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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning

7/01/08, and ending

6/30/09

B Check if applicable

 Address change Name change Initial return Termination Amended return Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

UNITED WAY OF BRAZORIA COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

P O BOX 1959

Room/suite

City or town, state or country, and ZIP + 4

ANGLETON TX 77516

D Employer identification number

74-1362982

E Telephone number

979-849-9402

G Gross receipts \$ 3,466,292

I Tax-exempt status 501(c) (3) ▶ (insert no) 4947(a)(1) or 527J Website: ► www.uwbc.orgK Type of organization Corporation Trust Association Other ►

L Year of formation 1959

M State of legal domicile TX

H(c) Group exemption number ►

Part I Summary

1 Briefly describe the organization's mission or most significant activities

To educate, unite and focus our community's resources in order to
efficiently address the most critical needs of Brazoria County.2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 29

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 29

5 Total number of employees (Part V, line 2a)

5 8

6 Total number of volunteers (estimate if necessary)

6 275

7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

8 Contributions and grants (Part VIII, line 1h)

Prior Year 2,892,598 Current Year 3,362,454

9 Program service revenue (Part VIII, line 2g)

40,196

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

54,728

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

85,197

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,072,719

3,458,751

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

2,160,397

2,649,222

14 Benefits paid to or for members (Part IX, column (A), lines 4-6)

RECEIVED

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

326,985

368,254

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 26) ▶ 150,532

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Beginning of Year 2,763,447 End of Year 3,051,182

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

5/4/10

Signature of officer

Stephanie Cone

Type or print name and title

Stephanie Cone, Executive Director

Date

5/4/10

Preparer's identifying number (see instructions)

P00026239

Preparer's signature

Harry Koester, Jr. CPA

Harry F. Koester, Jr. CPA

Date

5/01/10

Check if self-employed

►

Firm's name (or yours if self-employed), address, and ZIP + 4

H D, Inc.

115 North Dixie Drive, Suite 230

Lake Jackson, TX 77566

EIN

Phone no

979-285-0909

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

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

Yes No

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JUN 02 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

To educate, unite and focus our community's resources in order to efficiently address the most critical needs of Brazoria County.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,842,288 including grants of \$ 1,812,809) (Revenue \$)
DIRECT FUNDING OF 64 HEALTH AND HUMAN SERVICE PROGRAMS IN BRAZORIA COUNTY, TEXAS THAT HELP CHILDREN & YOUTH ACHIEVE THEIR POTENTIAL, PROMOTE FINANCIAL STABILITY AND INDEPENDENCE, AND IMPROVE PEOPLE'S HEALTH.

4b (Code) (Expenses \$ 310,584 including grants of \$ 310,584) (Revenue \$ 38,709)
DISTRIBUTE DONOR DESIGNATED CONTRIBUTIONS TO OVER 100 NON-PROFIT 501(C) (3) AGENCIES.

4c (Code) (Expenses \$ 511,750 including grants of \$ 511,750) (Revenue \$)
HURRICANE IKE EMERGENCY AID GRANTS TO AMERICAN RED CROSS, SALVATION ARMY, VARIOUS FOOD PANTRIES, AND COUNTY GOVERNMENT FOR IMMEDIATE FOOD, SHELTER, UTILITIES, TRANSPORTATION AND MEDICAL ASSISTANCE TO COUNTY RESIDENTS, PLUS DIRECT ASSISTANCE WITH ROOFING AND OTHER STORM RELATED HOME REPAIRS TO QUALIFYING INDIVIDUALS & FAMILIES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 142,487 including grants of \$ 14,079) (Revenue \$)

4e Total program service expenses ► \$ 2,807,109 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U S ?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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 questions 24b-24d and complete Schedule K. If "No," go to question 25

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

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10	X	
11		X
12	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
21	X	
22	X	
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	3
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders		
b	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1a Enter the number of voting members of the governing body	1a 29	
b Enter the number of voting members that are independent	1b 29	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4 X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5 X	
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b 	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11 X	

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
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?		
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16a X	
		16b

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 Form 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 ► **STEPHANIE CONE**
1212 N VELASCO
TX 77516

979-849-9402

ANGLETON

Form 990 (2008)

