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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2009
Open to Public Inspection

<u> </u>	For the 200	19 cal <u>endar y</u>	ear, or tax year	beginning	, and	i ending							
В	Check if applica		C Name of organi	zation) Empl	oyer ident	tification r	number
	Address change	e use IRS label or		United	Way of Galv	reston, Inc	c.						
	Name change	print or	Doing Business	s As						74	<u>-1198</u>	<u> 299</u>	
\equiv	•	type	Number and str	reet (or P O box if mail is r	ot delivered to street addre	ess)		Room/suite	.]:	Telep	hone numb	per	
\square	Initial return	See	P O Bo	x 2250						409	9-762	-4357	7
\sqcup	Termination	Specific Instruc-	City or town,	state or country, and	ZIP + 4					Gross rec	eipts\$	4,529	,161
X	Amended return		Galves	ton	TX 7	7553-2250							
\Box	Application pen	ding F Nam	e and address of	principal officer					,	H(a) Is this	s a group retu	rn for	
Ш	Application pen	lully								affilia		Yes	X No
									ין	H(b) Are a	ll affiliates	Yes	No
											," attach a lis	t (see instruc	ctions)
$\overline{}$	Tax-exempt	status X	501(c) (3) ◀ (insert no)	4947(a)(1) or	527					, 4.66.70	. (000	,
÷	Website •			aygalvesto					──.	d(c) Grou	p exemption r	number -	
"		zation X Co			<u> </u>		Π.,			53			ile TX
				st Association	Other -			Year of forma	tion 13	33	M State o	f legal domic	le IA
	Part I	<u>Summa</u>											
					t significant activitie								
e	C	ollecti	on and di	stribution	of contribu	itions							
and	1												
Ę													
Activities & Governance	2 Che	ck this box	If the org	anization discontini	ued its operations of	or disposed of mo	ore than 25	5% of its	net asse	ts			
G	3 Num	ber of votine		the governing body		•				3	28		
S	4 Num		_		verning body (Part	VI line 1b)				4	28		
ij	5 Tota		employees (Pa	-	voiling body (i dit	VI, IIIIO 15)				5	6		
훚	6 Tota									6	52		
ĕ				timate if necessary		40					72		
		J			VIII, column (C), lir	ne iz				7a			
	b Net	unrelated bu	isiness taxable	income from Form	990-1, line 34		ī		Prior Year	7b		urrent Year	0
	0 000		,196	600		.,152							
e n	8 Contributions and grants (Part VIII, line 1h) 1,19 9 Program service revenue (Part VIII, line 2g) 1,30												
Revenue	9 Prog	•	,				}			, 379 , 305		,177	
ě	10 Inve												<u>,103</u>
_	11 Othe	er revenue (l	Part VIII, colum	n (A), Ines 5, 6d, 6	90,90 100 pmp 110	′ F				<u>,365</u>			<u>,648</u>
_					al Part VIII, column			2		<u>,649</u>		,529	
	13 Gran	nts and simil	lar amounts par	ıd (Par 🎗 column	(A), lines 1-3)	ပ္တု	1		400	<u>,069</u>	1	.,208	<u>,190</u>
	14 Ben	efits paid to	or for members	s (Part X) columbly	A), I n 049012	 							
s	15 Sala	ries, other c	compensation, e	employee benefits	(Part IX, column (A	Africs 5–10)			156	,941		193	,538
Se	16a Prof	essional fun	draisino fees (f	Part IX column (A)	rhne Me)]=			•				
xpenses	h Tota	l fundraising	expenses (Pa	ırt IX, column(b),	ドでい。 Control	<u></u> 180,603	3 1						
X				nn (A), lines 11a–11	•		·		300	,637	3	,959	.449
		•	•	` ''	IX, column (A), lin	o 25)				,647		,361	
-	1	•				e 20)	<u> </u>	1		,002		-832	
SIGNATION.	19 Rev	criue less ex	Apenses Subtra	act line 18 from line	7 14 , , , , , , , , , , , , , , , , , ,				g of Curre			Ind of Year	
Š	20 Tota	al accete (Da	art X, line 16)				ŀ			,183		, 226	
	20 Tota	•	Part X, line 26)				ŀ			, 399			,537
	20 11-1	•	•		lino 20		ŀ	2		, 399 , 784		854	
$\boldsymbol{\epsilon}$	art II			ubtract line 21 from	i line 20				, 000	, / 0=		, 03=	, 700
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Si	gn		\rightarrow							11	<u> </u>		
He	ere e	Signati	ure of officer	Rich	2000	0.	٨	1		Date	•		
S	5	120	$\mathcal{N}\mathcal{N}$	PASH.	SXCCI	<u> </u>	ned	5			_		
7017	<u>ა</u>	Type o	r print name and	title									
		Preparer's	11	18 1200	1		Date		Check if			er's identifyin	g number
Pa	aid	signature	W:11:	am C. Ansel	.1, CPA		05/3	0/12	self- employe			structions) 07581	48
Pr	eparer's			DRDA, PLL			03/3	J/ 14	еприуе	Ι		5-022	
Us	se Only	Firm's name	e (or yours							EIN		<u>,-UZZ</u>	3034
		if self-emplo	-,,	1011 Trem		- 0				Phone		76-	^>-
_		address, ar		Galveston						no	▲ 409-	$\overline{}$	
_	<u> </u>				ove? (see instructio							Yes	
Fo DA		ct and Pape	erwork Reduct	tion Act Notice, se	e the separate ins	tructions.					۱۵	Form 99	JO (2009)

