

**LONG CPA, PA  
10115 CHERRY LANE  
LENEXA, KS 66220-9763  
913-829-7676**

May 4, 2009

UNITED WAY OF DOUGLAS COUNTY, INC.  
2518 RIDGE COURT  
LAWRENCE, KS 66046

Dear Client:

Your 2008 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

JAMES M. LONG

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

## 2008

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

Name and title of officer

ERIKA DVORSKE

EXECUTIVE DIREC

### Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a Form 990</b> check here..... ▶ <input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, line 12) .....	<b>1b</b> <u>1,646,578.</u>
<b>2a Form 990-EZ</b> check here..... ▶ <input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here..... ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22).....	<b>3b</b> _____
<b>4a Form 990-PF</b> check here..... ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a Form 8868</b> check here. ... ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c).....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize LONG CPA, PA to enter my PIN 04028 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 48097973367  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2008)



Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

HELP OUR COMMUNITY MEET HUMAN SERVICE NEEDS

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

Yes X 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

Yes X No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,520,908. including grants of \$ 1,289,410.) (Revenue \$ )

FINANCIAL AND OTHER SUPPORT FOR 25 LOCAL HUMAN SERVICE AGENCIES; MANAGEMENT OF UNITED WAY CENTER, HOUSING 21 NOT FOR PROFIT AGENCIES; SUPPORT OF COMMUNITY IMPACT INITIATIVES, INCLUDING SKILLBUILDERS, VOLUNTEERISM FOR YOUTH, FAMILIES AND SENIORS; COORDINATE RESOURCES FOR A SWIM PASS PROGRAM FOR AT RISK YOUTH, FAIRY GODMOTHER FUND; ADMINISTER VOLUNTEER-DRIVEN ALLOCATIONS PROCESS TO DIRECT FUNDING TO GREATEST NEEDS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,520,908. (Must equal Part IX, Line 25, column (B).)

**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)? <i>If 'Yes,' complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule F, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule F, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	<b>35</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....	<b>37</b>	X

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Form 990 (2008)

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

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

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body		17
<b>1b</b>	Enter the number of voting members that are independent		17
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders? . . . SEE SCHEDULE O	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . SEE SCHEDULE O	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>9b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . SEE SCHEDULE O	X	
<b>11</b>	Is there any officer, director or 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**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. . . . SEE SCHEDULE O	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>15b</b>	Other officers of key employees of the organization? . . . SEE SCHEDULE O	X	
Describe the process in Schedule O. (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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. Disclosures**

- 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. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ CORPORATION 2518 RIDGE COURT LAWRENCE KS 66046 785-843-6626

**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**

1 a Complete this table for all persons required to be listed. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 \$100,000 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 officer, director, trustee, or key employee.

(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			
JOSH BENDER DIRECTOR	0	X						0.	0.	0.
JANE BUXTON DIRECTOR	0	X						0.	0.	0.
TERRY CAMPBELL DIRECTOR	0	X						0.	0.	0.
KAREN LANE CHRISTILLES DIRECTOR	0	X						0.	0.	0.
TOM CHRISTIE DIRECTOR	0	X						0.	0.	0.
DOUG DAWSON DIRECTOR	0	X			X			0.	0.	0.
BECKI DICK DIRECTOR	0	X						0.	0.	0.
ANN GARDNER DIRECTOR	0	X						0.	0.	0.
BECKY GIBSON DIRECTOR	0	X			X			0.	0.	0.
TOM KOENIG DIRECTOR	0	X						0.	0.	0.
STEVE LANE DIRECTOR	0	X						0.	0.	0.
PETER LUCKEY DIRECTOR	0	X						0.	0.	0.
JOHN POERTNER DIRECTOR	0	X						0.	0.	0.
PATRICIA ROACH SMITH DIRECTOR	0	X						0.	0.	0.
CHUCK WARNER DIRECTOR	0	X			X			0.	0.	0.
VICKI WILKERSON DIRECTOR	0	X			X			0.	0.	0.
JUDY WRIGHT DIRECTOR	0	X						0.	0.	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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 1,582,562.				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . . \$					
<b>h Total.</b> Add lines 1a-1f. . . . . ▶		1,582,562.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> _____ <b>Business Code</b>					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶		33,582.		33,582.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6 a</b> Gross Rents . . . . .	(i) Real	106,392.			
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .	75,958.			
		<b>c</b> Rental income or (loss) . . . . .	30,434.			
	<b>d</b> Net rental income or (loss) . . . . . ▶		30,434.		30,434.	
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d. . . . . ▶						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		1,646,578.	0.	0.	64,016.	

