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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

2009

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number B Check if applicable Please UNITED WAYS OF TEXAS INC use IRS label or Address change 74-1618608 Doing Business As E Telephone number print or type. See Name change (512) 478-6601 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 1,745,358 1122 COLORADO No 102 Terminated tions. City or town, state or country, and ZIP + 4 AUSTIN, TX 78701 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for Karen R Johnson affiliates? 1122 COLORADO No 102 AUSTIN, TX 78701 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► WWW UWTEXAS ORG K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► **L** Year of formation 1969 **M** State of legal domicile TX Part I Summary Briefly describe the organization's mission or most significant activities UNITED WAYS OF TEXAS EXISTS TO IMPROVE TEXAS COMMUNITIES AS PLACES TO LIVE AND DO BUSINESS THROUGH MEMBER SERVICES, STATEWIDE INITIATIVES AND PUBLIC POLICY Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 17 Number of independent voting members of the governing body (Part VI, line 1b) . . . 7 Total number of employees (Part V, line 2a) . . 17 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 1,077,716 1,175,222 Program service revenue (Part VIII, line 2g) . 195,948 343,730 26,090 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,660 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,432,106 1,397,260 148,750 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 541,166 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 746,532 709.858 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$   $\underline{^{26,561}}$ ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 347,608 373,667 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,635,306 1,232,275 Revenue less expenses Subtract line 18 from line 12 . -203,200 164,985 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 978,895 20 Total assets (Part X, line 16) . 831,590 21 Total liabilities (Part X, line 26) . 335,402 310,769 Net assets or fund balances Subtract line 21 from line 20 496,188 668,126 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian \*\*\*\*\* 2010-08-31 Here Signature of officer Karen R Johnson President Type or print name and title Date Check if Preparer's identifying number Preparer's JOYCE J SMITH (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Atchley & Associates LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 6850 Austin Center Blvd Ste 180 Phone no (512) 346-2086

Austin, TX 787313129

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

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

STATEWIDE LEADERSHIP THAT MEASURABLY IMPROVES TEXAS COMMUNITIES AS PLACES TO LIVE AND DO BUSINESS

|    | Total program service ex  |   | 1,058,90   | <u>'</u>   | /2 - 2 / (NOTO MOC #  |  |
|----|---|---|--|--|---|--|
| 4d | Other program services<br>(Expenses \$  | •   | nedule O ) <b>See a</b>  |  | or Description  | 6,078)   |
|    |   | of key business, edu  | cation, and philant  | hropic stakeholders and th   | nprehensive analysis of educatio<br>ne compilation of a report detailir   |  |
| 4c | (Code   | ) (Expenses \$  | 135,000  | including grants of \$   | 135,000 ) (Revenue :  | ,  |
|    | network of local United Ways<br>quality pre-kindergarten UW<br>the best available research or<br>support for high quality pre-k<br>agenda for improving pre-kin<br>effort to show a united front<br>kindergarten eligibility to milit<br>UWT's advocacy efforts | use traditional and h<br>T focuses on improvir<br>n improving child outc<br>indergarten In 2009,<br>idergarten quality and<br>for pre-kindergarten f<br>tary and foster care cl | igh tech measures<br>ng the quality of the<br>comes and on the c<br>UWT concentrated<br>access Hundreds<br>from across Texas<br>hildren - with thous | to ensure that Texans are<br>e Texas pre-kindergarten<br>costs and benefits of high i<br>lits efforts on convening t<br>of advocates, business pe<br>Other highlights of 2009 i<br>sands of newly eligible chi | fully aware of the social, educal<br>by promoting policies that benefi<br>quality pre-kindergarten, UWT ha<br>he business, education and advo<br>cople, United Way volunteers and<br>included the successful implemen<br>ldren now participating in Texas | cacy communities to draft a commoi<br>I citizens adopted this agenda in an<br>tation of recent expansions of pre-<br>pre-kindergarten due in large part to                               |
| 4b | (Code   | ) (Expenses \$  | 150,000  | ıncludıng grants of \$   | ) (Revenue \$   | )  |
|    | Under the management of UN<br>to provide state and higher ei<br>increased the campaign throu  | WT, the SECC has gro<br>ducation employees a<br>igh promoting a unifie  | own from a little man<br>on opportunity to g<br>ed message around  | ore than 2 million dollars t<br>ive to more than 500 non<br>I the campaign, launching  | o over 10 14 million dollars in 20<br>profits locally, statewide, nationw<br>a user-friendly website to provid  | te and higher education employees<br>09 Additionally, the SECC has growing<br>de and internationally UWT has<br>de detailed information regarding the<br>researching new ways to promote |
| 4a | (Code   | ) (Expenses \$  | 186,930  | ıncludıng grants of \$   | ) (Revenue \$   | 187,050 )  |
| 4  |   | 01(c)(4) organizat  | tions and section  | on 4947(a)(1) trusts   | e largest program services<br>are required to report the a<br>service reported  |  |
|    | If "Yes," describe these o  | hanges on Sched   | ule O  |  |   |  |
| 3  | Did the organization ceas services?   |   | make sıgnıfıcan  | t changes in how it co   | onducts, any program  | ┌ Yes ┌ No   |
|    | If "Yes," describe these n  | new services on S   | chedule O  |  |   |  |
|    | the prior Form 990 or 99  |   | · · · ·  | · · · · · ·  | r which were not listed on  | ✓ Yes  No  |

| Part TV      | Checklist | of Requir | ed Sche  | dules |
|--------------|-----------|-----------|----------|-------|
| 4: I L T L T | CHECKHSL  | UI KEYUII | eu Stile | uuies |

