

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning _____, and ending _____

48-0796320

United Way of Douglas County, Inc.

Net Asset / Fund Balance at Beginning of Year		<u>2,284,487</u>
Revenue		
Contributions	<u>1,628,143</u>	
Program service revenue		
Investment income	<u>45,374</u>	
Capital gain / loss	<u>371</u>	
Special events:		
Gross revenue _____		
Direct expenses _____		
Net income		
Other income	<u>27,226</u>	
Total revenue		<u>1,673,888</u>
Expenses		
Program services	<u>1,616,489</u>	
Management and general	<u>97,721</u>	
Fundraising	<u>140,178</u>	
Total expenses		<u>1,854,388</u>
Excess / (deficit)		<u>-180,500</u>
Other changes		<u>9,923</u>
Net Asset / Fund Balance at End of Year		<u>2,113,910</u>

Do Not File

Reconciliation of Revenue		Reconciliation of Expenses	
Total revenue per financial statements	<u>1,749,450</u>	Total expenses per financial statements	<u>1,920,027</u>
Less:		Less:	
Unrealized gains	<u>9,923</u>	Donated services	_____
Donated services	_____	Prior year adjustments	_____
Recoveries	_____	Losses	_____
Other	<u>65,639</u>	Other	<u>65,639</u>
Plus:		Plus:	
Investment expenses	_____	Investment expenses	_____
Other	_____	Other	_____
Total revenue per return	<u>1,673,888</u>	Total expenses per return	<u>1,854,388</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,350,129</u>	<u>2,176,418</u>	
Liabilities	<u>65,642</u>	<u>62,508</u>	
Net assets	<u>2,284,487</u>	<u>2,113,910</u>	<u>-170,577</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/16/11
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or fiscal year beginning, 2010, and ending, 20

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

▶ **See instructions on back.**

2010

Name of exempt organization

United Way of Douglas County, Inc.

Employer identification number

48-0796320

Name and title of officer

**Erika Dvorske
President / CEO**

Part I Type of 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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,673,888
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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 2010 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) the reason for any delay in processing the return or refund, and (c) 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 **SS&C Solutions, Inc.** to enter my PIN **28797** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 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 2010 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 ▶ **04/26/11**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48218128797

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 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**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

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.

A For the 2010 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
United Way of Douglas County, Inc.

Doing Business As _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2518 Ridge Ct., Room 200

City or town, state or country, and ZIP + 4
Lawrence KS 66046

D Employer identification number
48-0796320

E Telephone number
785-843-6626

G Gross receipts\$ **1,739,527**

F Name and address of principal officer:
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **www.unitedwaydgco.org** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1956** **M** State of legal domicile: **KS**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Addressing human service needs by mobilizing resources and building partnerships		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	b Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Prior Year	Current Year
	9	1,935,870	1,628,143
	10	31,398	18,519
	11	27,275	27,226
	12	1,994,543	1,673,888
Expenses	13	1,412,172	1,445,651
	14		
	15	254,251	264,673
	16a		
	b	140,178	
	17	116,638	144,064
18	1,783,061	1,854,388	
19	211,482	-180,500	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	21	2,350,129	2,176,418
	22	65,642	62,508
	2,284,487	2,113,910	

Part II Signature Block

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

Sign Here

Signature of officer: **Erika Dvorske** Date: _____
 Type or print name and title: **President/CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Michele C. Hammann, CPA** Preparer's signature: _____ Date: **05/06/11** Check if self-employed PTIN: **P00624381**

Firm's name: **SS&C Solutions, Inc.** Firm's EIN: **48-0969601**
 Firm's address: **4910 Corporate Centre Dr, Ste 150 Lawrence, KS 66047** Phone no.: **785-838-4484**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

Addressing human service needs by mobilizing resources and building partnerships

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ **1,616,489** including grants of \$ **1,445,651**) (Revenue \$)

United Way of Douglas County provides direct financial support for 24 local human service agencies, manages the United Way Center with housing for 20 agencies, and maintains the Roger Hill Volunteer Center with volunteer support to 130 agencies. The organization is also involved in support of community impact initiatives includeing SkillBuilders and other community endeavors. United Way also coordinates resources for a swim pass program for at-risk youth, provides a Fairy Godmother Fund for the community, and conducts community planning and administers volunteer-driven allocations to direct funding to greatest needs.