services?

If "Yes," describe these changes on Schedule O

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

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 4,330,410) **5,131,314** including grants of \$ 1,208,190) (Revenue \$ 4a (Code) (Expenses \$ Grants to charitable member agencies in the Galveston area

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

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

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$

5,131,314 4e Total program service expenses ▶

Yes X No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	-100
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_==
,	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
4		4		x
5	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	 -		<u> </u>
o o	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	٠,		
6				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		x
_	complete Schedule D, Part I	₽		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		x
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		x
	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1 40	İ	x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	\vdash	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		x	
	VII, VIII, IX, or X as applicable	11		\vdash
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		ĺ	
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	i		
•	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		İ	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42		x
404	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N	12	 	 ^
128	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	x
		14a		X
14a	Did the organization maintain an office, employees, or agents obtained of the officed states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		-
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1-15	 	
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		 - -
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		 *
13	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X
	Did the organization operate one or more mospitals. It 165, complete contents it		000	

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

<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance				_	1
	•			_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ļ	1	
	U S Information Returns Enter -0- if not applicable	1a_	_1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е			
	gaming (gambling) winnings to prize winners?			10	; 	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<i>c</i>			1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		, x	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			21	^ ^	+
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
20	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
3a	this return?	u by		3	.	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			31		†
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		• •			İ
	account)?			4:	,	x
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5:	3	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	ardıng			İ	
	Prohibited Tax Shelter Transaction?			5	`	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				
	organization solicit any contributions that were not tax deductible?			6	3	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		C)	_	
-	gifts were not tax deductible?			6	'	+
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds				
а	and services provided to the payor?	goods		7.	.	-
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7	\neg	+
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?			7	:	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7	9	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7	<u> </u>	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			_7	9	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as		i _		
_	required?			7	<u> </u>	+
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?					1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		
a	Did the organization make any taxable distributions under section 4966?			9	a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9	\rightarrow	1
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1	
11	Section 501(c)(12) organizations. Enter					1
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b	l		-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form) 	1:	2a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			

Form 990 (2009) United Way of Galveston, Inc. 74-1198299

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 28			
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			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		├─
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		7.5	
	form?	11	X	├─
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	32
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	1.51		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40		
	describe in Schedule O how this is done	12c		-
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		_
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?	450		x
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	135		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		-
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	100		
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 X 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 ▶ Kenna Bush 1902 Mechanic			
G	alveston Tevas TY 77551	400-70	2 - 4	357

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	ition (c) call t	that a	(vlga	(D) Reportable	(E) Reportable	(F) Estimated		
nane are vite	hours per week	Individual trustee or director		Officer				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
Kenna Bush												
Exec Direct	40.00			х			<u> </u>	75,150	0	0		
Vic Pierson										_		
President		-		X			<u> </u>	0	0	0		
Brent Masel	•			l						_		
Past Pres		₩	-	x			<u> </u>	0	0	0		
Miles Shelton				l					•			
VP Campaign		-		X	-	1	ļ	0	0			
Kevin Walsh									•	_		
VP Admin		 	┢	X		┼	<u> </u>	0	_0			
Mary Beth Bassett	F			۹,					•	_		
VP Public Re		╄	\vdash	X	-	-		0	0	0		
Al LeBlanc VP Planning				x				o	0	d		
VI TIMILLING												
				-								
						-						
					_							