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's former officers, key employees and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
Jack Brown, Director	2	X					0	0	0
Justin Gilbert Director	2	X					0	0	0
Denese Jackson Director	2	X					0	0	0
Kim F Bowers Director	1	X					0	0	0
Ryan Cade Director	1	X					0	0	0
Rachelle Gold Director	1	X					0	0	0
Joyce Hawkins Director	1	X					0	0	0
Frank Kauffman Director	1	X					0	0	0
Rick Kaufman Director	1	X					0	0	0
Jennifer Marshall Director	1	X					0	0	0
Jaime Morales Director	1	X					0	0	0
Irene Ocanas Director	1	X					0	0	0
Dude Payne Director	1	X					0	0	0
Debbie Pennington Director	1	X					0	0	0
Renae Rives Director	1	X					0	0	0
Bel Sanchez Director	1	X					0	0	0
Matt Sebesta Director	1	X					0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer or director	Individual trustee or director	Institutional trustee	Officer	Key employee			
Dale Smith Director	1	X					0	0	0
Allan Taylor Director	1	X					0	0	0
Charles Wagner Director	1	X					0	0	0
Fred Welch Director	1	X					0	0	0
Sharon Trower Director	1	X					0	0	0
Paula Tobon-Stevens VP	2	X	X				0	0	0
Tonya Visor VP	2	X	X				0	0	0
Maria Sneed VP	2	X	X				0	0	0
Gina Gibbs-Foster Secretary	2	X	X				0	0	0
Greg Dykes Treasurer	2	X	X				0	0	0
Quang Moulton Past Pres	7	X	X				0	0	0
Jason Perez Pres	7	X	X				0	0	0
Stephanie Cone Exec Dir	50		X				71,339	0	19,673
1b Total				►			107,311		19,673

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

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	94,336				
b Membership dues	1b					
c Fundraising events	1c	9,429				
d Related organizations	1d					
e Government grants (contributions)	1e	14,000				
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,244,689				
g Noncash contributions included in lines 1a-1f		\$				
h Total. Add lines 1a-1f			►	3,362,454		
Program Service Revenue	Busn. Code					
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			►			
3 Investment income (including dividends, interest, and other similar amounts)			►	36,192		
4 Income from investment of tax-exempt bond proceeds			►			
5 Royalties			►			
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)			►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	2,020					
b Less cost or other basis & sales exps	2,059					
c Gain or (loss)	-39					
d Net gain or (loss)			►	-39		
8a Gross income from fundraising events (not including \$ 9,429 of contributions reported on line 1c)						
See Part IV, line 18	a	16,757				
b Less direct expenses	b	3,595				
c Net income or (loss) from fundraising events			►	13,162		
9a Gross income from gaming activities						
See Part IV, line 19	a	10,154				
b Less direct expenses	b	1,887				
c Net income or (loss) from gaming activities			►	8,267		
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 Cost rec fees on donor design				38,709	38,709	
b Other income				6		
c						
d All other revenue						
e Total. Add lines 11a-11d			►	38,715		
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			►	3,458,751	38,709	0 57,588

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	2,572,213	2,572,213		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	77,009	77,009		
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	129,281	38,256	63,965	27,060
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	180,148	50,090	79,467	50,591
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,628	1,415	3,362	851
9 Other employee benefits	33,726	9,524	16,391	7,811
10 Payroll taxes	19,471	6,149	7,722	5,600
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,893	1,620	7,012	1,261
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	4,448		1,000	3,448
12 Advertising and promotion				
13 Office expenses	52,495	12,741	11,812	27,942
14 Information technology	8,463	2,624	3,723	2,116
15 Royalties				
16 Occupancy	48,082	17,217	19,682	11,183
17 Travel	6,723	2,084	2,958	1,681
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,124		914	210
20 Interest				
21 Payments to affiliates	34,038	10,552	14,976	8,510
22 Depreciation, depletion, and amortization	1,674	519	736	419
23 Insurance	4,761	1,484	2,031	1,246
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Miscellaneous	8,350	3,612	4,135	603
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,197,527	2,807,109	239,886	150,532
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing	400	1	400
	2 Savings and temporary cash investments	1,659,454	2	1,919,967
	3 Pledges and grants receivable, net	1,092,469	3	1,115,043
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,739	9	8,881
Assets	10a Land, buildings, and equipment cost basis	33,572		
	b Less accumulated depreciation Complete Part VI of Schedule D			
	10b	26,681	3,385	10c 6,891
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,763,447	16	3,051,182
	17 Accounts payable and accrued expenses	29,493	17	48,700
Liabilities	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	163,653	25	170,957
	26 Total liabilities. Add lines 17 through 25	193,146	26	219,657
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	2,408,597	27	2,551,016
	28 Temporarily restricted net assets	161,704	28	280,509
	29 Permanently restricted net assets		29	
	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	2,570,301	33	2,831,525
	34 Total liabilities and net assets/fund balances	2,763,447	34	3,051,182