Do Not File

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

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

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

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

4e Total program service expenses ▶ **1,616,489**

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? (see instructions)		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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	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		X
c	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		X
d	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 instructions for 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?		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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:		
8a	The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **United Way of Douglas County 2518 Ridge Court**

Lawrence **KS 66046** **785-843-6626**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Becki Dick	2.00	X					0	0	0	
(2) Beverly Smith Billings	2.00	X					0	0	0	
(3) Charles Warner	2.00	X					0	0	0	
(4) Diane Douglas Secretary	2.00	X		X			0	0	0	
(5) Jane Buxton	2.00	X					0	0	0	
(6) Judy Wright	2.00	X					0	0	0	
(7) Kim Gouge	2.00	X					0	0	0	
(8) Patricia Roach Smith	2.00	X					0	0	0	
(9) Peter Luckey President-Elect	2.00	X		X			0	0	0	
(10) Tom Christie President	2.00	X		X			0	0	0	
(11) Tom Koenig Treasurer	2.00	X		X			0	0	0	
(12) Patrick Brown	2.00	X					0	0	0	
(13) Karen Lane Christilles	2.00	X					0	0	0	
(14) Bryan Culver	2.00	X					0	0	0	
(15) Amy Kelly	2.00	X					0	0	0	
(16) Alex Ross	2.00	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 (describe hours for related organizations in Schedule O)	(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			
(17) Rita Sharpe	2.00	X					0	0	0	
(18) Beth Stella	2.00	X					0	0	0	
(19) Erika Dvorske Executive Director	45.00			X			62,118	0	0	
(20) Carolyn Binns Finance Manager	20.00			X			26,240	0	0	
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							88,358			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							88,358			

Do Not File

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) ..	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,628,143			
	g Noncash contributions included in lines 1a-1f: \$		33,207			
	h Total. Add lines 1a-1f		1,628,143			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,148	18,148		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	92,865			
		(ii) Personal				
	b Less: rental exps.	65,639				
	c Rental inc. or (loss)	27,226				
	d Net rental income or (loss)		27,226		27,226	
	7a Gross amount from sales of assets other than inventory	(i) Securities	371			
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	371				
	d Net gain or (loss)		371	371		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,673,888	18,519	0	27,226	

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	1,345,422	1,345,422		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	100,229	100,229		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	212,312	84,872	49,110	78,330
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	34,038	13,607	7,873	12,558
10 Payroll taxes	18,323	7,325	4,238	6,760
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,332	3,617	6,715	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	40,465	27,465	13,000	
12 Advertising and promotion	47,009	6,483		40,526
13 Office expenses	2,708	289	415	2,004
14 Information technology	3,263	3,092	171	
15 Royalties				
16 Occupancy	3,242	1,750	1,492	
17 Travel	4,262		4,262	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,542	3,542		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,246	9,271	3,975	
23 Insurance	4,489	1,122	3,367	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Bank charges	6,128	4,902	1,226	
b Special events	3,150	2,300	850	
c Postage	1,535	521	1,014	
d Miscellaneous	451	451		
e Furniture and equipment	242	229	13	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,854,388	1,616,489	97,721	140,178
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	607,568	1	531,546
	2	Savings and temporary cash investments	538,653	2	548,925
	3	Pledges and grants receivable, net	802,788	3	693,429
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 or other basis. Complete Part VI of Schedule D	462,686		
	10b	Less: accumulated depreciation	188,038		
	10c		286,732		274,648
	11	Investments—publicly traded securities	114,388	11	127,870
	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)	2,350,129	16	2,176,418	
Liabilities	17	Accounts payable and accrued expenses	7,910	17	1,458
	18	Grants payable	21,547	18	43,500
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	26,400	23	10,560
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	9,785	25	6,990
	26	Total liabilities. Add lines 17 through 25	65,642	26	62,508
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	881,562	27	731,690
	28	Temporarily restricted net assets	1,288,540	28	1,254,352
	29	Permanently restricted net assets	114,385	29	127,868
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,284,487	33	2,113,910
34	Total liabilities and net assets/fund balances	2,350,129	34	2,176,418	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,673,888
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,854,388
3	Revenue less expenses. Subtract line 2 from line 1	3	-180,500
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,284,487
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,923
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,113,910

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Do Not File

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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.

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

Name of the organization

United Way of Douglas County, Inc.

