equal line 34).	8,388,318.	16	8,661,261.	
Liabilities	17 Accounts payable and accrued expenses	321,851.	17	18,730.
	18 Grants payable	2,364,058.	18	2,306,480.
	19 Deferred revenue	72,692.	19	37,378.
	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	358,979.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.	64,088.	25	75,931.
	26 Total liabilities. Add lines 17 through 25.	3,181,668.	26	2,438,519.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,742,222.	27	5,784,847.
	28 Temporarily restricted net assets	208,553.	28	186,395.
	29 Permanently restricted net assets	255,875.	29	251,500.
	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	5,206,650.	33	6,222,742.
	34 Total liabilities and net assets/fund balances	8,388,318.	34	8,661,261.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

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 LARIMER COUNTY

Employer identification number

84-6031503

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

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

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)

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

[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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,888,943.	5,598,533.	6,079,505.	6,620,322.	7,430,161.	32,617,464.
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	6,888,943.	5,598,533.	6,079,505.	6,620,322.	7,430,161.	32,617,464.
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)						205,370.
6 Public support. Subtract line 5 from line 4						32,412,094.

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	6,888,943.	5,598,533.	6,079,505.	6,620,322.	7,430,161.	32,617,464.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,667.	131,182.	139,170.	76,178.	44,382.	463,579.
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						33,081,043.
12 Gross receipts from related activities, etc. (see instructions)					12	206,551.

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 97.98 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 98.61 %
- 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

2009Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

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	33	
2 Aggregate contributions to (during year)	184,893.	
3 Aggregate grants from (during year)	65,680.	
4 Aggregate value at end of year	119,213.	

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	941,462.	1110118.			
b Contributions		3,000.			
c Net investment earnings, gains, and losses	110,977.	-162,132.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	9,661.	9,524.			
g End of year balance	1042778.	941,462.			

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

a Board designated or quasi-endowment ☒ 97.70 %

b Permanent endowment ☒ 2.30 %

c Term endowment ☒ .00 %

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)	X	
3a(ii)		X
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		175,000.		175,000.
b Buildings		3,034,541.	356,635.	2,677,906.
c Leasehold improvements				
d Equipment		74,726.	70,168.	4,558.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,857,464.

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	7,541,155.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,628,970.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	912,185.
4	Net unrealized gains (losses) on investments	4	103,907.
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	103,907.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,016,092.

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	5,236,893.
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	103,907.
e	Add lines 2a through 2d	2e	103,907.
3	Subtract line 2e from line 1	3	5,132,986.
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	2,408,169.
c	Add lines 4a and 4b	4c	2,408,169.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,541,155.

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

1	Total expenses and losses per audited financial statements	1	4,220,801.
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	4,220,801.
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	2,408,169.
c	Add lines 4a and 4b	4c	2,408,169.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,628,970.

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.

PART V, LINE 4: THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT

FUNDS IS TO SERVE AS A PERMANENT SOURCE OF INCOME THAT WILL OFFSET

OPERATING EXPENSES AND ALLOW FOR NO ADMINISTRATIVE FEES CHARGED TO DONORS.

PART X: ON JULY 1, 2009, UNITED WAY ADOPTED THE RECOGNITION

REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY ASC 740-10.

THE STANDARD PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION

SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE IN THE FINANCIAL

Part XIV Supplemental Information (continued)

STATEMENTS UNCERTAIN TAX POSITIONS THE ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. UNITED WAY'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. UNITED WAY'S OPEN AUDIT TAX RETURN PERIODS ARE 2006 THROUGH 2008. IN EVALUATING UNITED WAY'S TAX PROVISIONS AND ACCRUALS, INTERPRETATIONS AND TAX PLANNING STRATEGIES ARE CONSIDERED. UNITED WAY BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES AND HAVE NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2010.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INVESTMENTS: 103907.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATED MATERIALS AND SUPPLIES: 43816.

RECLASSIFICATION OF DESIGNATIONS: 2364353.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONATED MATERIALS AND SUPPLIES: 43816.

RECLASSIFICATION OF DESIGNATIONS: 2364353.

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 LARIMER COUNTY

Employer identification number

84-6031503

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 WOMEN GIVE	(b) Event #2 STATE OF THE COMM.	(c) Other events 5	(d) Total events (add col (a) through col (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	16,282.	31,105.	17,673.	65,060.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	16,282.	31,105.	17,673.	65,060.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	12,994.	35,184.	7,034.	55,212.
10 Direct expense summary Add lines 4 through 9 in column (d)				55,212.
11 Net income summary Combine line 3, column (d), and line 10				9,848.