_Part	VII Section A. Officers	Directors, Trus	tees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	· · · · · · · · · · · · · · · · · · ·			
	(A) Name and Title	(B) Average hours per			checl		hat a		(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
	•	week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fi org	other pensation om the anization		
			ustee	trustee		/ee	npensated					d related anizations		
				<u> </u>		_					-			
														
	· · · · · · · · · · · · · · · · · · ·													
]	ļ											
	1999 II.		<u> </u>											
	Total							>	75,150					
	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	re) who received more than	\$100,000 in				
	Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ted	Γ	Yes	No X	
4	For any individual listed on lin the organization and related o	e 1a, is the sum	of re	port	able	com	pens	satio				4	x	
5	individual Did any person listed on line 1 services rendered to the orgal									or 		5	x	
1	ion B. Independent Contract Complete this table for your fire compensation from the organic	ve highest comp	ensa	ated	ınde	pend	dent o	cont	ractors that received more	than \$100,000 of	- , -	 :		
		(A) I business address							Descrip	(B) toton of services		(C) Compens	ation	
								-						
			_											
													_	
	Total number of independent more than \$100,000 in compe			-			ed to	tho	ose listed above) who receiv	ved		'0 Form 99	0 (2000)	

Pa	rt VI	II Statement of Reve	nue						_
1		•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS		Fodostad samasas	4.				revenue		512, 513, or 514
aut	1a	Federated campaigns	1a						
ge.	D	Membership dues	1b						
ifts	ر ا	Fundraising events	1c 1d						
s E	a -	Related organizations							
Sir	e	Government grants (contributions)	1e						
Program Service Revenue Contributions, gifts, grants	ī	All other contributions, gifts, grants, and similar amounts not included above	1f	1,1	52,440				
Con	g	Noncash contributions included in lines 1a Total. Add lines 1a-1f	-1f \$			1,152,440			
e e	•••	Total: //dd iii/cs Td Ti		Ti	Busn. Code				
enr	2a	Recovery Fund		ľ		2,335,997	2,335,997	•	
Rev	b	Restore & Rebuild		F		841,973	841,973		
<u>e</u>	c	Nebecte a Nebatia		ŀ					
eΓ	d			F					
E	-			ŀ					
gra	f	All other program service reve	nue	ŀ			<u>-:</u>		
Pro	a	Total. Add lines 2a–2f				3,177,970			
	3	Investment income (including	dıvıdends	s. interes	t. and				
		other similar amounts)		,	•	77,103			77,103
	4	Income from investment of tax	-exempt	bond pro	oceeds >	_			
	5	Royalties			▶				
		(ı) Real		(II) Pe	rsonal				
	6a	Gross Rents							
	ь	Less rental exps							
	С	Rental inc or (loss)		-					
	d	Net rental income or (loss)			▶		-		
	7a	Gross amount from (i) Securities	s	(II) C	Other				
		sales of assets other than inventory							
	b	Less cost or other							
		basis & sales exps						•	
	С	Gain or (loss)							
		Net gain or (loss)			>	j			
•	8a	Gross income from fundraising eve	nts						
une		(not including \$							
eve		of contributions reported on line 1c)						
5		See Part IV, line 18	a						
Other Reven	ь	Less direct expenses	ь <u>_</u>						
0	C	Net income or (loss) from fund	iraising e	vents	•				
	9a	Gross income from gaming activities	es						
		See Part IV, line 19	a						
	ь	Less direct expenses	ь						
	С	Net income or (loss) from gard	ning activ	rities	•				
	10a	Gross sales of inventory, less							
		returns and allowances	a						
	ь	Less cost of goods sold	ь_						
	<u> </u>	Net income or (loss) from sale			•				
		Miscellaneous Revenue	е		Busn Code				
	11a	Other Revenue		ļ		121,648	121,648		
	ь			ļ					
	С								
	d	All other revenue		l					
	е	Total. Add lines 11a–11d			•	121,648			77 100
	12	Total Revenue. See instruction	ons		▶	4,529,161	3,299,618	0	77,103

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).