Employer identification number

48-0796320

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,631,933	1,672,570	1,582,562	1,935,870	1,628,143	8,451,078
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	1,631,933	1,672,570	1,582,562	1,935,870	1,628,143	8,451,078
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8,451,078

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,631,933	1,672,570	1,582,562	1,935,870	1,628,143	8,451,078
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,578	56,687	33,582	91,163	92,865	309,875
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						8,760,953

12 Gross receipts from related activities, etc. (see instructions) 12 18,148

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 2010 (line 6, column (f) divided by line 11, column (f))	14	96.46%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.20%

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Do Not File

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

2010

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Douglas County, Inc.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the 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	114,385	90,809	124,140		
b Contributions	500	6,633	11,629		
c Net investment earnings, gains, and losses	14,159	17,926	-41,331		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,176	980	3,629		
g End of year balance	127,868	114,388	90,809		

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

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ **100.00** %
- c** Term endowment ▶ %

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		417,032	146,500	270,532
d Equipment		41,343	39,742	1,601
e Other		4,311	1,796	2,515
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				274,648

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) Accrued Payroll Liabilities	6,701	
(3) Other Accrued Liabilities	289	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,990	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	1,673,888
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,854,388
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-180,500
4	Net unrealized gains (losses) on investments	4	9,923
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	9,923
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-170,577

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	1,749,450
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	9,923
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	65,639
e	Add lines 2a through 2d	2e	75,562
3	Subtract line 2e from line 1	3	1,673,888
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,673,888

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

1	Total expenses and losses per audited financial statements	1	1,920,027
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	65,639
e	Add lines 2a through 2d	2e	65,639
3	Subtract line 2e from line 1	3	1,854,388
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,854,388

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 X - Liability Under FIN 48 Footnote

The Organization is exempt from income tax under Internal Revenue Code Section 501(c)(3). The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) of the Internal Revenue Code.

The Organization has adopted the provisions of FIN 48, Accounting for

Part XIV Supplemental Information (continued)

Income Taxes, under the provisions of FSP FIN 48-3 as codified in FASB ASC 740-10. This standard clarifies the accounting for uncertainty in income taxes recognized in an organization's financial statements. This standard prescribes recognition and measurement of tax positions taken or expected to be taken on a tax return that are not certain to be realized. The implementation of this standard had no impact on the Organization's financial statements.

The Organization's income tax returns are subject to review and examination by federal, state, and local authorities. The Organization is not aware of any activities that are subject to tax on unrelated business income or excise or other taxes. The tax returns for the years 2006 to 2009 and 2010, when filed, are open to examination by federal, state, and local authorities.

Do Not File

Part XI, Line 8 - Reconciliation of Changes - Other

Rental Expenses	\$ 65,639
Rental Expenses	\$ -65,639

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Rental Expenses	\$ 65,639
-----------------	-----------

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Rental Expenses	\$ 65,639
-----------------	-----------

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 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" 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. Part II can be duplicated 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
(1)	Ballard Community Center PO Box 7 Lawrence KS 66044	48-0848472		251,730				
(2)	Big Brothers, Big Sisters PO Box 442291 Lawrence KS 66044	23-7056717		57,609				
(3)	Boy Scouts of America 10210 Holmes Road Kansas City MO 64131	44-0545995		8,790				
(4)	Boys & Girls Club PO Box 748 Lawrence KS 66044	23-7296824		199,703				
(5)	Douglas County Aids Project 2518 Ridge Ct, 101 Lawrence KS 66046	48-1073365		15,849				
(6)	Douglas County Child Development 9350 Iowa St, 7 Lawrence KS 66044	48-0912460		89,684				
(7)	Douglas County Court Appointed Spec 1100 Massachusetts, Suite 302 Lawrence KS 66044	48-1104657		30,588				
(8)	Douglas County Dental Clinic 316 Maine Street Lawrence KS 66044	48-1216770		46,478				
(9)	Douglas County Legal Aid Society 1535 W. 15th Lawrence KS 66045	48-0783193		9,748				

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 24
- 3 Enter total number of other organizations ▶