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	☐ 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	

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**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?**17a****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 ▶ \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

**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.

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number
84-6031503

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
ALTERNATIVES TO VIOLENCE			23,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
AMERICAN RED CROSS, NORTHERN COLORADO			18,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
B.A.S.E. CAMP, INC.			23,250.	0.			GENERAL PROGRAM SERVICE SUPPORT
BOYS AND GIRLS CLUB OF LARIMER COUNTY			18,600.	0.			GENERAL PROGRAM SERVICE SUPPORT
CARE-A-VAN / SAINT, INC.			20,500.	0.			GENERAL PROGRAM SERVICE SUPPORT
CATHOLIC CHARITIES NORTHERN			86,734.	0.			GENERAL PROGRAM SERVICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations **36.**

0.

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WOMENGIVE SCHOLARSHIPS ASSIST SINGLE MOTHERS WITH COSTS OF DAYCARE, HOUSEHOLD BILLS, EMERGENCY ASSISTANCE, ETC. WHILE THEY ARE GOING TO SCHOOL TO GET A HIGHER EDUCATION.	91	207,638.	0.		

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

SCHEDULE I, PART I, LINE 2: ASSISTANCE TO INDIVIDUALS-SINCE THE MONIES ARE

DISBURSED DIRECTLY TO THE VENDORS, AND NEVER IN THE HANDS OF THE

INDIVIDUAL, UNITED WAY HAS FULL CONTROL OVER THE FUNDS AND MONITORS THE

FUNDS THROUGH THEIR OWN BOOKKEEPING.

ASSISTANCE TO ORGANIZATIONS-UNITED WAY WORKS CLOSELY WITH THESE

ORGANIZATIONS TO ENSURE THAT FUNDS ARE BEING SPENT AS INTENDED.

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 LARIMER COUNTY

Employer identification number

84-6031503

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
COLORADO LEGAL SERVICES			12,300.	0.			GENERAL PROGRAM SERVICE SUPPORT
COMMUNITY KITCHEN, THE			10,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
CROSSROADS MINISTRY OF ESTES PARK			23,634.	0.			GENERAL PROGRAM SERVICE SUPPORT
CROSSROADS SAFEHOUSE, INC.			70,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
DISABLED RESOURCE SERVICES			52,941.	0.			GENERAL PROGRAM SERVICE SUPPORT
ELDERHAUS ADULT DAY PROGRAMS			21,930.	0.			GENERAL PROGRAM SERVICE SUPPORT
ESTES PARK SENIOR CENTER			9,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
ESTES VALLEY VICTIM ADVOCATES			9,700.	0.			GENERAL PROGRAM SERVICE SUPPORT

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

Schedule I-1 (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

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Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

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
FAMILY CENTER, THE			30,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
FOOD BANK FOR LARIMER COUNTY			103,387.	0.			GENERAL PROGRAM SERVICE SUPPORT
HOMELESSNESS PREVENTION INITIATIVE			62,700.	0.			GENERAL PROGRAM SERVICE SUPPORT
HOUSE OF NEIGHBORLY SERVICE			90,422.	0.			GENERAL PROGRAM SERVICE SUPPORT
INTERFAITH HOSPITALITY NETWORK			15,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
LARIMER CENTER FOR MENTAL HEALTH			105,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
MATTHEWS HOUSE, THE			40,971.	0.			GENERAL PROGRAM SERVICE SUPPORT
MEALS ON WHEELS OF FORT COLLINS, CO			18,637.	0.			GENERAL PROGRAM SERVICE SUPPORT

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

Schedule I-1 (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 LARIMER COUNTY

Employer identification number

84-6031503

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
MEALS ON WHEELS OF LOVELAND & BERTHOUD			20,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
NEIGHBOR TO NEIGHBOR			70,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
NORTHERN COLORADO AIDS PROJECT			7,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
PROJECT SELF-SUFFICIENCY			50,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
RESPIRE CARE, INC.			62,264.	0.			GENERAL PROGRAM SERVICE SUPPORT
SALUD FAMILY HEALTH CENTERS - ESTES PARK			23,700.	0.			GENERAL PROGRAM SERVICE SUPPORT
SALUD FAMILY HEALTH CENETERS - FORT COLLINS			29,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
SUICIDE RESOURCE CENTER OF LARIMER COUNTY			8,000.	0.			GENERAL PROGRAM SERVICE SUPPORT