**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.	1,289,410.	1,289,410.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	11,641.	11,641.		
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.	56,290.	22,516.	27,019.	6,755.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)).	0.	0.	0.	0.
7 Other salaries and wages.	158,776.	63,457.	22,728.	72,591.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	11,236.	11,236.		
9 Other employee benefits.	21,733.	8,843.	4,246.	8,644.
10 Payroll taxes.	16,541.	7,098.	3,147.	6,296.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	3,308.		3,308.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.	1,782.	1,782.		
12 Advertising and promotion.	24,028.	3,314.		20,714.
13 Office expenses.	12,286.	1,311.	1,886.	9,089.
14 Information technology.				
15 Royalties.				
16 Occupancy.	19,332.	8,313.	11,019.	
17 Travel.	599.		599.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	988.	988.		
20 Interest.				
21 Payments to affiliates.	14,991.	14,991.		
22 Depreciation, depletion, and amortization.	3,730.		3,730.	
23 Insurance.				
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 <u>DONOR OPTIONS DESIGNATIONS</u>	30,012.	30,012.		
b <u>UNITED WAY ADMINISTRATIVE FEE</u>	17,000.	17,000.		
c <u>EQUIPMENT RENTAL</u>	15,018.	14,215.	803.	
d <u>BANK CHARGES</u>	6,952.	5,562.	1,390.	
e <u>SPECIAL EVENTS</u>	5,057.	3,692.	1,365.	
f All other expenses.	14,374.	5,527.	5,560.	3,287.
25 Total functional expenses. Add lines 1 through 24f.	1,735,084.	1,520,908.	86,800.	127,376.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	456,738.	1	523,811.
	2	Savings and temporary cash investments	475,441.	2	480,446.
	3	Pledges and grants receivable, net	863,695.	3	735,887.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis	454,224.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	162,350.		
			305,119.	10c	291,874.
	11	Investments — publicly-traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	124,140.	15	90,809.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,225,133.	16	2,122,827.	
LIABILITIES	17	Accounts payable and accrued expenses	5,542.	17	7,582.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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	58,080.	23	42,240.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	63,622.	26	49,822.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	772,103.	27	721,599.
	28	Temporarily restricted net assets	1,317,653.	28	1,279,419.
	29	Permanently restricted net assets	71,755.	29	71,987.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	2,161,511.	33	2,073,005.	
34	<b>Total liabilities and net assets/fund balances.</b>	2,225,133.	34	2,122,827.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to 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?	X	
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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF DOUGLAS COUNTY, INC.</b>	Employer identification number <b>48-0796320</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11 g (i)</b>	
(ii) a family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

h Provide the following information about the organizations the organization supports.

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

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,431,361.	1,692,336.	1,631,933.	1,672,570.	1,582,562.	8,010,762.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3.	1,431,361.	1,692,336.	1,631,933.	1,672,570.	1,582,562.	8,010,762.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						8,010,762.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	1,431,361.	1,692,336.	1,631,933.	1,672,570.	1,582,562.	8,010,762.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	10,085.	28,382.	35,578.	56,687.	33,582.	164,314.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10.						8,175,076.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					<b>12</b>	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	98.0 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	98.5 %
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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**

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF DOUGLAS COUNTY, INC.

Employer identification number

48-0796320

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

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

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

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

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

2 Complete lines 2a-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 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 taxable 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, violations, and enforcement of the conservation easement it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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.

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

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

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

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

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

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

**Part V Endowment Funds** Complete if 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	124,140.				
b Contributions	11,629.				
c Investment earnings or losses	-41,331.				
d Grants or scholarships					
e Other expenditures for facilities and programs	3,629.				
f Administrative expenses					
g End of year balance	90,809.				

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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) Depreciation	(d) Book Value
1a Land				
b Buildings		1,642.	1,642.	0.
c Leasehold improvements		400,794.	125,362.	275,432.
d Equipment		22,933.	20,455.	2,478.
e Other		28,855.	14,891.	13,964.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				291,874.

BAA

**Part VII Investments—Other Securities** See Form 990, Part X, line 12. N/A

(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 and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
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Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13) N/A

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

**Part IX Other Assets** (See Form 990, Part X, line 15) N/A

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

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶		

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)		1,646,578.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,735,084.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-88,506.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-88,506.