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 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" 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. Part II can be duplicated 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
(1)	Douglas County Red Cross 2518 Ridge Ct, 205 Lawrence KS 66046	56-0196605		72,680				
(2)	GaDuGi Safe Center 2518 Ridge Ct, 202 Lawrence KS 66046	48-0870562		44,012				
(3)	Girl Scouts of America 8383 Blue Parkway Drive Kansas City MO 64133	43-0892926		9,735				
(4)	Headquarters 211 E 8th, Suite C Lawrence KS 66044	48-0778435		69,121				
(5)	Health Care Access 1920 Moodie Road Lawrence KS 66046	48-1062114		66,972				
(6)	Housing & Credit Counseling 2518 Ridge Ct, 207 Lawrence KS 66046	48-0822466		15,815				
(7)	Lawrence Community Shelter 2518 Ridge Ct Lawrence KS 66046	74-2848203		30,706				
(8)	Lawrence Meals on Wheels PO Box 1121 Lawrence KS 66044	23-7270167		27,903				
(9)	Salvation Army 946 New Hampshire Lawrence KS 66044	44-0545998		47,321				

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

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 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" 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. Part II can be duplicated 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
(1)	Success By 6 2518 Ridge Ct, 240 Lawrence KS 66046	74-3130758		10,301				
(2)	The Arc of Douglas County 2518 Ridge Ct, 238 Lawrence KS 66046	48-0630575		27,849				
(3)	Trinity Respite Care 2201 W. 25th Street, Suite Q Lawrence KS 66047	48-0862381		55,963				
(4)	Van Go Mobile Arts PO Box 153 Lawrence KS 66044	48-1171726		23,092				
(5)	Visiting Nurses Association 200 Maine Street, 3rd Floor Lawrence KS 66044	48-0759002		92,441				
(6)	Women's Transitional Care PO Box 633 Lawrence KS 66044	48-0853356		41,332				
(7)								
(8)								
(9)								

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

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.
Part III can be duplicated 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
1 Mengel Swim Passes	2000	2,000		Cash	
2 Fairy Godmother Fund	87	17,642		Cash	
3 Americorp	2	80,587		Cash	In-Kind
4					
5					
6					
7					

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

Do Not File

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Douglas County, Inc.

Employer identification number
48-0796320

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (In-kind Contrib)	X	1	33,207	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

Do Not File

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 Acknowledgement **29**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Do Not File

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

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
InspectionEmployer identification number
48-0796320**United Way of Douglas County, Inc.****Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

Each individual contributor of the last preceding financial fundraising effort is considered a member of the corporation

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Any donor during the year is a voting member of the Organization

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

All changes to the bylaws are approved by the members of United Way of Douglas County, Inc.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Board of Directors will review Form 990 before the return is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

United Way Board and staff publicly 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 15a - Compensation Process for Top Official

The Board of Directors reviews the CEO salary along with a performance review conducted by the Personnel Committee. The Personnel Committee and the Board also compares CEO salary with comparable positions across the country.

Name of the organization

United Way of Douglas County, Inc.

Employer identification number

48-0796320

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board of Directors reviews the CEO & staff salaries along with a performance review conducted by the Personnel Committee. The Personnel Committee and the Board also compares CEO and staff salaries with comparable positions across the country.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

United Way of Douglas County makes their audited financial statements and tax return available to the public through their website. These documents are also available by contacting United Way staff.

Do Not File

Depreciation and Amortization
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **United Way of Douglas County, Inc.** Identifying number: **48-0796320**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,246

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶	

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,246
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2010
For calendar year 2010, or tax year beginning _____, and ending _____		

Name United Way of Douglas County, Inc.	Employer Identification Number 48-0796320
---	---

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Do Not File

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	26,400	10,560
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	26,400	10,560