|     |   |     | Yes | No  |
|-----|---|-----|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 💋  | 2   | Yes |     |
| 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   |     | No  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 4   | Yes |     |
| 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   | 5   |     |     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                | 7   |     | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼   | 8   |     | Νο  |
| 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 | 9   |     | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-<br>endowments? If "Yes," complete Schedule D, Part V   | 10  |     | No  |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable   | 11  | Yes |     |
|     | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   |     |     |     |
|     | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  |     |     |     |
|     | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  |     |     |     |
|     | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   |     |     |     |
|     | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  |     |     |     |
|     | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.             |     |     |     |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12  | Yes |     |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No  |     |     |     |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | ĺ   |     | Į   |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | N o |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No  |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                             | 14b |     | No  |
| 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 U S? <i>If "Yes," complete Schedule F, Part II</i>  | 15  |     | No  |
| 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 U S ? <i>If "Yes," complete Schedule F, Part III</i>   | 16  |     | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II   | 18  |     | No  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | No  |

| Par | t IV Checklist of Required Schedules (continued)  |     |     |    |
|-----|---|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes |    |
| 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  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 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  | Yes |    |
| 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 line 25 | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| 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?  | 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 |     | No |
| 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 |     | No |
| 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  |     | No |
| 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  |     | No |
| 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)   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |     |    |
|     | IV  | 28a |     | No |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| c   | 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 owner? If "Yes," complete Schedule L, Part IV   | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No |
| 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  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I   | 33  |     | No |
| 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  |     | Νo |
| 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  |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | No |
| 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  |     | No |
| 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  | Yes |    |

| Part V | Statements | Regarding | Other II | RS 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  |     |     |     |
| b  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0   |     |     |     |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c  |     |     |
| 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   |     |     |     |
| b  | 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  | Yes |     |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | 3a  |     | Νο  |
| Ь  | 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  |     | Νο  |
| Ь  | 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?   | 5a  |     | Νο  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | Νο  |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   | 5c  |     |     |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   | 6a  |     | No  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6Ь  |     |     |
| 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 goods and services provided to the payor?   | 7a  |     | N o |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |     |
|    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c  |     | No  |
|    | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   |     |     |     |
|    | benefit contract?   | 7e  |     | No  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | N o |
| g  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |     |
| h  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h  |     |     |
| 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? | 8   |     |     |
| 9  | Sponsoring organizations maintaining donor advised funds.   |     |     |     |
| а  | Did the organization make any taxable distributions under section 4966?   | 9a  |     |     |
| b  | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |     |
| 10 | Section 501(c)(7) organizations. Enter  |     |     |     |
| а  | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |     |     |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |     |     |     |
| 11 | Section 501(c)(12) organizations. Enter   |     |     |     |
|    | 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 )  |     |     |     |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the  | 12a |     |     |
| D  | year  |     |     |     |

1122 COLORADO SUITE 102

AUSTIN,TX 78701 (512)478-6601

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se   | ection A. Governing Body and Management   |                    |          |          |            |
|------|---|--------------------|----------|----------|------------|
|      | etion A. Governing body and Management  |                    | Τ        | Yes      | No         |
|      |   | Г                  |          |          | 110        |
|      |   |                    |          |          |            |
| 1a   | Enter the number of voting members of the governing body 1a   | 17                 |          |          |            |
| b    | Enter the number of voting members that are independent 1b  | 17                 |          |          |            |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?  | ship with any      | 2        |          | Νο         |
| 3    | Did the organization delegate control over management duties customarily performed by or under t<br>supervision of officers, directors or trustees, or key employees to a management company or othe                                      |                    | 3        |          | Νο         |
| 4    | Did the organization make any significant changes to its organizational documents since the prior filed?  | · · -              | 4        | Yes      |            |
| 5    | Did the organization become aware during the year of a material diversion of the organization's ass   | ets?               | 5        | 163      | Νο         |
| 6    | Does the organization have members or stockholders?   |                    | 6        | Yes      | 110        |
| 7a   | Does the organization have members, stockholders, or other persons who may elect one or more m  | nembers of the     |          | 103      |            |
| ь    | governing body?   | ersons?            | 7a<br>7b |          | N o<br>N o |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertake  | <u> </u>           |          |          |            |
| а    | year by the following The governing body?   |                    | 8a       | Yes      |            |
| ь    | Each committee with authority to act on behalf of the governing body?   |                    | 8b       | Yes      |            |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be   |                    |          |          |            |
| 50   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by  |                    | 9        |          | Νo         |
|      | evenue Code.)   | the Internal       |          |          |            |
| -110 | vende code.   |                    |          | Yes      | No         |
| 10a  | Does the organization have local chapters, branches, or affiliates?   | Г                  | 10a      |          | No         |
|      | If "Yes," does the organization have written policies and procedures governing the activities of suc<br>affiliates, and branches to ensure their operations are consistent with those of the organization?                                | ch chapters,       | 10b      |          |            |
| 11   |   | · · · · ⊢          | 105      |          |            |
|      | That the diganization provided a copy of this form 250 to an included of its governing 500, 50000   |                    | 11       | Yes      |            |
| 11A  | Describe in Schedule O the process, if any, used by the organization to review the Form 990 •   |                    |          |          |            |
| 12a  | Does the organization have a written conflict of interest policy? If "No," go to line 13  | [                  | 12a      | Yes      |            |
| b    | Are officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?   |                    | 12b      | Yes      |            |
| С    | Does the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this is done  | If "Yes,"          | 12c      | Yes      |            |
| 13   | Does the organization have a written whistleblower policy?  |                    | 13       | Yes      |            |
| 14   | Does the organization have a written document retention and destruction policy?   |                    | 14       | Yes      |            |
| 15   | Did the process for determining compensation of the following persons include a review and approvindependent persons, comparability data, and contemporaneous substantiation of the deliberation  | al by              |          |          |            |
| а    | The organization's CEO, Executive Director, or top management official  |                    | 15a      | Yes      |            |
|      | Other officers or key employees of the organization   |                    | 15b      | Yes      |            |
|      | If "Yes" to line a or b, describe the process in Schedule O (See instructions )   |                    |          | 1 00     |            |
|      |   |                    |          |          |            |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar taxable entity during the year?  |                    | 16a      |          | Νο         |
| b    | If "Yes," has the organization adopted a written policy or procedure requiring the organization to ever participation in joint venture arrangements under applicable federal tax law, and taken steps to safe                             |                    |          |          |            |
|      | organization's exempt status with respect to such arrangements?   | [                  | 16b      |          |            |
| Se   | ection C. Disclosure  |                    |          |          |            |
| 17   | List the States with which a copy of this Form 990 is required to be filed▶   |                    |          |          |            |
| 18   | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99 (3)s only) available for public inspection. Indicate how you make these available. Check all that applicable is a public inspection.     |                    |          |          |            |
| 19   | Own website Another's website Vupon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, interest policy, and financial statements available to the public See Additional Data Table | conflict of        |          |          |            |
| 20   | State the name, physical address, and telephone number of the person who possesses the books a  | and records of the | e orga   | nızatıor | ı <b>)</b> |
|      | NANCY Raspa THORNTON  |                    | 3.       |          |            |