	All other organizations must co				·
	not include amounts reported on lines 6b, 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		1		
-	organizations in the U.S. See Part IV, line 21	1,204,486	1,204,486		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	3,704	3,704		
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	75,150	30,060	11,273	33,817
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	84,110	33,643	12,617	37,850
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits	18,696	7,478	2,804	8,414
10	Payroll taxes	15,582	6,233	2,337	7,012
11	Fees for services (non-employees)	-	_		
а	Management				
ь	Legal				
С	Accounting	29,245	11,698	4,387	13,160
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	8,071	3,228	1,210	3,633
14	Information technology	4,905	1,962	736	2,207
15	Royalties				
16	Occupancy	19,269	7,707	2,890	8,672
17	Travel	775	310	116	349
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,106	442	166	498
20	Interest				
21	Payments to affiliates	13,598	13,598		
22	Depreciation, depletion, and amortization	-			
23	Insurance	3,584	1,433	538	1,613
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)				
а	Galv Recovery Fund Expens	1,918,709	1,918,709		
b	Galv. Co. Restore & Rebui	1,839,571	1,839,571		
С	Other Expenses	120,164	48,065	18,025	54,074
d	Campaign Promotion	32,819			32,819
е	Community Investments	19,891	19,891		
f	All other expenses	-52,258	-20,904	-7,839	-23,515
25	Total functional expenses. Add lines 1 through 24f	5,361,177	5,131,314	49,260	180,603
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation		_		
DAA					Form 990 (2009)

Part 2	X Balance Sheet		—т	/ D\
	•	(A) Beginning of year		(B)
				End of year
1	Cash—non-interest bearing	1,447,364 1,179,558	1	487,599
2	Savings and temporary cash investments		2	1,421,949
3	Pledges and grants receivable, net	1,204,901 126,119	3	1,296,113
4	Accounts receivable, net	126,119	4	. <u></u>
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of	}	_	
l	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		l	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	ŀ		-
ဖ	Part II of Schedule L		6	
Assets	Notes and loans receivable, net	14 010	7	10.076
§ 8	Inventories for sale or use	14,212	8	12,076
9	Prepaid expenses and deferred charges	9,029	9	8,568
108	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D			
6	Less accumulated depreciation [10b]		10c	
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)	3,981,183	16	3,226,305
17	Accounts payable and accrued expenses	10,249	17	11,385
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
ig	employees, highest compensated employees, and disqualified			
ゴ	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	262 472
25	Other liabilities Complete Part X of Schedule D	284,150	25	360,152
26	Total liabilities. Add lines 17 through 25	294,399	26	371,537
Balances 27 28	Organizations that follow SFAS 117, check here ▶ X and	ŀ		
일	complete lines 27 through 29, and lines 33 and 34.			4 000 074
등 27	Unrestricted net assets	1,326,943		1,839,251
<u>m</u> 28	Temporarily restricted net assets	2,359,841	28	1,015,517
29	·		29	
죠	Organizations that do not follow SFAS 117, check here ▶			
5	and complete lines 30 through 34.			
y 30	Capital stock or trust principal, or current funds		30	
9 31			31	
8 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund 30 31 32 33 34	Total net assets or fund balances	3,686,784	33	2,854,768
Z 34	Total liabilities and net assets/fund balances	3,981,183	34	3,226,305

Form **990** (2009)

Form	1 990 (2009) United Way of Galveston, Inc. 74-1198299	_	Pa	ge 12
	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			١.
	X Separate basis Consolidated basis Both consolidated and separate basis		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

United Way of Galveston, Inc.

Employer identification number 74-1198299

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III–Functionally integrated Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (ii) EIN (vii) Amount of the organization in organization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? ับรว support? (see instructions)) Yes Yes Yes No No No