48-0796320

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Vacuum	11/04/03	571		571	5 MO S/L	571	0
2	Oak Desk Chair-RHVC	7/31/91	50		50	5 MO S/L	50	0
3	Cradenza-RHVC	4/30/90	145		145	5 MO S/L	145	0
4	Chairs-RHVC	4/30/90	104		104	5 MO S/L	104	0
5	Printer-RHVC	7/31/91	456		456	5 MO S/L	456	0
6	Software-RHVC	8/31/91	63		63	5 MO S/L	63	0
7	Desk Restoration-RHVC	8/31/91	133		133	5 MO S/L	133	0
8	4 Oak Chairs-RHVC	9/29/94	120		120	5 MO S/L	120	0
9	Oak Desk	10/31/91	50		50	5 MO S/L	50	0
10	File Cabinets	11/01/97	171		171	5 MO S/L	171	0
11	Computer Desk	2/13/97	105		105	5 MO S/L	105	0
12	Desks	1/01/97	300		300	5 MO S/L	300	0
13	Word Processor	1/01/97	75		75	5 MO S/L	75	0
14	Calculator	1/01/97	35		35	5 MO S/L	35	0
15	Chairs	8/01/89	156		156	5 MO S/L	156	0
16	File Cabinet	7/13/90	209		209	5 MO S/L	209	0
17	Refrigerator	4/30/90	100		100	5 MO S/L	100	0
18	Wall Unit	10/31/91	198		198	5 MO S/L	198	0
19	Desk Restoration	10/31/91	213		213	5 MO S/L	213	0
20	Desk Restoration	10/31/91	306		306	5 MO S/L	306	0
21	Desk Restoration	1/31/92	112		112	5 MO S/L	112	0
22	Calculators	2/28/92	42		42	5 MO S/L	42	0
23	Chair Restoration	6/30/92	70		70	5 MO S/L	70	0
24	Desk Restoration	7/31/92	200		200	5 MO S/L	200	0
25	Furniture Refinishing	8/31/92	610		610	5 MO S/L	610	0
26	Fax Modem	6/01/95	160		160	5 MO S/L	160	0
27	Bookcase	6/01/97	43		43	5 MO S/L	43	0
28	Monitor Arm	6/01/97	176		176	5 MO S/L	176	0
29	Phone	7/29/97	206		206	5 MO S/L	206	0
30	3 Chairs	9/01/97	276		276	5 MO S/L	276	0
31	Software-Shelby	8/01/00	3,330		3,330	10 MO S/L	3,330	0
32	Software-Donation Trac	12/21/00	4,750		4,750	10 MO S/L	4,750	0
33	Software	7/24/01	500		500	5 MO S/L	500	0
34	Software	4/25/01	224		224	10 MO S/L	224	0
35	Doors, Electrical, Painting	12/01/96	24,504		24,504	39 MO S/L	8,093	629
36	Renovation	1/31/97	49,748		49,748	39 MO S/L	16,329	1,275
37	Renovation	2/28/97	133,440		133,440	39 MO S/L	43,519	3,421
38	Renovation	3/31/97	16,085		16,085	39 MO S/L	5,210	413
39	Renovation	4/30/97	54,484		54,484	39 MO S/L	17,540	1,397
40	Renovation	5/31/97	16,115		16,115	39 MO S/L	5,154	413
41	Renovation	6/30/97	8,252		8,252	39 MO S/L	2,624	211
42	Renovation	7/31/97	2,497		2,497	39 MO S/L	788	64
43	Renovation	8/31/97	45,792		45,792	39 MO S/L	14,362	1,174
44	Renovation	9/30/97	5,414		5,414	39 MO S/L	1,688	139
45	Renovation	10/31/97	5,122		5,122	39 MO S/L	1,583	132
46	Renovation	11/30/97	1,291		1,291	39 MO S/L	395	33
47	Renovation	12/31/97	4,285		4,285	39 MO S/L	1,309	110
48	Renovations Kitchen	7/01/98	17,528		17,528	39 MO S/L	4,965	450
49	Phonesystems Upgrade	2/18/99	1,238		1,238	7 MO S/L	1,238	0
50	Carpet	2/24/99	2,508		2,508	7 MO S/L	2,508	0
51	Power Doors	6/16/99	3,232		3,232	39 MO S/L	866	83
52	Wiring For Doors	6/17/99	266		266	39 MO S/L	72	6
53	Door Closer Parts	7/28/99	182		182	39 MO S/L	48	5
54	Door Closer Gears	7/28/99	237		237	39 MO S/L	63	6
55	Pato Benches	10/02/99	158		158	7 MO S/L	158	0
56	Awnings	10/04/99	2,908		2,908	7 MO S/L	2,908	0
57	Remodel Bathroom	5/23/01	682		682	10 MO S/L	589	69
58	Carpet	11/27/01	929		929	7 MO S/L	929	0
59	Broadband Cable Network	12/21/01	1,000		1,000	7 MO S/L	1,000	0
60	Remodel	12/21/01	518		518	10 MO S/L	420	51
61	Partition Wall	2/25/02	1,200		1,200	39 MO S/L	243	31
62	Broadband Cable Network	2/15/02	1,179		1,179	7 MO S/L	1,179	0
63	Laser	9/16/93	588		588	5 MO S/L	588	0
64	486 Mini Tower	4/01/95	1,491		1,491	5 MO S/L	1,491	0
65	Memory Expansion	9/01/95	114		114	5 MO S/L	114	0
66	Computer Upgrades	2/06/98	2,668		2,668	5 MO S/L	2,668	0
67	Computer Upgrades	1/29/98	733		733	5 MO S/L	733	0
68	Network Upgrades	9/09/02	728		728	5 MO S/L	728	0