## Part VIII 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, and current key employees 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, or 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 i | not compen                     | sate any                                      | y curi                | rent    | or fo        | rmer                         | ffice  | r, dırector, trustee                                 | or key employee  |  |
|--|--------------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| <b>(A)</b><br>Name and Title             | (B)<br>Average<br>hours<br>per | Average Position (check all hours that apply) |                       |         |              |                              |        | <b>(D)</b><br>Reportable<br>compensation<br>from the | <b>(E)</b><br>Reportable<br>compensation<br>from related | <b>(F)</b><br>Estimated<br>amount of other                               |
|  | week                           | Individual trustee<br>or director             | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)                     | organizations<br>(W- 2/1099-<br>MISC)                    | compensation<br>from the<br>organization and<br>related<br>organizations |
| See add'l data                           |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |
|  |                                |   |                       |         |              |                              |        |  |  |  |

| For        | n 990 (2009)   |   |                     | Page <b>8</b>   |
|------------|--|---|---------------------|-----------------|
| <b>1</b> b | Total  | 0 |                     | 67,109          |
| 2          | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶2   |   |                     |                 |
|            |  |   | Yes                 | No              |
| 3          | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual                  | 3 |                     | No              |
| 4          | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes                 |                 |
| 5          | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person                                     | 5 |                     | No              |
| S          | ection 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   |   | ( <b>C</b><br>Compe |                 |
|            |  |   |                     |                 |
| 2          | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{E}\)0  |   |                     |                 |
|            |  | F | orm <b>99</b>       | <b>0</b> (2009) |