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 Uni					-1198299	Page 2
Pa	art II Support Schedule for O	rganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009_	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	876,323	1,261,250	1,263,441	1,196,600	1,152,440	5,750,054
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	876,323	1,261,250	1,263,441	1,196,600	1,152,440	5,750,054
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						5,750,054
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	876,323	1,261,250	1,263,441	1,196,600	1,152,440	5,750,054
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,741	38,897	48,138	42,305	77,103	225,184
9	Net income from unrelated business activities, whether or not the business is regularly carried on					o	
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10	400	21,666	4,097	62,365	121,648	210,176 6,185,414
	Gross receipts from related activities, etc	(see instructions)			L	12	3,299,618
12	First five years. If the Form 990 is for the	,	accord third for	eth or fifth toy you	or as a section E01		3,299,616
13	organization, check this box and stop her	•	, secona, uma, ioc	irtii, Or iiitii tax yea	ir as a section son	(0)(3)	▶ □
Sec	tion C. Computation of Public Se		300				
	Public support percentage for 2009 (line 6			n (fl)		14	92.96%
14 15	Public support percentage from 2008 Sch	• • • •	•	(1))		15	95.54%
	33 1/3 % support test—2009. If the organ	•		12 and line 14 is:	22 1/2 % or more		93.34 /6
16a	and stop here . The organization qualifies			15, and line 14 is	33 1/3 /8 01 11101 0 , 1	CHECK (IIIS DOX	► X
b	33 1/3 % support test—2008. If the organ		ŭ	or 16a, and line 1	15 is 33 1/3 % or m	ore check this	
U	box and stop here. The organization qual				13 13 33 173 78 01 111	iore, crieck triis	▶□
17a					sa or 16h and line	14 is 10% or	
174	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circums			•			▶ [
b	10%-facts-and-circumstances test—200		-	, ,	• •	•	
U	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circums						▶ □
18	Private foundation. If the organization did		-	•			

74-1198299

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Schedule A (Form 990 or 990-EZ) 2009 United Way of Galveston, Inc.

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.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	<u> </u>		 			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				,	T .	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u> </u>				
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, check this box and stop her	-	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	11(c)(3)	▶ [
Sec	tion C. Computation of Public Su		ntage			-	<u> </u>
15	Public support percentage for 2009 (line 8			nn (f))		15	%
16	Public support percentage from 2008 Sch	, ,	•	\ //		16	%
	ction D. Computation of Investme					1 - 5 1	
17	Investment income percentage for 2009 (I			3, column (f))		17	%
18	Investment income percentage from 2008		•			18	%
19a	33 1/3 % support tests—2009. If the orga			ne 14, and line 15 i	s more than 33 1/		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	17 is not more than 33 1/3 %, check this b						►ſ
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check t						▶ □
20	Private foundation. If the organization did	•	•	•		•	▶ □

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Schedule A (Form 990 or 990-EZ) 2009 United Way of Galveston, Inc. 74-1198299

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. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

\$ 210,176

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

ıme	or the organization		Employe	er identification number
Un	ited Way of Galveston, Inc.		74-1	198299
Par		nds or Other Similar Funds or A 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)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be		
	used only for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" to For	m 990, i	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	call that apply)		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically im	portant lai	nd area
	Protection of natural habitat	Preservation of certified historic s	structure	
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			<u></u>
				Held at the End of the Tax Year
а	Total number of conservation easements		<u>2a</u>	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	
	Number of conservation easements included in (c) acquired after 8/17		2d	
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	tion during	g
	the taxable year ▶			
4	Number of states where property subject to conservation easement is	located		
	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the y	ear	
	-			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	> \$	_		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
	In Part XIV, describe how the organization reports conservation easen	•		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that c	iescribes	
Do	the organization's accounting for conservation easements rt III Organizations Maintaining Collections of Art,	Historical Transures or Other	Similar	Accate
га	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 8.	Jiiiiiai	Addets.
1a	If the organization elected, as permitted under SFAS 116, not to repor		eet works	of
	art, historical treasures, or other similar assets held for public exhibition			
	provide, in Part XIV, the text of the footnote to its financial statements			
b	If the organization elected, as permitted under SFAS 116, to report in	its revenue statement and balance sheet	works of a	art,
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic servic	e,
	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, o	r other similar assets for financial gain, pr	ovide the	 _
	following amounts required to be reported under SFAS 116 relating to	these items.		
а	Revenues included in Form 990, Part VIII, line 1		•	· \$
b	Assets included in Form 990, Part X		•	· \$