48-0796320

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Dell Server and Install	9/09/02	5,462			5,462	5 MO S/L	5,462	0
70	Printer	12/12/03	1,996			1,996	5 MO S/L	1,996	0
71	Tape Drive	7/16/04	376			376	5 MO S/L	376	0
72	6 Computers	4/30/04	4,901			4,901	5 MO S/L	4,901	0
73	Computer Server and Software	9/13/06	3,876			3,876	5 MO S/L	2,583	776
74	Leasehold Improvements	7/01/03	16,238			16,238	39 MO S/L	2,691	416
75	Doud Room A/C	8/26/09	1,302			1,302	7 MO S/L	62	186
76	5 Ceiling Fans and Installation	12/30/09	1,687			1,687	7 MO S/L	0	241
77	Office 2007 Software	10/29/09	4,311			4,311	3 MO Amort	359	1,437
78	Dell Optiplex 380 Desktop	8/17/10	1,164			1,164	5 MO S/L	0	78
Total Other Depreciation			<u>462,688</u>			<u>462,688</u>		<u>174,791</u>	<u>13,246</u>
Total ACRS and Other Depreciation			<u>462,688</u>			<u>462,688</u>		<u>174,791</u>	<u>13,246</u>
Grand Totals			462,688			462,688		174,791	13,246
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>462,688</u>			<u>462,688</u>		<u>174,791</u>	<u>13,246</u>

Do Not File

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
78	Dell Optiplex 380 Desktop	8/17/10	1,164			X	582	5	HY 200DB	0	698
			<u>1,164</u>				<u>582</u>			<u>0</u>	<u>698</u>
Other Depreciation:											
1	Vacuum	11/04/03	0				0	0	HY	0	0
2	Oak Desk Chair-RHVC	7/31/91	0				0	0	HY	0	0
3	Cradenza-RHVC	4/30/90	0				0	0	HY	0	0
4	Chairs-RHVC	4/30/90	0				0	0	HY	0	0
5	Printer-RHVC	7/31/91	0				0	0	HY	0	0
6	Software-RHVC	8/31/91	0				0	0	HY	0	0
7	Desk Restoration-RHVC	8/31/91	0				0	0	HY	0	0
8	4 Oak Chairs-RHVC	9/29/94	0				0	0	HY	0	0
9	Oak Desk	10/31/91	0				0	0	HY	0	0
10	File Cabinets	11/01/97	0				0	0	HY	0	0
11	Computer Desk	2/13/97	0				0	0	HY	0	0
12	Desks	1/01/97	0				0	0	HY	0	0
13	Word Processor	1/01/97	0				0	0	HY	0	0
14	Calculator	1/01/97	0				0	0	HY	0	0
15	Chairs	8/01/89	0				0	0	HY	0	0
16	File Cabinet	7/13/90	0				0	0	HY	0	0
17	Refrigerator	4/30/90	0				0	0	HY	0	0
18	Wall Unit	10/31/91	0				0	0	HY	0	0
19	Desk Restoration	10/31/91	0				0	0	HY	0	0
20	Desk Restoration	10/31/91	0				0	0	HY	0	0
21	Desk Restoration	1/31/92	0				0	0	HY	0	0
22	Calculators	2/28/92	0				0	0	HY	0	0
23	Chair Restoration	6/30/92	0				0	0	HY	0	0
24	Desk Restoration	7/31/92	0				0	0	HY	0	0
25	Furniture Refinishing	8/31/92	0				0	0	HY	0	0
26	Fax Modem	6/01/95	0				0	0	HY	0	0
27	Bookcase	6/01/97	0				0	0	HY	0	0
28	Monitor Arm	6/01/97	0				0	0	HY	0	0
29	Phone	7/29/97	0				0	0	HY	0	0
30	3 Chairs	9/01/97	0				0	0	HY	0	0
31	Software-Shelby	8/01/00	0				0	0	HY	0	0
32	Software-Donation Trac	12/21/00	0				0	0	HY	0	0
33	Software	7/24/01	0				0	0	HY	0	0
34	Software	4/25/01	0				0	0	HY	0	0
35	Doors, Electrical, Painting	12/01/96	0				0	0	HY	0	0
36	Renovation	1/31/97	0				0	0	HY	0	0
37	Renovation	2/28/97	0				0	0	HY	0	0
38	Renovation	3/31/97	0				0	0	HY	0	0
39	Renovation	4/30/97	0				0	0	HY	0	0
40	Renovation	5/31/97	0				0	0	HY	0	0
41	Renovation	6/30/97	0				0	0	HY	0	0
42	Renovation	7/31/97	0				0	0	HY	0	0
43	Renovation	8/31/97	0				0	0	HY	0	0
44	Renovation	9/30/97	0				0	0	HY	0	0
45	Renovation	10/31/97	0				0	0	HY	0	0
46	Renovation	11/30/97	0				0	0	HY	0	0
47	Renovation	12/31/97	0				0	0	HY	0	0
48	Renovations Kitchen	7/01/98	0				0	0	HY	0	0
49	Phonesystems Upgrade	2/18/99	0				0	0	HY	0	0
50	Carpet	2/24/99	0				0	0	HY	0	0
51	Power Doors	6/16/99	0				0	0	HY	0	0
52	Wiring For Doors	6/17/99	0				0	0	HY	0	0
53	Door Closer Parts	7/28/99	0				0	0	HY	0	0
54	Door Closer Gears	7/28/99	0				0	0	HY	0	0
55	Pato Benches	10/02/99	0				0	0	HY	0	0
56	Awnings	10/04/99	0				0	0	HY	0	0
57	Remodel Bathroom	5/23/01	0				0	0	HY	0	0
58	Carpet	11/27/01	0				0	0	HY	0	0
59	Broadband Cable Network	12/21/01	0				0	0	HY	0	0
60	Remodel	12/21/01	0				0	0	HY	0	0
61	Partition Wall	2/25/02	0				0	0	HY	0	0
62	Broadband Cable Network	2/15/02	0				0	0	HY	0	0
63	Laser	9/16/93	0				0	0	HY	0	0