Part XI Financial Statements and Reporting

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

UNITED WAY OF BRAZORIA COUNTYEmployer identification number
74-1362982**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally Integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the organizations the organization supports

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

(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		
Total							

Schedule A (Form 990 or 990-EZ) 2008 **UNITED WAY OF BRAZORIA COUNTY****74-1362982**

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,511,509	2,853,261	2,721,224	2,892,598	3,362,454	14,341,046
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 1-3	2,511,509	2,853,261	2,721,224	2,892,598	3,362,454	14,341,046
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)						1,856,285
6 Public support. Subtract line 5 from line 4						12,484,761

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,511,509	2,853,261	2,721,224	2,892,598	3,362,454	14,341,046
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,794	33,237	49,325	53,027	36,192	187,575
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)	30,942	38,174	48,081	43,221	38,715	199,133
11 Total support. Add lines 7 through 10						14,727,754
12 Gross receipts from related activities, etc (see instructions)					12	107,618
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	84.7703 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	85.8629 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 **UNITED WAY OF BRAZORIA COUNTY****74-1362982**

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests—2007. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008 **UNITED WAY OF BRAZORIA COUNTY** **74-1362982** Page 4**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)**Part II, Line 10 - Other Income Detail**

Substantially all is cost recovery	\$	199,133
fees charged to process donor	\$	0
designations	\$	0

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF BRAZORIA COUNTY**74-1362982****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
a Total number of conservation easements		Held at the End of the Year
b Total acreage restricted by conservation easements	2a	
c Number of conservation easements on a certified historic structure included in (a)	2b	
d Number of conservation easements included in (c) acquired after 8/17/06	2c	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____	2d	
4 Number of states where property subject to conservation easement is located ► _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Schedule D (Form 990) 2008 **UNITED WAY OF BRAZORIA COUNTY****74-1362982**

Page 2

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

 Yes No**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

 Yes No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

 Yes No

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

Part V Endowment Funds. Complete if 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	391,456				
b Contributions					
c Investment earnings or losses	11,551				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	250				
g End of year balance	402,757				

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

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

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

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	10,487		10,487	
e Other	23,085		16,194	6,891

Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ► 6,891

Schedule D (Form 990) 2008

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

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

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

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

Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Amount
Federal income taxes	
DONOR DESIGNATIONS	170,957
Total. (Column (b) should equal Form 990, Part X, col. (B), line 25.)	170,957

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.

Schedule D (Form 990) 2008 **UNITED WAY OF BRAZORIA COUNTY****74-1362982**

Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,458,751
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,197,527
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	261,224
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	261,224

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	3,147,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,147,667
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	500
b	Other (Describe in Part XIV)	4b	310,584
c	Add lines 4a and 4b	4c	311,084
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,458,751

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

1	Total expenses and losses per audited financial statements	1	2,886,443
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,886,443
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	500
b	Other (Describe in Part XIV)	4b	310,584
c	Add lines 4a and 4b	4c	311,084
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,197,527

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Donor designations \$ 310,584

Part XIV Supplemental Information (continued)

Part XIII, Line 4b - Expense Amounts Included on Return - Other
Donor designations \$ 310,584

Part V, Line 4. Endowment Fund - The UWBC Board has designated certain investments as a quasi-endowment fund. This fund is held in a separate account at a bank trust department. The fund is intended to provide an emergency reserve for UWBC, and earnings from the fund are intended to provide additional support for program and operating costs.

SCHEDULE G
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

**Open To Public
Inspection.**

Name of the organization

UNITED WAY OF BRAZORIA COUNTY

**Employer identification number
74-1362982**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

Revenue	(a) Event #1 OTHER	(b) Event #2 CHILI COOK-OFF	(c) Other Events None	(d) Total Events (Add col (a) through col (c))
				(event type)
1 Gross receipts	14,578	11,608		26,186
2 Less Charitable contributions	5,879	3,550		9,429
3 Gross revenue (line 1 minus line 2)	8,699	8,058		16,757
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	2,871	724		3,595
8 Direct expense summary Add lines 4 through 7 in column (d)				3,595
9 Net income summary Combine lines 3 and 8 in column (d)				13,162

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain

	Yes	No
9a		
10a		
11		
12		

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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

13 Indicate the percentage of gaming activity operated in

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

13a	%
13b	%

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

Name ►

Address ►

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

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

- c If "Yes," enter name and address

15a	
-----	--

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

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

17a	
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SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
 Governments, and Individuals in the U.S.**

 Department of the Treasury
 Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Name of the organization