**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	1,722,536.
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) . . . SEE PART XIV	2d	75,958.	
	e Add lines 2a through 2d	2e		75,958.
3	Subtract line 2e from line 1		3	1,646,578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments 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 should equal Form 990, Part I, line 12.)		5	1,646,578.

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

1	Total expenses and losses per audited financial statements		1	1,811,042.
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 Losses reported on Form 990, Part IX, line 25	2c		
	d Other (Describe in Part XIV) . . . SEE PART XIV	2d	75,958.	
	e Add lines 2a through 2d	2e		75,958.
3	Subtract line 2e from line 1		3	1,735,084.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments 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 should equal Form 990, Part I, line 18.)		5	1,735,084.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

RENTAL EXPENSES.....	\$	75,958.
TOTAL	\$	<u>75,958.</u>

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

RENTAL EXPENSES.....	\$	75,958.
TOTAL	\$	<u>75,958.</u>

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

Name of the organization

UNITED WAY OF DOUGLAS COUNTY, INC.

Employer identification number

48-0796320

**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' on 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
ARC OF DOUGLAS COUNTY 2518 RIDGE COURT #238 LAWRENCE, KS 66046	48-0630575		28,000.	0.	CASH		GENERAL OPERATING
BALLARD CENTER P.O. BOX 7 LAWRENCE, KS 66044	48-0848472		251,393.	0.	CASH		GENERAL OPERATING
BIG BROTHERS/ BIG SISTERS P.O. BOX 442291 LAWRENCE, KS 66044	23-7056717		57,441.	0.	CASH		GENERAL OPERATING
BOY SCOUTS OF AMERICA 10210 HOLMES ROAD KANSAS CITY, MO 64131	44-0545995		9,287.	0.	CASH		GENERAL OPERATING
BOYS' AND GIRLS' CLUB P.O. BOX 748 LAWRENCE, KS 66044	23-7296824		123,805.	0.	CASH		GENERAL OPERATING
CATHOLIC SOCIAL SERVICES 9720 W 87TH STREET OVERLAND PARK, KS 66212	48-1181305		14,969.	0.	CASH		GENERAL OPERATING
DOUGLAS COUNTY AIDS PROJEC 2518 RIDGE COURT #101 LAWRENCE, KS 66046	48-1073365		16,271.	0.	CASH		GENERAL OPERATING
DOUGLAS COUNTY CHILD DEVEL 9350IOWA #7 LAWRENCE, KS 66044	48-0912460		84,991.	0.	CASH		GENERAL OPERATING

2 Enter total number of section 501(c)(3) and government organizations.  25

3 Enter total number of other organizations.  0



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF DOUGLAS COUNTY, INC.	<b>Employer identification number</b> 48-0796320
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DOUGLAS COUNTY COURT APPO 1100 MASSACHUSETTS, SUITE LAWRENCE, KS 66044	48-1104657		31,005.		CASH		GENERAL OPERATING
DOUGLAS COUNTY DENTAL CLI 316 MAINE STREET LAWRENCE, KS 66044	48-1216770		45,711.		CASH		GENERAL OPERATING
DOUGLAS COUNTY LEGAL AID 1535 W 15TH STREET LAWRENCE, KS 66045	48-0783193		12,050.		CASH		GENERAL OPERATING
DOUGLAS COUNTY RED CROSS 2518 RIDGE COURT #205 LAWRENCE, KS 66046	56-0196605		75,133.		CASH		GENERAL OPERATING
GADUGI SAFECENTER 2518 RIDGE COURT # 202 LAWRENCE, KS 66046	48-0870562		46,823.		CASH		GENERAL OPERATING
GIRL SCOUTS OF AMERICA 8383 BLUE PARKWAY DRIVE KANSAS CITY, MO 64133	43-0892926		10,379.		CASH		GENERAL OPERATING
HEADQUARTERS 211 E 8TH STREET, SUITE C LAWRENCE, KS 66044	48-0778435		71,598.		CASH		GENERAL OPERATING
HEALTH CARE ACCESS 1920 MOODIE ROAD LAWRENCE, KS 66046	48-1062114		60,053.		CASH		GENERAL OPERATING
HOUSING AND CREDIT COUNSE 2518 RIDSGE COURT # 207 LAWRENCE, KS 66046	48-0822466		15,180.		CASH		GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations ..... ▶ \_\_\_\_\_