Do Not File

48-0796320

AMT Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
64	486 Mini Tower	4/01/95	0			0	0 HY	0	0
65	Memory Expansion	9/01/95	0			0	0 HY	0	0
66	Computer Upgrades	2/06/98	0			0	0 HY	0	0
67	Computer Upgrades	1/29/98	0			0	0 HY	0	0
68	Network Upgrades	9/09/02	0			0	0 HY	0	0
69	Dell Server and Install	9/09/02	0			0	0 HY	0	0
70	Printer	12/12/03	0			0	0 HY	0	0
71	Tape Drive	7/16/04	0			0	0 HY	0	0
72	6 Computers	4/30/04	0			0	0 HY	0	0
73	Computer Server and Software	9/13/06	0			0	0 HY	0	0
74	Leasehold Improvements	7/01/03	0			0	0 HY	0	0
75	Doud Room A/C	8/26/09	1,302			1,302	7 MO S/L	62	186
76	5 Ceiling Fans and Installation	12/30/09	1,687			1,687	7 MO S/L	0	241
Total Other Depreciation			<u>2,989</u>			<u>2,989</u>		<u>62</u>	<u>427</u>
Total ACRS and Other Depreciation			<u>2,989</u>			<u>2,989</u>		<u>62</u>	<u>427</u>
Grand Totals			4,153			3,571		62	1,125
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>4,153</u>			<u>3,571</u>		<u>62</u>	<u>1,125</u>