| Form 99  |              |                                      |  |               |                      |  |   | Page <b>9</b>  |
|--|--------------|--------------------------------------|--|---------------|----------------------|--|---|--|
| Part V   | <u>/1111</u> | Statement o                          | of Revenue                                     |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| nts<br>ots   | 1a           | Federated camp                       | paigns 1a                                      |               |                      |  |   |  |
| e Ta   | ь            | Membership du                        | es   | 525,431       |                      |  |   |  |
| <u>چ</u> ر   | С            |                                      | ents <b>1c</b>                                 |               |                      |  |   |  |
| <u>=</u>   | d            | Related organiz  Government grants   | eations 1d                                     |               |                      |  |   |  |
| Sign<br>Sign   | e<br>f       | _                                    | ons, gifts, grants, and <b>1f</b>              | 649,791       |                      |  |   |  |
| ž<br>F   | `            | sımılar amounts no                   | ot included above                              |               |                      |  |   |  |
| Contributions, gifts, grants and other similar amounts | g            | lines 1a-1f \$ _                     | butions included in                            |               |                      |  |   |  |
| S e  | h            |                                      | s 1a-1f  | ▶             | 1,175,222            |  |   |  |
| <u>•</u>   |              |                                      |  | Business Code |                      |  |   |  |
| Program Serwce Revenue                                 | 2a           | STATE EMPLOYEE (                     | CHARITA  | 900,099       | 187,050              | 187,050  |   |  |
| ē.   | b            | PROFESSIONAL SEI                     | RVICES   | 900,099       | 6,078                | 6,078  |   |  |
| ¥<br>Çe  | C            | CONFERENCE                           |  | 900,099       | 2,820                |  |   | 2,820  |
| Š  | d<br>e       |                                      |  |               |                      |  |   |  |
| ran  | f            | All other progra                     | am service revenue                             |               |                      |  |   |  |
| §<br>}   |              |                                      |  | _             |                      |  |   |  |
|  | g<br>3       |                                      | ome (including dividence                       |               | 195,948              |  |   |  |
|  |              |                                      | ar amounts)                                    | . F           | 24,090               |  |   | 24,090   |
|  | 4            | Income from inves                    | tment of tax-exempt bond p                     | proceeds 🕨    |                      |  |   |  |
|  | 5            | Royalties                            |  |               |                      |  |   |  |
|  | 6a           | Gross Rents                          | (ı) Real                                       | (II) Personal |                      |  |   |  |
|  | ь            | Less rental                          |  |               |                      |  |   |  |
|  | c c          | expenses<br>Rental income            |  |               |                      |  |   |  |
|  | d            | or (loss)<br>Net rental incor        | me or (loss)                                   |               |                      |  |   |  |
|  |              |                                      | (ı) Securities                                 | (II) O ther   |                      |  |   |  |
|  | 7a           | Gross amount from sales of           | 350,098  |               |                      |  |   |  |
|  |              | assets other<br>than inventory       |  |               |                      |  |   |  |
|  | Ь            | Less cost or other basis and         | 348,098  |               |                      |  |   |  |
|  | c            | sales expenses<br>Gain or (loss)     | 2,000  |               |                      |  |   |  |
|  | d            | Net gaın or (los                     | s)   |               | 2,000                |  |   | 2,000  |
| ۸.   | 8a           | Gross income for                     |  |               |                      |  |   |  |
| Other Revenue  |              | \$                                   |  |               |                      |  |   |  |
| eve  |              | of contributions<br>See Part IV, lin | reported on line 1c)                           |               |                      |  |   |  |
| 上<br>法   |              |                                      | а  |               |                      |  |   |  |
| ŧ  | Ь            |                                      | penses <b>b</b>  <br>(loss) from fundraising e | avents 🏲      |                      |  |   |  |
| •  | c<br>9a      |                                      | rom gaming activities                          | events        |                      |  |   |  |
|  |              | See Part IV, lin                     | e 19   |               |                      |  |   |  |
|  | ь            | Lass direct av                       | a<br>penses b                                  |               |                      |  |   |  |
|  | c            |                                      | loss) from gaming activ                        | /ities        |                      |  |   |  |
|  | 10a          | Gross sales of returns and allo      |  |               |                      |  |   |  |
|  | ь            | Less cost of a                       | oods sold <b>b</b>                             |               |                      |  |   |  |
|  | С            |                                      | ا<br>loss) from sales of inve!                 | entory 🗠      |                      |  |   |  |
|  |              | Miscellaneous                        | Revenue  | Business Code |                      |  |   |  |
|  | 11a          |                                      |  |               |                      |  |   |  |
|  | Ь            |                                      |  |               |                      |  |   |  |
|  | c<br>d       | All other reven                      | ue   |               |                      |  |   |  |
|  | e            | Total. Add lines                     | l  |               |                      |  |   |  |
|  |              |                                      |  | ▶             |                      |  |   |  |
|  | 12           | Total revenue.                       | See Instructions                               | ▶[            | 1,397,260            | 193,128  | 0                                       | 28,910   |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. |  |                       |                             |                                 |                         |  |  |  |  |
|--|--|-----------------------|-----------------------------|---------------------------------|-------------------------|--|--|--|--|
|  | Il other organizations must complete column (A) but are not required to  |                       | ns (B), (C), and<br>(B)     | (D).<br>  (C)                   | (D)                     |  |  |  |  |
|  | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |  |  |  |  |
| 1  | Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$  | 148,750               | 148,750                     |                                 |                         |  |  |  |  |
| 2  | Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                             |                                 |                         |  |  |  |  |
| 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   | 404,838               | 310,877                     | 84,326                          | 9,635                   |  |  |  |  |
| 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   | 204,826               | 204,826                     |                                 |                         |  |  |  |  |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 24,947                | 24,947                      |                                 |                         |  |  |  |  |
| 9  | Other employee benefits  | 36,323                | 20,938                      | 10,282                          | 5,103                   |  |  |  |  |
| 10   | Payroll taxes  | 38,924                | 33,085                      | 5,060                           | 779                     |  |  |  |  |
| 11   | Fees for services (non-employees)  |                       |                             |                                 |                         |  |  |  |  |
| а  | Management   |                       |                             |                                 |                         |  |  |  |  |
| b  | Legal  |                       |                             |                                 |                         |  |  |  |  |
| c  | Accounting   | 10,485                | 10,485                      |                                 |                         |  |  |  |  |
| d  | Lobbying   |                       |                             |                                 |                         |  |  |  |  |
| е  | Professional fundraising See Part IV, line 17  |                       |                             |                                 |                         |  |  |  |  |
| f  | Investment management fees   |                       |                             |                                 |                         |  |  |  |  |
| g  | Other  | 145,267               | 127,732                     | 11,535                          | 6,000                   |  |  |  |  |
| 12   | Advertising and promotion  | 3,562                 | 3,537                       | 25                              |                         |  |  |  |  |
| 13   | Office expenses  |                       |                             |                                 |                         |  |  |  |  |
| 14   | Information technology   |                       |                             |                                 |                         |  |  |  |  |
| 15   | Royalties  |                       |                             |                                 |                         |  |  |  |  |
| 16   | Occupancy  | 57,931                | 48,685                      | 8,000                           | 1,246                   |  |  |  |  |
| 17   | Travel   | 40,168                | 37,996                      | 2,172                           |                         |  |  |  |  |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                             |                                 |                         |  |  |  |  |
| 19   | Conferences, conventions, and meetings   | 36,104                | 22,931                      | 10,711                          | 2,462                   |  |  |  |  |
| 20   | Interest   |                       |                             |                                 |                         |  |  |  |  |
| 21   | Payments to affiliates   |                       |                             |                                 |                         |  |  |  |  |
| 22   | Depreciation, depletion, and amortization  | 18,981                | 15,952                      | 2,621                           | 408                     |  |  |  |  |
| 23   | Insurance  | 2,876                 | 400                         | 2,476                           |                         |  |  |  |  |
| 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  | EQUIPMENT MAINTENANCE &  | 24,539                | 20,622                      | 3,389                           | 528                     |  |  |  |  |
| b  | TELEPHONE  | 13,657                | 11,477                      | 1,886                           | 294                     |  |  |  |  |
| c  | PRINTING   | 6,553                 | 5,087                       | 1,466                           |                         |  |  |  |  |
| d  | SUPPLIES   | 5,382                 | 4,827                       | 449                             | 106                     |  |  |  |  |
| е  | SUBSCRIPTIONS & PUBLICA  | 4,330                 | 3,685                       | 645                             |                         |  |  |  |  |
| f  | All other expenses   | 3,832                 | 2,061                       | 1,771                           |                         |  |  |  |  |
| 25   | Total functional expenses. Add lines 1 through 24f   | 1,232,275             | 1,058,900                   | 146,814                         | 26,561                  |  |  |  |  |
| 26   | <b>Joint costs.</b> Check here ► ☐ If following SOP 98-2   |                       |                             |                                 |                         |  |  |  |  |
|  | Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                   |                       |                             |                                 |                         |  |  |  |  |