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF DOUGLAS COUNTY, INC.	<b>Employer identification number</b> 48-0796320
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LAWRENCE COMMUNITY SHELTE 2518 RIDGE COURT LAWRENCE, KS 66046	74-2848203		27,832.		CASH		GENERAL OPERATING
MEALS ON WHEELS P.O. BOX 1121 LAWRENCE, KS 66044	23-7270167		27,109.		CASH		GENERAL OPERATING
SALVATION ARMY 946 NEW HAMPSHIRE LAWRENCE, KS 66044	44-0545998		52,829.		CASH		GENERAL OPERATING
SUCCESS BY 6 2518 RIDGE COURT # 240 LAWRENCE, KS 66046	74-3130758		7,611.		CASH		GENERAL OPERATING
TRINITY COMMUNITY SERVICE 2201 W 25TH STREET, SUITE LAWRENCE, KS 66047	48-0862381		54,837.		CASH		GENERAL OPERATING
VAN GO MOBILE ARTS P.O. BOX 153 LAWRENCE, KS 66044	48-1171726		22,334.		CASH		GENERAL OPERATING
VISITING NURSES ASSOCIATI 200 MAINE STREET, 3RD FLO LAWRENCE, KS 66044	48-0759002		98,995.		CASH		GENERAL OPERATING
WOMENS TRANSITIONAL CARE P.O. BOX 633 LAWRENCE, KS 66044	48-0853356		42,450.		CASH		GENERAL OPERATING
-----							

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations ..... ▶ \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

UNITED WAY OF DOUGLAS COUNTY, INC.

Employer identification number

48-0796320

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE**

ANY DONOR DURING THE YEAR IS A VOTING MEMBER OF THE ORGANIZATION

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING B**

ALL MEMBERS ARE ALLOWED TO VOTE ON THE BOARD DIRECTORS AND ALLOCATION COMMITTEE.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

COPY OF THE FORM 990 WILL BE REVIEWED BEFORE FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

REGARDING CONFLICT OF INTEREST POLICY, UNITED WAY BOARD AND STAFF PUBLICALLY

DISCLOSE ANY CONFLICTS ANNUALLY AT THE FEBRUARY BOARD MEETING. ANY QUESTIONS OR

CONCERNS ABOUT THE POLICY ARE IDENTIFIED AT THAT TIME.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

REGARDING COMPENSATION, UNITED WAY BOARD, AS A PART OF THE BUDGET PROCESS, REVIEWED

CEO AND STAFF SALARIES. THE SALARIES WERE PRESENTED ALONG WITH A REVIEW BY

SUPERVISORS AND A COMPARATIVE SALARY INFORMATION FOR COMPARABLE POSITIONS ACROSS THE

COUNTRY.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

REGARDING AUDIT, POLICIES AND FINANCIAL DOCUMNETS PROVIDED TO THE PUBLIC. ALL OF THE

PUBLIC INFORMATION IS AVAILABLE AT THE LOCATION LISTED ON LINE 20 OR BY AN EMAIL TO

UWDIRECTOR@UNITEDWAYDGCO.ORG.

**RENTAL INCOME WORKSHEET**

**2518 RIDGE COURT**

GROSS RENTAL INCOME.....	\$	106,392.
EXPENSES		
DEPRECIATION.....		9,515.
REPAIRS.....		30,138.
SUPPLIES.....		3,267.
TELEPHONE.....		713.
UTILITIES.....		31,925.
COPIER RENTAL.....		-2,074.
POSTAGE.....		2,474.
TOTAL EXPENSES.....	\$	75,958.
	NET RENTAL INCOME OR LOSS \$	<u>30,434.</u>

**FORM 990, PART IX, LINE 24  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	6,952.	5,562.	1,390.	
DONOR OPTIONS DESIGNATIONS	30,012.	30,012.		
EQUIPMENT RENTAL	15,018.	14,215.	803.	
INSURANCE	4,446.	1,112.	3,334.	
MEMBERSHIPS AND SUBSCRIPTIONS	1,477.	1,477.		
MISCELLANEOUS	1,059.	1,059.		
POSTAGE AND SHIPPING	1,684.	572.	1,112.	
SPECIAL EVENTS	5,057.	3,692.	1,365.	
SPIRIT OF KAW VALLEY	3,287.			3,287.
TELEPHONE	2,421.	1,307.	1,114.	
UNITED WAY ADMINISTRATIVE FEE	17,000.	17,000.		
TOTAL	\$ <u>88,413.</u>	\$ <u>76,008.</u>	\$ <u>9,118.</u>	\$ <u>3,287.</u>

**SCHEDULE D, PART V  
ENDOWMENT FUNDS**

	CURRENT YEAR	PRIOR YEAR	TWO YRS. BACK	THREE YRS. BACK	FOUR YRS. BACK
BEGINNING OF YEAR BALANCE	124,140.	90,809.	0.	0.	0.
CONTRIBUTIONS	11,629.				
INVESTMENT EARNINGS (LOSSES)	-41,331.				
GRANTS OR SCHOLARSHIPS					
EXPEND. FOR FACILITIES & PROGS	3,629.				
ADMINISTRATIVE EXPENSES					
END OF YEAR BALANCE	90,809.	90,809.	0.	0.	0.

UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>BUILDINGS</u>																
11	VACUUM	11/04/03		571							571	475	S/L	5		96
67	OAK DESK CHAIR-RHVC	7/31/91		50							50	50	S/L	5		0
68	CRADENZA-RHVC	4/30/90		145							145	145	S/L	5		0
69	CHAIRS-RHVC	4/30/90		104							104	104	S/L	5		0
70	PRINTER-RHVC	7/31/91		456							456	456	S/L	5		0
71	SOFTWARE-RHVC	8/31/91		63							63	63	S/L	5		0
72	DESK RESTORATION-RHVC	8/31/91		133							133	133	S/L	5		0
73	4 OAK CHAIRS-RHVC	9/29/94		120							120	120	S/L	5		0
	TOTAL BUILDINGS			1,642		0	0	0	0	0	1,642	1,546				96
<u>FURNITURE AND FIXTURES</u>																
41	OAK DESK	10/31/91		50							50	50	S/L	5		0
42	FILE CABINETS	11/01/97		171							171	171	S/L	5		0
43	COMPUTER DESK	2/13/97		105							105	105	S/L	5		0
44	DESKS	1/01/97		300							300	300	S/L	5		0
45	WORD PROCESSOR	1/01/97		75							75	75	S/L	5		0
46	CALCULATOR	1/01/97		35							35	35	S/L	5		0
47	CHAIRS	8/01/89		156							156	156	S/L	5		0
48	FILE CABINET	7/13/90		209							209	209	S/L	5		0
49	REFRIGERATOR	4/30/90		100							100	100	S/L	5		0
50	WALL UNIT	10/31/91		198							198	198	S/L	5		0
51	DESK RESTORATION	10/31/91		213							213	213	S/L	5		0
52	DESK RESTORATION	10/31/91		306							306	306	S/L	5		0

UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
53	DESK RESTORATION	1/31/92		112							112	112	S/L	5		0
54	CALCULATORS	2/28/92		42							42	42	S/L	5		0
55	CHAIR RESTORATION	6/30/92		70							70	70	S/L	5		0
56	DESK RESTORATION	7/31/92		200							200	200	S/L	5		0
57	FURNITURE REFINISHING	8/31/92		610							610	610	S/L	5		0
58	FAX MODEM	6/01/95		160							160	160	S/L	5		0
59	BOOKCASE	6/01/97		43							43	43	S/L	5		0
60	MONITOR ARM	6/01/97		176							176	176	S/L	5		0
61	PHONE	7/29/97		206							206	206	S/L	5		0
62	3 CHAIRS	9/01/97		276							276	276	S/L	5		0
63	SOFTWARE-SHELBY	8/11/00		3,330							3,330	3,330	S/L	10		0
64	SOFTWARE -DONATION TRAC	12/21/00		4,750							4,750	4,750	S/L	10		0
65	SOFTWARE	7/24/01		500							500	500	S/L	5		0
66	SOFTWARE	4/25/01		224							224	208	S/L	10		16
TOTAL FURNITURE AND FIXTURE				12,617		0	0	0	0	0	12,617	12,601				16
IMPROVEMENTS																
12	DOORS, ELECTRICAL, PAINTI	12/01/96		24,504							24,504	6,837	S/L	39		628
13	RENOVATION	1/31/97		49,748							49,748	13,777	S/L	39		1,276
14	RENOVATION	2/28/97		133,440							133,440	36,675	S/L	39		3,422
15	RENOVATION	3/31/97		16,085							16,085	4,386	S/L	39		412
16	RENOVATION	4/30/97		54,484							54,484	14,746	S/L	39		1,397
17	RENOVATION	5/31/97		16,115							16,115	4,328	S/L	39		413
18	RENOVATION	6/30/97		8,252							8,252	2,200	S/L	39		212
19	RENOVATION	7/31/97		2,497							2,497	660	S/L	39		64
20	RENOVATION	8/31/97		45,792							45,792	12,014	S/L	39		1,174

UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
21	RENOVATION	9/30/97		5,414							5,414	1,410	S/L	39		139
22	RENOVATION	10/31/97		5,122							5,122	1,321	S/L	39		131
23	RENOVATION	11/30/97		1,291							1,291	329	S/L	39		33
24	RENOVATION	12/31/97		4,285							4,285	1,089	S/L	39		110
25	RENOVATIONS KITCHEN	7/01/98		17,528							17,528	4,067	S/L	39		449
26	PHONESYSTEMS UPGRADE	2/18/99		1,238							1,238	1,185	S/L	7		0
27	CARPET	2/24/99		2,508							2,508	2,400	S/L	7		0
28	POWER DOORS	6/16/99		3,232							3,232	700	S/L	39		83
29	WIRING FOR DOORS	6/17/99		266							266	58	S/L	39		7
30	DOOR CLOSER PARTS	7/28/99		182							182	39	S/L	39		5
31	DOOR CLOSER GEARS	7/28/99		237							237	51	S/L	39		6
32	PATO BENCHES	10/02/99		158							158	151	S/L	7		0
33	AWNINGS	10/04/99		2,908							2,908	2,784	S/L	7		0
34	REMODEL BATHROOM	5/23/01		682							682	453	S/L	10		68
35	CARPET	11/27/01		929							929	819	S/L	7		110
36	BROADBAND CABLE NETWORK	12/21/01		1,000							1,000	869	S/L	7		131
37	REMODEL	12/21/01		518							518	316	S/L	10		52
38	PARTITION WALL	2/25/02		1,200							1,200	181	S/L	39		31
39	BROADBAND CABLE NETWOR	2/15/02		1,179							1,179	996	S/L	7		168
TOTAL IMPROVEMENTS				400,794		0	0	0	0	0	400,794	114,841				10,521
MACHINERY AND EQUIPMENT																
1	LASER	9/16/93		588							588	588	S/L	5		0
2	486 MINI TOWER	4/01/95		1,491							1,491	1,491	S/L	5		0
3	MEMORY EXPANSION	9/01/95		114							114	114	S/L	5		0
4	COMPUTER UPGRADES	2/06/98		2,668							2,668	2,668	S/L	5		0

## UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
5	COMPUTER UPGRADES	1/29/98		733							733	733	S/L	5		0
6	NETWORK UPGRADES	9/09/02		728							728	728	S/L	5		0
7	DELL SERVER AND INSTALL	9/09/02		5,462							5,462	5,462	S/L	5		0
8	PRINTER	12/12/03		1,996							1,996	1,630	S/L	5		366
9	TAPE DRIVE	7/16/04		376							376	263	S/L	5		75
10	6 COMPUTERS	4/30/04		4,901							4,901	3,549	S/L	5		980
74	COMPUTER SERVER AND SOFTW	9/13/06		3,876							3,876	1,033	S/L	5		775
	TOTAL MACHINERY AND EQUIPME			22,933		0	0	0	0	0	22,933	18,259				2,196
	MISCELLANEOUS															
40	LEASEHOLD IMPROVEMENTS	7/01/03		16,238							16,238	1,858	S/L	39		416
	TOTAL MISCELLANEOUS			16,238		0	0	0	0	0	16,238	1,858				416
	TOTAL DEPRECIATION			<u>454,224</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>454,224</u>	<u>149,105</u>				<u>13,245</u>
	GRAND TOTAL DEPRECIATION			<u>454,224</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>454,224</u>	<u>149,105</u>				<u>13,245</u>

UNITED WAY OF DOUGLAS COUNTY, INC.

48-0796320

	2008	2007	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	1,582,562	1,672,570	-90,008
INVESTMENT INCOME.....	33,582	56,687	-23,105
OTHER REVENUE.....	30,434	48,450	-18,016
TOTAL REVENUE.....	1,646,578	1,777,707	-131,129
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	1,301,051	1,271,605	29,446
SALARIES, OTHER COMPENSATION, EMPLOYEE B.....	264,576	220,099	44,477
OTHER EXPENSES.....	169,457	187,983	-18,526
TOTAL EXPENSES.....	1,735,084	1,693,891	41,193
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	-88,506	83,816	-172,322
TOTAL ASSETS AT END OF YEAR.....	2,122,827	2,225,133	-102,306
TOTAL LIABILITIES AT END OF YEAR.....	49,822	63,622	-13,800
NET ASSETS OR FUND BALANCES AT END OF YE	2,073,005	2,161,511	-88,506