		of Galvest			74-11				Page 2
Pa	art III Organizations Maintaining (sets (contin	uec	<u>l)</u>
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, ch	eck any of the fol	llowing that a	ire a significa	ant use of its			
а	Public exhibition	d Loan	or exchange pro	grams					
b	Scholarly research	e Othe	_	•					
C	Preservation for future generations				. – – –		_		
4	Provide a description of the organization's colle	ections and explain how	they further the	organization'	's exempt pu	rpose in			
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of art	, historical treasu	res, or other	sımılar		☐ Ye	. [No
Pa	art IV Escrow and Custodial Arrar					"Yes" to Fo			110
ГС	IV, line 9, or reported an amo				iiisweied	163 (010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4.					to not				
та	Is the organization an agent, trustee, custodian	or other intermediary	or contributions (or other asse	its not			Г	¬
	included on Form 990, Part X?						Ye	es [No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the follows	ng table						
							Amoun	ιτ	
	Beginning balance					1c			
d	Additions during the year					_1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fore	m 990, Part X, line 21?						es [No
b	If "Yes," explain the arrangement in Part XIV								
Pa	art V Endowment Funds. Comple	ete if organization	answered "Ye	es" to Forn	n 990, Pa	rt IV, line 1	0.		
		(a) Current year	(b) Prior year	r (c) Two	years back	(d) Three years	s back (e) Fou	r year	s back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains,								
•	and losses					:			
ч	Grants or scholarships							-	
	Other expenditures for facilities								
-									
	and programs								
	Administrative expenses								
g	· · · · · · · · · · · · · · · · · · ·	L		ļ					
2	Provide the estimated percentage of the year e								
а	Board designated or quasi-endowment	%							
b									
	Term endowment ► %								
3a	Are there endowment funds not in the possess	sion of the organization	that are held and	l administere	d for the				
	organization by							Yes	No_
	(i) unrelated organizations						3a(ı)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organizations I	listed as required on So	hedule R?				3b		<u>.l.</u>
4	Describe in Part XIV the intended uses of the o	organization's endowmi	ent funds						
Pa	art VI Investments—Land, Buildir	ngs, and Equipme	nt. See Form	1990, Par	t X, line 10	0			
	Description of investment	(a) Cost or other basis	(b) Cost	or other	(c) Acc	umulated	(d) Book	valu	е
		(investment)	basis ((other)	depr	eciation			
1a	Land								
	Buildings		-						
	: Leasehold improvements				1				
	Equipment								
	Other						<u> </u>		
	il. Add lines 1a through 1e (Column (d) must eq	ual Form 900 Part Y o	rolumn (R) line 1	O(c) \	1	•	 		
iota	ii. Add intes ta undugit te (Column (d) must eq	uar i Ullil 330, Fail A, l	ا ۱۱۱۱ (ت) با النابية الم	<u> </u>					

	Form 990) 2009 United way or Galve		<u> </u>	Page 3
Part VII	Investments—Other Securities. See Forn			
	 (a) Description of security or category 	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
Financial den	vatives			
Closely-held	equity interests			
Other				
		_		
		_		
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		· - 	-	
		<u> </u>		·
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form	n 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method o	fvaluation
			Cost or end-of-ye	ar market value
			. =	
	<u> </u>			
		···		
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·				·
	 -			
	-			
				
Total. (Colum	nn (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
-				
				-
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)	•	>	
Part X	Other Liabilities. See Form 990, Part X, li	ne 25.		-
1	(a) Description of liability	(b) Amount		
Federal incor	ne taxes			
	Designated Payable	324,197		
	ations Payable	35,955		
ATTOC	actons rayable	33,333		
Total (Colum	on (h) must equal Form 990. Part V. col. (P) line 25.)	▶ 360,152	1	
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	ootnote In Part XIV, provide the text of the footnote to the	e organization's financial stateme	nts that reports the	
organization's	s liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 United Way of Galveston, Inc.		74-119829	9	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	<u></u>
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Revenue per Ref		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ı	1		
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIV)	2d	L	_	
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	ſ	ı	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b	L	4.	
	Add lines 4a and 4b Table source Add lines 2 and 4a (This must asked Form 900, Both Lines 12.)			4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Int XIII Reconciliation of Expenses per Audited Financial Statem	onte	With Expenses per F	_	n
1	Total expenses and losses per audited financial statements	CIICS	With Expenses per i	1	···
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			· · · ' - ·	
a	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, II	nes 1a	and 4, Part IV, lines 1b		-
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lii	nes 2d	and 4b Also complete		
this p	part to provide any additional information				
					