Form 990 (2009) Page 11 Part X Balance Sheet (A) (B) End of vear Beainning of vear 64.777 82.906 1 Cash—non-interest-bearing . . . . . . . . . 1 213,460 20.980 2 2 24,759 267,000 3 3 4 214.234 4 196,119 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 Notes and loans receivable, net . . . . . Inventories for sale or use . . . . . 8 Prepaid expenses and deferred charges . . . . . . 2.896 3,836 9 9 129.808 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 104.036 10b b Less accumulated depreciation . . . . 44.753 10c 25.772 266.711 11 382.282 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 831,590 16 978,895 Total assets. Add lines 1 through 15 (must equal line 34) . . . 48.472 17 21,906 17 Accounts payable and accrued expenses 18 18 286,930 288,863 19 19 Tax-exempt bond liabilities . . . . . . . . . . . . 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 Total liabilities. Add lines 17 through 25 . . . . . 335,402 26 310,769 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 352,995 293,293 27 27 Unrestricted net assets . . . . 28 143,193 28 374.833 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 496,188 33 Total net assets or fund balances . . . . 33 668,126 34 Total liabilities and net assets/fund balances . . . . . 831.590 978.895 34

### Part XI Financial Statements and Reporting

|    |   |    | Yes | No |
|----|---|----|-----|----|
| 1  | Accounting method used to prepare the Form 990  |    |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | Νo |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b | Yes |    |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both   |    |     |    |
|    | Separate basis Consolidated basis Both consolidated and separated basis   |    |     |    |
| 3а | 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 |     | No |
| 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)

OMB No 1545-0047

**Public Charity Status and Public Support** 

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

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAYS OF TEXAS INC

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.

Inspection **Employer identification number** 

|  |   |  |  |                                     |                      |                                 |                                | 74-1618608   |                        |             |  |
|--|---|--|--|-------------------------------------|----------------------|---------------------------------|--------------------------------|--------------|------------------------|-------------|--|
| Part I   |   |  | olic Charity State   |                                     |                      |                                 |                                |              | ructions               |             |  |
| he orga  | nızatıon ıs   | not a private  | foundation because   | itis (Forlin                        | nes 1 throug         | h 11, check d                   | only one box                   | )            |                        |             |  |
| 1  | A churc   | :h, conventio  | on of churches, or as:   | sociation of c                      | hurches <b>se</b>    | ction 170(b)(                   | (1)(A)(i).                     |              |                        |             |  |
| 2  | A scho  | ol described   | ın <b>section 170(b)(1)</b>  | (A)(ii). (Atta                      | ach Schedul          | ∍ E )                           |                                |              |                        |             |  |
| з Г  | A hosp  | tal or a coop  | erative hospital serv  | /ice organiza                       | tıon descrıb         | ed in <b>section</b>            | 170(b)(1)(A                    | A)(iii).     |                        |             |  |
| 4  |   | cal research<br>l's name, cit  | organization operate<br>y, and state   | ed in conjunc                       | tion with a h        | ospital descri                  | ıbed ın <b>secti</b>           | on 170(b)(1) | ( <b>A)(iii).</b> Ente | rthe        |  |
| 5 <b></b>  | An orga   | nızatıon ope   | rated for the benefit  | of a college o                      | or university        | owned or ope                    | erated by a g                  | jovernmental | unıt describe          | _<br>∍dın   |  |
|  | section   | 170(b)(1)(#  | <b>\)(iv).</b> (Complete Pa  | rt II )                             |                      |                                 |                                |              |                        |             |  |
| 6 <u></u>  | 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  |   |  |  |                                     | )( <b>vi</b> ) (Comp | lete Part II)                   |                                |              |                        |             |  |
| 9 🔽  | An orga<br>receipt:<br>its supp   | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II)  An organization that normally receives (1) more than 331/3% 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 331/3% 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 <b>section 509(a)(2).</b> (Complete Part III.) |  |                                     |                      |                                 |                                |              |                        |             |  |
| LO 🗆   | Anorga  | nization org   | anized and operated  | exclusively t                       | o test for pu        | blic safety S                   | ee <b>section 5</b> 0          | 09(a)(4).    |                        |             |  |
| ı <b>ı</b>   | An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  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 III - Other |  |  |                                     |                      |                                 |                                |              |                        |             |  |
| e \( \simeq \)   | other th<br>section<br>If the o<br>check t  | nan foundatio<br>509(a)(2)<br>rganization r<br>his box   | x, I certify that the o<br>on managers and othe<br>eceived a written det<br>006, has the organiz | er than one o<br>termination fi     | r more publi         | cly supported                   | l organizatio<br>/pe I, Type I | ns described | in section 50          | 09(a)(1) or |  |
| g  |   | g persons?   | 000, has the organiz   | апоп ассерг                         | eu any gni o         | i contribution                  | i ilolli aliy ol               | tile         |                        |             |  |
|  |   |  | ectly or indirectly co   | ntrols, either                      | alone or tog         | ether with pe                   | rsons descr                    | ıbed ın (ıı) |                        | Yes No      |  |
|  | and (III)   | below, the g   | overning body of the   | the supporte                        | ed organizat         | ion?                            |                                |              | 11g(i)                 |             |  |
|  | (ii) a fa   | mily membe   | r of a person describ  | ed ın (ı) abov                      | e?                   |                                 |                                |              | 11g(ii)                |             |  |
|  | (iii) a 3   | 5% controll  | ed entity of a person  | described in                        | (ı) or (ıı) ab       | ove?                            |                                |              | 11g(iii)               |             |  |
| h  | Provide   | the followin   | g information about t  | he supported                        | l organizatio        | n(s)                            |                                |              |                        |             |  |
| (ii) Type of Organization (described on Supported Organization Organiz |   |  |  | (vi) Is the organizati col (i) orga | on in<br>anized      | (vii)<br>A mount of<br>support? |                                |              |                        |             |  |
|  |   |  | (see<br>instructions))   | Yes                                 | No                   | Yes                             | No                             | Yes          | No                     |             |  |
|  |   |  |  |                                     |                      |                                 |                                |              |                        |             |  |
|  |   |  |  |                                     |                      |                                 |                                |              |                        |             |  |
|  |   |  |  |                                     |                      |                                 |                                |              |                        |             |  |
|  |   |  |  |                                     |                      |                                 |                                |              |                        |             |  |
|  |   |  |  |                                     |                      |                                 |                                |              |                        |             |  |
|  |   |  |  |                                     |                      |                                 |                                |              |                        |             |  |