UNITED WAY OF BRAZORIA COUNTY**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?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	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
Actions Inc of Braz City	1524 East Mulberry Suite 135	Angleton TX 77515	74-1957799	3	105,820				1, 2, 3
Adult Reading Center Inc	2246 North Washington Avenue	Pearland TX 77581-4040	76-0229186	3	62,842				1, 2
Alvin Community Food Pantry	1212 South Durant Street	Alvin TX 77511	76-0809967	3	6,000				3
American Cancer Society	P O Box 570127	Houston TX 77257	13-1788491	3	6,217				2
American Red Cross, Braz City Chapter	P O Box 966	Angleton TX 77516-0966	74-1291800	3	134,803				1, 2, 3
ARC of the Gulf Coast	P O Box 1484	Alvin TX 77512	74-6245736	3	84,679				1, 2
Bay Area Council on Drugs & Alcohol	1300-A Bay Area Blvd #102	Houston TX 77058	74-1842507	3	41,723				1, 2
Boy Scouts of America, Bay Area Council	3020 53rd Street	Galveston TX 77551	74-1109651	3	65,410				1, 2
Boys & Girls Club of Brazoria City	202 W First Street	Freeport TX 77541	74-1688545	3	130,348				1, 2
									► 36
									► 0

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

3 Enter total number of other organizations

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

74-1362982

Schedule I (Form 990) 2008 UNITED WAY OF BRAZORIA COUNTY Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HURRICANE IKE ASSIST	37	73,950			
RENT, REPAIRS & UTILI	12	3,059			

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**1 For program operations, teams of volunteers from our Funds Distribution**

Committee, with staff support, receive and review detailed grant applications from each agency. These applications include budgets, audits, IRS Forms 990, narrative operating plans, and appropriate metrics for assessing program effectiveness. In addition, teams make site visits to each agency. Funding levels recommended by the teams are evaluated and adjusted by the full committee. The committee's recommendations are then presented to our full volunteer Board of Directors for final approval. During the grant period, the agencies make semi-annual

Part III Grants and Other Assistance to Individuals in the United States Use Schedule I-1 (Form 990) if additional space is needed.

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

detailed reports of their operations, finances, and program accomplishments.

2 For donor designations, agencies are verified as valid 501(c) (3)

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3 For Hurricane Ike emergency aid grants, UW staff proposed grants with the oversight and approval of our all volunteer Executive Committee.

Recipient agencies were selected based on their established expertise

Schedule I (Form 990) 2008 UNITED WAY OF BRAZORIA COUNTY

Part III
Grants and Other Assistance to Individuals in the United States
Use Schedule I-1 (Form 990) if additional space is needed.

74-1362982

Page 2

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

and ability to respond in the critical areas of food distribution, shelter and housing, transportation, and medical services. Further agencies were selected to ensure that all sectors of the county were served both geographically and demographically. UW validated that recipient agencies are valid 501(c) (3) agencies and required certification from the agencies of compliance with the Patriot Act

4 To address home repair needs, UW established the Brazoria County Long-Term Recovery Committee, a group of volunteers from throughout the County including representatives from local government, social service

74-1362982

Grant 111: Grants and Contracts: Associations to Individuals in Abu Dhabi

Part III Grants and Other Assistance to Individuals in the United States

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

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

providers, and faith-based organizations. This committee reviews and approves applications from needy individuals for roofing and other home repairs necessitated by the storm.

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

Name of the organization

UNITED WAY OF BRAZORIA COUNTY
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Braz City Assoc for Citizens with Ha — 120 Hospital Drive — — — — Angleton							
Braz City HUD — 1524 E Mulberry STE 162 — — — — Angleton	23-7441833	3	109,986				1, 2
Braz City Youth Homes — P O Box 2006 — — — — TX 77515 — — — — Freeport	74-6000044			140,397			
Brazos Place — P O Box 2470 — — — — TX 77542-2470 — — — — Freeport	74-1564426	3	135,011				1, 2
Brazosport Cares — 916 N Gulf Blvd — — — — Freeport	74-2122271	3	79,385				1, 2
Christian Helping Hand Inc — 3402 Swenson Road — — — — Pearland	76-0235164	3	6,000				3
Communities In Schools — 500 N Chenango Suite 303 — — — — Angleton	76-0122717	3	22,103				3
Community Advisory Bd for So Braz C — P O Box 2553 — — — — TX 77515 — — — — Freeport	76-0392820	3	80,647				1, 2
Community Food Pantry — P O Box 645 — — — — TX 77516 — — — — Angleton	76-0607911	3	91,584				1, 2
First Assembly of God Church-Brazos — P O Box 980 — — — — TX 77422 — — — — Brazoria	76-0300946	3	6,000				3
Galveston Cty Community Action — P O Box 3206 — — — — TX 77552 — — — — Galveston	74-0040357	3	6,000				3
			25,000				3