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

Schedule I-1 (Form 990) 2009

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number
84-6031503

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
SEXUAL ASSAULT VICTIM ADVOCATE CENTER			31,900.	0.			GENERAL PROGRAM SERVICE SUPPORT
TURNING POINT CENTER FOR YOUTH AND FAMILY DEVELOPMENT			35,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
UNITED DAY CARE CENTER			64,014.	0.			GENERAL PROGRAM SERVICE SUPPORT
VOLUNTEERS OF AMERICA			27,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
WOMEN'S RESOURCE CENTER, THE			29,000.	0.			GENERAL PROGRAM SERVICE SUPPORT
RESTORATION NOW			20,000.	0.			GENERAL PROGRAM SERVICE SUPPORT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		17,476.	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	17	1,452.	ACTUAL COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	15	12,417.	FAIR MARKET VALUE/AC
26 Other ► (<u>ITEMS FOR SIL</u>)	X	33	6,295.	FAIR MARKET VALUE/AC
27 Other ► (<u>GIFT CARDS TO</u>)	X	25	6,176.	ACTUAL COST
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number
84-6031503

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRESSING HEALTH AND HUMAN SERVICE ISSUES IN ALL LARIMER COUNTY
COMMUNITIES. WE BRING PEOPLE TOGETHER FROM GOVERNMENT, BUSINESS, FAITH
GROUPS, NON-PROFIT, AND INDIVIDUALS AND FAMILIES, TO INCREASE THE POWER
OF EVERY DONATION. WE MAKE A DIFFERENCE IN LARIMER COUNTY TODAY WHILE
LEADING EFFORTS TO ENSURE A BETTER TOMORROW BY WORKING ON ISSUES LIKE
SELF-SUFFICIENCY, AFFORDABLE HOUSING, TRANSPORTATION, AND AFFORDABLE
QUALITY CHILDCARE WHILE ALSO SERVING OTHER VULNERABLE POPULATIONS TO
IMPROVE THE QUALITY OF LIFE FOR ALL RESIDENTS. 100 PERCENT OF DONATIONS
TO UNITED WAY OF LARIMER COUNTY GO BACK INTO LARIMER COUNTY. OUR
SUCCESS IS MEASURED NOT ONLY IN TERMS OF MONEY RAISED AND THE NUMBER OF
VOLUNTEER HOURS ACCUMULATED, BUT ALSO IN LIVES IMPROVED AND GOALS
ACHIEVED. BY FOCUSING ON THE UNDERLYING CAUSES, WE HELP FIND LONG-TERM
SOLUTIONS FOR OUR COMMUNITY'S CRITICAL ISSUES.

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

THE COLD WEATHER SHELTER IS A WINTER SHELTER FOR FORT COLLINS HOMELESS
MEN, WOMEN AND FAMILIES.

THE UNITED WAY OF LARIMER COUNTY COMMUNITY SERVICES BUILDINGS IN FORT
COLLINS AND LOVELAND PROVIDE LOW-COST OCCUPANCY FOR LOCAL NON-PROFIT
ORGANIZATIONS. THE COMMUNITY SERVICES BUILDINGS ARE USED SOLELY AND
EXCLUSIVELY FOR STRICTLY CHARITABLE PURPOSES, AND NOT FOR PRIVATE GAIN
OR CORPORATE PROFIT.

COMPASS OF LARIMER COUNTY IS A WEBSITE THAT CONTAINS A VARIETY OF DATA

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number
84-6031503

ABOUT IMPORTANT SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUES IN LARIMER
COUNTY. IN ADDITION TO STATISTICS, COMPASS POSTS REPORTS AND STUDIES
ABOUT LARIMER COUNTY AND PROVIDES LINKS TO MANY ADDITIONAL SOURCES OF
LOCAL AND NATIONAL DATA. THIS WEBSITE IS A SERVICE OF LARIMER COUNTY
DIVISION OF HEALTH AND HUMAN SERVICES AND UNITED WAY OF LARIMER COUNTY.

THE EMERGENCY FOOD AND SHELTER PROGRAM WAS CREATED BY CONGRESS TO HELP
MEET THE NEEDS OF HUNGRY AND HOMELESS PEOPLE THROUGHOUT THE UNITED
STATES AND ITS TERRITORIES BY ALLOCATING FEDERAL FUNDS FOR THE
PROVISION OF FOOD AND SHELTER. UNITED WAY OF LARIMER COUNTY
FACILITATES THIS PROGRAM IN THE LOCAL COMMUNITIES.