Total

ınstructions

| P        | Support Schedule (Complete only if yo                                    |                          |                    |                     |                     | and 170(b)      | (1)(A)(vi)       |
|----------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S        | ection A. Public Support   | a checked tile           | DOX OII IIIC 3,    | ,, or o or rare.    | ֥ <i>)</i>          |                 |                  |
|          | endar year (or fiscal year beginning                                     | (a) 2005                 | <b>(b)</b> 2006    | (c) 2007            | (d) 2008            | (e) 2009        | (f) Total        |
|          | ın)  | (a) 2005                 | ( <b>b)</b> 2006   | (6) 2007            | (d) 2008            | (e) 2009        | (I) Total        |
| 1        | Gifts, grants, contributions, and  |                          |                    |                     |                     |                 |                  |
|          | membership fees received (Do not   |                          |                    |                     |                     |                 |                  |
|          | include any "unusual   |                          |                    |                     |                     |                 |                  |
| _        | grants ") Tax revenues levied for the                                    |                          |                    |                     |                     |                 |                  |
| 2        | 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   |                          |                    |                     |                     |                 |                  |
| 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) <b>Dublic Support</b> Subtract line F from                           |                          |                    |                     |                     |                 |                  |
| 6        | <b>Public Support.</b> Subtract line 5 from line 4                       |                          |                    |                     |                     |                 |                  |
| S        | ection B. Total Support  | 1                        |                    | -                   |                     |                 |                  |
|          | endar year (or fiscal year beginning                                     | (a) 2005                 | <b>(b)</b> 2006    | (c) 2007            | (d) 2008            | (e) 2009        | (f) Total        |
|          | ın)  | (a) 2005                 | ( <b>b</b> ) 2000  | (6) 2007            | (d) 2008            | (e) 2009        | (1) Total        |
| 7        | A mounts from line 4   |                          |                    |                     |                     |                 |                  |
| 8        | Gross income from interest,  |                          |                    |                     |                     |                 |                  |
|          | dividends, payments received on  |                          |                    |                     |                     |                 |                  |
|          | securities loans, rents, royalties                                       |                          |                    |                     |                     |                 |                  |
|          | and income from similar  |                          |                    |                     |                     |                 |                  |
| 9        | sources<br>Net income from unrelated                                     |                          |                    |                     |                     |                 |                  |
| 9        | business activities, whether or  |                          |                    |                     |                     |                 |                  |
|          | not the business is regularly  |                          |                    |                     |                     |                 |                  |
|          | carried on   |                          |                    |                     |                     |                 |                  |
| 10       | Other income (Explain in Part  |                          |                    |                     |                     |                 |                  |
|          | IV ) Do not include gain or loss   |                          |                    |                     |                     |                 |                  |
|          | from the sale of capital assets  |                          |                    |                     |                     |                 |                  |
| 11       | Total support (Add lines 7   |                          |                    |                     |                     |                 |                  |
| 4.5      | through 10)  | /5                       |                    |                     |                     |                 |                  |
| 12       | Gross receipts from related activities                                   | ,                        | •                  |                     |                     | 12              |                  |
| 13       | First Five Years If the Form 990 is f                                    | or the organizati        | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga  | inization,<br>▶□ |
|          | check this box and <b>stop here</b>                                      |                          |                    |                     |                     |                 | -1               |
| S        | ection C. Computation of Pub   | lic Support P            | ercentage          |                     |                     |                 |                  |
| 14       | Public Support Percentage for 2009                                       |                          |                    | 11 column (f))      |                     | 14              |                  |
| 15       | Public Support Percentage for 2008                                       | Schedule A . Pa          | rt II. line 14     |                     |                     | 15              |                  |
|          | 33 1/3% support test—2009. If the  | •                        | ,                  | v on line 13 and    | line 14 is 33 1/30  |                 | k this hox       |
| <b>_</b> | and <b>stop here.</b> The organization qua                               | -                        |                    | ·                   | IIIIC 14 13 33 1/3/ | o or more, ence | <b>▶</b> □       |
| ь        | 33 1/3% support test—2008. If the  |                          |                    |                     | 5a, and line 15 is  | 33 1/3% or moi  |                  |
|          | box and <b>stop here.</b> The organization                               |                          |                    |                     | ,                   |                 | ▶                |
| 17a      | 10%-facts-and-circumstances test-  | <b>-2009.</b> If the org | anızatıon dıd not  | check a box on lı   | ne 13, 16a, or 16   | b and line 14   |                  |
|          | ıs 10% or more, and ıf the organizat                                     |                          |                    |                     |                     |                 |                  |
|          | in Part IV how the organization mee                                      | ts the "facts and        | l cırcumstances"   | test The organiz    | ration qualifies as | a publicly supp |                  |
| L        | organization   | _2009 Ifthe c==          | onization did net  | chack a bay as li   | no 12 165 164       | or 17a and line | ▶□               |
| D        | 10%-facts-and-circumstances test-<br>15 is 10% or more, and if the organ | _                        |                    |                     |                     |                 |                  |
|          | Explain in Part IV how the organizat                                     |                          |                    |                     |                     |                 | clv              |
|          | supported organization   |                          |                    |                     |                     |                 | <b>▶</b> ┌       |
| 10       | Deiveta Farmdation Ifthe averages  | on did not obselv        | a hay an line 12   | 16- 16- 17-         | 17                  | hay and cas     | •                |