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

3 Enter total number of other organizations

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

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service
Continuation Sheet for Schedule I (Form 990)

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

Name of the organization

UNITED WAY OF BRAZORIA COUNTY**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts, San Jacinto Council — 3110 Southwest Freeway — TX 77098	74-6001254	3	37,612				1, 2
Hand in Hand Child Dev Ctr P O Box 1609 — TX 77512-1609	74-1668472	3	101,945				1, 2
Hospice Care Team 1708 Amburn Road Suite C TX 77591 —	74-2188540	3	82,109				1, 2
Lone Star Legal Aid 1415 Fannin, 3rd Floor — TX 77002 —	74-1537787	3	20,272				1, 2
Mainland Communities United Fund P O Box 3098 — TX 77592 —	74-1257159	3	7,119				2
Magagorda Cty Unified Fund P O Box 972 — TX 77404-0972	74-6016771	3	8,619				2
N A M I Texas Gulf Coast P O Box 4096 — TX 77512 —	76-0276724	3	21,844				1, 2
Pearland Neighborhood Ctr 2335 North Texas — TX 77581 —	75-2713314	3	91,387				1, 2, 3
River of Hope P O Box 775 — TX 77531 —	20-4357194	3	49,000				3
Saint Thomas Center 415 South Eskine — TX 77515 —	74-1469749	3	69,000				3
Salvation Army of Braz Cty P O Box 2029 — TX 77542 —	75-0800678	3	177,382				1, 2, 3

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

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

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

UNITED WAY OF BRAZORIA COUNTY

Department of the Treasury
Internal Revenue Service

Part 1. Continuation of Grants and Other Assistance to Gover

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwest SIDS Research Institute							
100 Medical Drive #220	—	—	—	—	—	—	1, 2
Lake Jackson	TX 77566		75-2001036	3	79,152		
Sylvia Kuvet Memorial Child Care Ct							
1912 Victoria Street	—	—	—	—	—	—	1, 2
Freepart	TX 77541		74-1683501	3	84,439		
United Way of Galveston Inc							
P O Box 2250	—	—	—	—	—	—	
Galveston	TX 77553-2250		74-1198299	3	7,481		2
United Way of Greater Houston							
50 Waugh Drive	—	—	—	—	—	—	2
Houston	TX 77007		74-1167964	3	21,101		
Women's Center of Brazoria City							
P O Box 476	—	—	—	—	—	—	
Angleton	TX 77516-0476		76-0049380	3	143,010		
Youth & Family Counseling Services							
P O Box 1611	—	—	—	—	—	—	1, 2
Angleton	TX 77516-1611		74-2203509	3	157,739		
Grants < 5,000	—	—	—	—	—	—	
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3 Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations

3 Enter total number of other organizations

111

1

UNITED WAY OF BRAZORIA COUNTY 74-1362982

UNITED WAY OF BRAZORIA COUNTY

74-1362982

Page 2

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

UNITED WAY OF BRAZORIA COUNTY

Employer Identification number
74-1362982

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BRAZORIA COUNTY

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
74-1362982

Form 990, Part III, Line 4d - All Other Achievements

"Helpline" information and referral service, county-wide needs assessment and planning, "Neighbor Day" home repairs program for needy individuals, and Women In Leadership Society scholarship and clothing assistance programs for single women rejoining the workforce.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
Prior to filing, each member of our Board of Directors is furnished a copy of the Form 990 and it is presented for further review and discussion at a meeting of the Board.

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

Our conflict of interest policy has been reviewed and approved by our Board. Each year, all members of the Board and all staff are required to complete updated Conflict of Interest forms.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
A personnel committee composed of Board members conduct an annual performance review of the Executive Director.

Compensation level is recommended by the committee to our Executive Committee. The recommendation is based on this performance evaluation plus reference to salary surveys conducted by United Way Worldwide for chief professional officers of comparably sized and situated United Ways, with

Schedule O (Form 990) 2008

Page 2

Name of the organization

UNITED WAY OF BRAZORIA COUNTY

Employer identification number

74-1362982

further reference to compensation levels of other nonprofit organizations in our geographic area. The final decision on compensation is made by the Executive Committee.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents, conflict of interest policy, and financial statements are available at our offices upon request.