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Sched	lule l	D (Fo	orm 9	90) 2	2009	U	nit	tec	v E	۷as	7 0)£	Ga	1ve	est	on	,	In	C.		7	74-:	<u> 119</u>	82	99						Page 5
Sched Par	t X	IV	Su	pple	emer	ntal	Info	orm	atio	on ((cor	ntini	ued)																	
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SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

Employer Identification number 74-1198299

Open to Public Inspection

OMB No 1545-0047

United Way of Galv	Galveston, Inc.	•			74-11	74-1198299		
Part I General Information on Grants and Assistance	d 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	the amount of the gr ance? onitoring the use of c	ants or ass grant funds	nts or assistance, the grantees' ant funds in the United States	eligibility for the grants	or assistance, an	q	X Yes	§
art II	overnments an	d Organ	izations in the Un	ited States. Com	plete if the org	anization answ	vered "Yes" to	
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	recipient that rec 0) if additional s _l	seived m pace is r	iore than \$5,000. needed	Check this box if	no one recipie	nt received mo	re than \$5,000. U	Jse ▶ □
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	rant
American Red Cross								
PO Box 16228 Galveston TX 77552	53-0196650		40,313					!
ADA Womens Center								
0		•	,					
Texas City TX 77590	76-0202814		690′9					
Advocacy Center								
5710 Avenue S 1/2								
Galveston TX 77551	31-1511733		20,967					
Boy Scouts of America								
3020 53rd Street				ü				
Galveston TX 77551	74-1109651		8,102					
Children's Center					•			
4418 Avenue M					•	•		
Galveston TX 77550	76-0074326		8,997					
Gulf Coast Big Brothers & Big S.								
400 Tiki Dr.								
Galveston TX 77554	51-0163281		6,432					
Galveston College Foundation								
4015 Avenue Q								
Galveston TX 77550	76-0512266		11,860					
GISD Education Foundation								
			·			-		
Galveston TX 77553	30-0108354		8,877					
Gleanings from the Harvest						-		
624 4th Avenue North								
Texas City TX 77590	20-0408375		5,255					

Enter total number of section 501(c)(3) and government organizations 7

Enter total number of other organizations

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Schedule I (Form 990) 2009

	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.		t of (e) Method of valuation (book, (f) Description of non-cash ass	stance FMV, appraisal, other)	
74-1198299	mplete if the or	j.	(d) Amount of	non-cash assistance	
ton, inc.	United States. Co	additional space is needed.	(c) Amount of	cash grant	
	to Individuals in the	(Form 990) if addition	(b) Number of	recipients	
Schedule 1 (Form 990) 2009 United Way of Galvesto	Part III Grants and Other Assistance to Individuals	Use Part IV and Schedule I-1 (Form 990) if ac	(a) Type of grant or assistance		

	Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if additio	nal space is needed.			•
<u></u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2009

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SCHEDULE 1-1

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

Employer identification number

Open to Public Inspection

OMB No 1545-0047 2009

(h) Purpose of grant or assistance 74-1198299 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (c) IRC Code section (d) Amount of cash grant if applicable assistance (f) Method of valuation (book, FMV, appraisal, cther) 26,832 31,573 29,459 8,243 954,794 11,414 Inc. United Way of Galveston, 76-0518766 74-1384864 58-0660607 74-1109733 76-0121011 (p) EIN ١ ١ Į 1 ١ I l I ł ١ ١ ١ 77550 77550 77553 77553 77539 ١ ١ I 1 1 (a) Name and address of organization Galveston County Recovery Fund I 1 ١ ١ ž Iၾ ı 1353 FM646 West, Suite 201 į 1 ١ ž ١ ١ 1 ı ı ١ or government Resource & Crisis Center 2817 Post Office Street 1 ı 1 ı St. Vincent's House 2622 Market Street ١ Catholic Charities 1 I I ١ 1 l ١ Name of the organization Salvation Army PO_BOX_990_ PO_BOX 16199 PO_Box 1545 Jesse Tree Galveston Galveston Galveston Galveston Galveston Dickingon ١ Į Part 1 I I

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Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	r Assistance to Indiv	iduals in the United Sta	a tes (Schedule I (Forn	า 990), Part III.)	
(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

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United Way of Galveston, Inc.

Employer identification number

74-1198299

Amended Return Explanation

Amend return after audited financial statements received.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Board meeting to review and discuss tax report

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