THE HAND UP COOPERATIVE MATCHES AREA BUSINESSES THAT HAVE EMPLOYMENT
OPPORTUNITIES WITH PRE-SCREENED APPLICANTS FROM THE HOMELESS COMMUNITY
THAT NEED A JOB, AND ULTIMATELY HELPS THEM TO GET THE "HAND UP" THEY
NEED TO PERMANENTLY GET OFF THE STREETS.

THE HOMELESS INITIATIVE COORDINATES EFFORTS TO PRIORITIZE AND ADDRESS
THE NEEDS OF THE LOCAL HOMELESS POPULATION.

THE SPECIAL RESPONSE FUND WAS CREATED BY UNITED WAY OF LARIMER COUNTY
AS A MEANS TO RESPOND TO UNFORESEEN CIRCUMSTANCES INVOLVING BASIC
NEEDS, EDUCATION, AND OTHER HUMAN SERVICE ISSUES IN LARIMER COUNTY.
THIS FUND IS INTENDED TO BE USED AS A "LAST RESORT" OPTION, ONE THAT
DOES NOT DUPLICATE EXISTING ASSISTANCE PROGRAMS. REQUESTS FOR SPECIAL
RESPONSE FUNDS MUST COME THROUGH A UNITED WAY AGENCY CASEWORKER.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

THE TECHNICAL ASSISTANCE PARTNERSHIP OF NORTHERN COLORADO AND SOUTHERN
WYOMING ACTS AS A REGIONAL RESOURCE CENTER FOR NON-PROFIT ORGANIZATIONS
PROVIDING EASILY ACCESSIBLE, REASONABLY PRICED CLASSES, UPPER-LEVEL
SPECIAL PROGRAMS, AND CONSULTING SERVICES TO HELP ENHANCE THEIR
ORGANIZATIONAL COMPETENCIES.

UNITED WAY OF LARIMER COUNTY'S VOLUNTEER CENTER MATCHES VOLUNTEERS WITH
PROJECTS ACROSS THE COMMUNITY. THE VOLUNTEER CENTER HAS TRAINED
SPECIALISTS WHO OFFER IDEAS AND ASSISTANCE FOR INDIVIDUALS, YOUTH,
GROUPS, FAMILIES, CORPORATIONS, AND FAITH-BASED VOLUNTEERS LOOKING TO
MAKE A DIFFERENCE IN THE COMMUNITY THROUGH VOLUNTEERING.

WOMENGIVE ADDRESSES THE SIGNIFICANT GAPS IN FUNDING AND SERVICES THAT
PREVENT WOMEN IN LARIMER COUNTY FROM ACHIEVING ECONOMIC
SELF-SUFFICIENCY. WHOMENGIVE IS A PARTNERHSIP BETWEEN UNITED WAY OF
LARIMER COUNTY AND THE WOMEN'S FOUNDATION OF COLORADO.

TOTAL OTHER PROGRAM SERVICES

EXPENSES \$ 1032942. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
TREASURER, AS A REPRESENTATIVE OF THE BOARD, AND E-MAILED TO ALL MEMBERS OF
THE FINANCE AND AUDIT COMMITTEE AND THE BOARD, PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

ACKNOWLEDGEMENT SIGNED BY BOARD, FINANCE AND AUDIT COMMITTEE, AND ALL
EMPLOYEES ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: PRESIDENT & CEO COMPENSATION IS
DETERMINED BY THE BOARD BASED ON PERFORMANCE EVALUATION DATA SOLICITED FROM
BOARD, EMPLOYEES, AGENCY DIRECTORS, AND COMMUNITY LEADERS.

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS ARE
POSTED ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY ARE FURNISHED UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	UNITED WAY OF LARIMER COUNTY	84-6031503
	Number, street, and room or suite no. If a P.O. box, see instructions 424 PINE STREET, NO. 102	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions FORT COLLINS, CO 80524-2421	

Check type of return to be filed (file a separate application for each return)

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

THE ORGANIZATION

- The books are in the care of ► **424 PINE STREET, NO. 102 - FORT COLLINS, CO 80524-2421**
Telephone No ► **970-407-7000** 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 will cover

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

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

3a 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	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)