Do Not File

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

Do Not File

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Vacuum	11/04/03	571	0	0
2	Oak Desk Chair-RHVC	7/31/91	50	0	0
3	Cradenza-RHVC	4/30/90	145	0	0
4	Chairs-RHVC	4/30/90	104	0	0
5	Printer-RHVC	7/31/91	456	0	0
6	Software-RHVC	8/31/91	63	0	0
7	Desk Restoration-RHVC	8/31/91	133	0	0
8	4 Oak Chairs-RHVC	9/29/94	120	0	0
9	Oak Desk	10/31/91	50	0	0
10	File Cabinets	11/01/97	171	0	0
11	Computer Desk	2/13/97	105	0	0
12	Desks	1/01/97	300	0	0
13	Word Processor	1/01/97	75	0	0
14	Calculator	1/01/97	35	0	0
15	Chairs	8/01/89	156	0	0
16	File Cabinet	7/13/90	209	0	0
17	Refrigerator	4/30/90	100	0	0
18	Wall Unit	10/31/91	198	0	0
19	Desk Restoration	10/31/91	213	0	0
20	Desk Restoration	10/31/91	306	0	0
21	Desk Restoration	1/31/92	112	0	0
22	Calculators	2/28/92	42	0	0
23	Chair Restoration	6/30/92	70	0	0
24	Desk Restoration	7/31/92	200	0	0
25	Furniture Refinishing	8/31/92	610	0	0
26	Fax Modem	6/01/95	160	0	0
27	Bookcase	6/01/97	43	0	0
28	Monitor Arm	6/01/97	176	0	0
29	Phone	7/29/97	206	0	0
30	3 Chairs	9/01/97	276	0	0
31	Software-Shelby	8/01/00	3,330	0	0
32	Software-Donation Trac	12/21/00	4,750	0	0
33	Software	7/24/01	500	0	0
34	Software	4/25/01	224	0	0
35	Doors, Electrical, Painting	12/01/96	24,504	628	0
36	Renovation	1/31/97	49,748	1,276	0
37	Renovation	2/28/97	133,440	3,422	0
38	Renovation	3/31/97	16,085	412	0
39	Renovation	4/30/97	54,484	1,397	0
40	Renovation	5/31/97	16,115	414	0
41	Renovation	6/30/97	8,252	212	0
42	Renovation	7/31/97	2,497	64	0
43	Renovation	8/31/97	45,792	1,174	0
44	Renovation	9/30/97	5,414	138	0
45	Renovation	10/31/97	5,122	131	0
46	Renovation	11/30/97	1,291	33	0
47	Renovation	12/31/97	4,285	110	0
48	Renovations Kitchen	7/01/98	17,528	449	0
49	Phonesystems Upgrade	2/18/99	1,238	0	0
50	Carpet	2/24/99	2,508	0	0
51	Power Doors	6/16/99	3,232	82	0
52	Wiring For Doors	6/17/99	266	7	0
53	Door Closer Parts	7/28/99	182	5	0
54	Door Closer Gears	7/28/99	237	6	0
55	Pato Benches	10/02/99	158	0	0
56	Awnings	10/04/99	2,908	0	0
57	Remodel Bathroom	5/23/01	682	24	0
58	Carpet	11/27/01	929	0	0
59	Broadband Cable Network	12/21/01	1,000	0	0
60	Remodel	12/21/01	518	47	0
61	Partition Wall	2/25/02	1,200	30	0
62	Broadband Cable Network	2/15/02	1,179	0	0
63	Laser	9/16/93	588	0	0
64	486 Mini Tower	4/01/95	1,491	0	0
65	Memory Expansion	9/01/95	114	0	0
66	Computer Upgrades	2/06/98	2,668	0	0
67	Computer Upgrades	1/29/98	733	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
68	Network Upgrades	9/09/02	728	0	0
69	Dell Server and Install	9/09/02	5,462	0	0
70	Printer	12/12/03	1,996	0	0
71	Tape Drive	7/16/04	376	0	0
72	6 Computers	4/30/04	4,901	0	0
73	Computer Server and Software	9/13/06	3,876	517	0
74	Leasehold Improvements	7/01/03	16,238	416	0
75	Doud Room A/C	8/26/09	1,302	186	186
76	5 Ceiling Fans and Installation	12/30/09	1,687	241	241
77	Office 2007 Software	10/29/09	4,311	1,437	0
78	Dell Optiplex 380 Desktop	8/17/10	1,164	232	186
	Total Other Depreciation		<u>462,688</u>	<u>13,090</u>	<u>613</u>
	Total ACRS and Other Depreciation		<u>462,688</u>	<u>13,090</u>	<u>613</u>
	Grand Totals		<u>462,688</u>	<u>13,090</u>	<u>613</u>

Do Not File

Federal Statements**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Interest Income	\$ 18,148					
Total	\$ 18,148					

Do Not File

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Other Professional Fees	\$ 20,000	\$ 7,000	\$ 13,000	\$
UW Membership Dues	14,775	14,775		
Membership Dues	5,690	5,690		
Total	<u>\$ 40,465</u>	<u>\$ 27,465</u>	<u>\$ 13,000</u>	<u>\$ 0</u>

Do Not File