**▶**□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

| Se        | ection A. Public Support   |                     |                    |                     |                    |                  |                  |
|-----------|--|---------------------|--------------------|---------------------|--------------------|------------------|------------------|
| Cale      | ndar year (or fiscal year beginning in)  | (a) 2005            | <b>(b)</b> 2006    | (c) 2007            | ( <b>d)</b> 2008   | (e) 2009         | <b>(f)</b> ⊤otal |
| 1         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 1,593,699           | 711,183            | 2,063,266           | 1,077,716          | 1,175,222        | 6,621,08         |
| 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 | 87,811              | 80,894             | 39,950              | 343,730            | 195,948          | 748,33           |
| 3         | Gross receipts from activities that are not an unrelated trade or  |                     |                    |                     |                    |                  |                  |
| 4         | business under section 513 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<br>7a   | <b>Total.</b> Add lines 1 through 5<br>A mounts included on lines 1, 2,<br>and 3 received from disqualified  | 1,681,510           | 792,077            | 2,103,216           | 1,421,446          | 1,371,170        | 7,369,41         |
| Ь         | persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the                                 |                     |                    |                     | 333,640            | 92,094           | 425,73           |
| c         | amount on line 13 for the year Add lines 7a and 7b   |                     |                    |                     | 333,640            | 92,094           | 425,73           |
| 8         | <b>Public Support</b> (Subtract line 7c from line 6)   |                     |                    |                     |                    |                  | 6,943,68         |
|           | ection B. Total Support  |                     |                    |                     |                    |                  |                  |
| Cale      | endar year (or fiscal year beginning   | (a) 2005            | <b>(b)</b> 2006    | (c) 2007            | ( <b>d)</b> 2008   | (e) 2009         | <b>(f)</b> Total |
| 9         | ın)<br>A mounts from line 6  | 1,681,510           | 792,077            | 2,103,216           | 1,421,446          | 1,371,170        | 7,369,41         |
| l0a       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar<br>sources                               | 5,741               | 18,227             | 28,751              | 18,988             | 24,090           | 95,79            |
| b         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                     |                    |                     |                    |                  |                  |
| c<br>11   | Add lines 10a and 10b  Net income from unrelated  business activities not included  in line 10b, whether or not the  business is regularly carried on                    | 5,741               | 18,227             | 28,751              | 18,988             | 24,090           | 95,79            |
| 12        | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | 501                 | 438                | 299                 |                    |                  | 1,23             |
| 13        | Total support (Add lines 9, 10c, 11 and 12)  | 1,687,752           | 810,742            | 2,132,266           | 1,440,434          | 1,395,260        | 7,466,45         |
| 14        | First Five Years If the Form 990 is to check this box and stop here  | or the organization | on's first, second | thırd, fourth, or f | ifth tax year as a | 501(c)(3) organı | zation,<br>▶┌    |
|           | ection C. Computation of Pub   |                     |                    |                     |                    |                  |                  |
| 15        | Public Support Percentage for 2009   |                     |                    | 13 column (f))      |                    | 15               | 93 000 %         |
| 16        | Public support percentage from 200   | 18 Schedule A, Pa   | art III, line 15   |                     |                    | 16               | 98 960 %         |
| Se        | ection D. Computation of Inv   | estment Inco        | me Percenta        | je                  |                    |                  |                  |
| 17        | Investment income percentage for   |                     |                    |                     | (f))               | 17               | 1 280 %          |
|           |  |                     |                    | _                   |                    |                  |                  |
| 18<br>10- | Investment income percentage from  |                     | ,                  |                     |                    | 18               | 1 010 %          |

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV

**Supplemental Information.** 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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493246009030

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

|     | , , ,   | 01(c)(3)) organizations Complete Par   | ts I-A and C belo                       | W Do not complete Part FB  |  |
|-----|---|--|---|--|--|
|     | ection 527 organizations Complete                           | •  |   |  | A  |
|     |   | s," to Form 990, Part IV, Line 4, or thave filed Form 5768 (election under   |   | , , ,  | •  |
|     | , , , ,   | t have NOT filed Form 5768 (election under   | , ,,                                    | •  | •  |
|     | . , . ,   | s," to Form 990, Part IV, Line 5 (Pr   |   | •  | •  |
|     | ection 501(c)(4), (5), or (6) organi                        | · ·  | ,                                       | , ,  |  |
|     | me of the organization                                      |  |   | Employer ider  | ntification number   |
| UN  | ITED WAYS OF TEXAS INC                                      |  |   | 74-1618608   |  |
| Par | t I-A Complete if the or                                    | ganization is exempt under   | section 501(                            |  |  |
| 1   | Provide a description of the ori                            | ganızatıon's dırect and ındırect politic   | cal campaign act                        | tivities in Part IV  | _  |
| 2   | Political expenditures                                      | ga <u>-</u> a  | а. сара.д ас                            |  | \$ 0   |
| 3   | Volunteer hours   |  |   | •  | 0  |
|     | V Oldifice: Hodis   |  |   |  |  |
| Par | t I-B Complete if the or                                    | ganization is exempt under   | section 501(                            | c)(3).   |  |
| 1   | Enter the amount of any excise                              | e tax incurred by the organization und   | ler section 4955                        | <b>&gt;</b>  | \$0  |
| 2   | Enter the amount of any excise                              | e tax incurred by organization manag   | ers under sectio                        | n 4955 🕨   | \$0  |
| 3   | If the organization incurred a s                            | ection 4955 tax, did it file Form 472  | O for this year?                        |  | ┌ Yes  |
| 4a  | Was a correction made?                                      |  |   |  | ┌ Yes  |
| ь   | If "Yes," describe in Part IV                               |  |   |  |  |
| Pai | rt I-C Complete if the or                                   | ganization is exempt under   | section 501(                            | c) except section 50:  | 1(c)(3).   |
| 1   | Enter the amount directly expe                              | ended by the filing organization for se  | ction 527 exem                          | pt function activities 🕨   | \$   |
| 2   |   | rganızatıon's funds contributed to ot  | her organization:                       | s for section 527  |  |
|     | exempt funtion activities                                   |  |   | •  | \$   |
| 3   | Total exempt function expendi                               | tures Add lines 1 and 2 Enter here a   | and on Form 112                         | 0-POL, line 17b ►  | \$   |
| 4   | Did the filing organization file <b>F</b>                   | Form 1120-POL for this year?   |   |  | ☐ Yes ☐ No   |
| 5   | were made For each organizat contributions received that we | nd employer identification number (E)<br>ion listed, enter the amount paid from<br>re promptly and directly delivered to<br>iittee (PAC) If additional space is ne | n the filing organ<br>a separate politi | ızatıon's funds Also enter t<br>ıcal organızatıon, such as a         | the amount of political  |
|     | (a) Name  | (b) Address  | (c) EIN                                 | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none. |

enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

| P  | art II-A Complete if the organization under section 501(h)). | is exempt under section 501(c)(3)   | and filed Form 5768 ( | (election |  |  |  |  |
|----|--|---|-----------------------|-----------|--|--|--|--|
| 4  | Check I if the filing organization belongs to a              | an affiliated group   |                       |           |  |  |  |  |
| В  | Check  | x A and "limited control" provisions apply  |                       |           |  |  |  |  |
|    |  | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying) |                       |           |  |  |  |  |
| 1a | Total lobbying expenditures to influence public (            | opinion (grass roots lobbying)  | 1,903                 |           |  |  |  |  |
| b  | Total lobbying expenditures to influence a legisl            | ative body (direct lobbying)  | 20,748                |           |  |  |  |  |
| c  | Total lobbying expenditures (add lines 1a and 1              | b)  | 22,651                |           |  |  |  |  |
| d  | Other exempt purpose expenditures                            |   | 1,209,624             |           |  |  |  |  |
| e  | Total exempt purpose expenditures (add lines 1               | 1,232,275   |                       |           |  |  |  |  |
| f  | Lobbying nontaxable amount Enter the amount columns          | from the following table in both  | 198,228               |           |  |  |  |  |
|    | If the amount on line 1e, column (a) or (b) is:              | The lobbying nontaxable amount is:  |                       |           |  |  |  |  |
|    | Not over \$500,000   | 20% of the amount on line 1e  |                       |           |  |  |  |  |
|    | Over \$500,000 but not over \$1,000,000                      | \$100,000 plus 15% of the excess over \$500,000   |                       |           |  |  |  |  |
|    | Over \$1,000,000 but not over \$1,500,000                    | \$175,000 plus 10% of the excess over \$1,000,000   |                       |           |  |  |  |  |
|    | Over \$1,500,000 but not over \$17,000,000                   | \$225,000 plus 5% of the excess over \$1,500,000  |                       |           |  |  |  |  |
|    | Over \$17,000,000  | \$1,000,000   |                       |           |  |  |  |  |
|    |  |   |                       |           |  |  |  |  |
| g  | Grassroots nontaxable amount (enter 25% of lir               | ne 1f)  | 49,557                |           |  |  |  |  |
| h  | Subtract line 1g from line 1a If zero or less, ent           | er -0-  | 0                     |           |  |  |  |  |
| i  | Subtract line 1f from line 1c If zero or less, ente          | er - 0 -  | О                     |           |  |  |  |  |

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

|        | Lobbying Expe  | nditures During 4 | -Year Avera     | ging Period |                  |           |
|--------|--|-------------------|-----------------|-------------|------------------|-----------|
|        | Calendar year (or fiscal year<br>beginning in)             | (a) 2006          | <b>(b)</b> 2007 | (c) 2008    | ( <b>d)</b> 2009 | (e) Total |
| _2a    | Lobbying non-taxable amount                                | 221,049           | 226,763         | 231,765     | 198,228          | 877,805   |
| ь<br>— | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                   |                 |             |                  | 1,316,708 |
| c      | Total lobbying expenditures                                | 35,831            | 93,474          | 18,100      | 22,651           | 170,056   |
| d      | Grassroots non-taxable amount                              | 55,262            | 56,691          | 57,941      | 49,557           | 219,451   |
| е<br>  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                   |                 |             |                  | 329,177   |
| f      | Grassroots lobbying expenditures                           | 1,175             | 1,304           | 1,465       | 1,903            | 5,847     |

| che | dule C (Form 990 or 990-EZ) 200  |  |  |        |  |      | Page 3 |
|-----|--|--|--|--------|--|------|--------|
| Pa  | rt II-B Complete if the or<br>(election under se                           | rganization is exempt under ection 501(h)).  | section 501(c)(3) and has I            |        |  |      |        |
|     |  |  | -                                      | (;     | a)                                     | (b   | )      |
|     |  |  |  | Yes    | No                                     | A mo | unt    |
| 1   |  | anization attempt to influence foreign<br>t to influence public opinion on a legis |  |        |  |      |        |
| а   | Volunteers?  |  |  |        |  |      |        |
| b   | Paid staff or management (includ   | e compensation in expenses reported  | l on lines 1c through 1i)?             |        |  |      |        |
| c   | Media advertisements?  |  |  |        |  |      |        |
| d   | Mailings to members, legislators   | , or the public?   |  |        |  |      |        |
| е   | Publications, or published or broa   | adcast statements?   |  |        |  |      |        |
| f   | Grants to other organizations for  | lobbying purposes?   |  |        |  |      |        |
| g   | Direct contact with legislators, th  | neır staffs, government officials, or a l  | egislative body?                       |        |  |      |        |
| h   | Rallies, demonstrations, seminar   | s, conventions, speeches, lectures, c  | rany sımılar means?                    |        |  |      |        |
| i   | Other activities? If "Yes," descri   | ibe in Part IV   |  |        |  |      |        |
| j   | Total lines 1c through 1i  |  |  |        |  |      |        |
| 2a  | Did the activities in line 1 cause   | the organization to be not described   | n section 501(c)(3)?                   |        |  |      |        |
| Ь   | If "Yes," enter the amount of any  | tax incurred under section 4912  |  |        |  |      |        |
| c   | If "Yes," enter the amount of any  | tax incurred by organization manage  | rs under section 4912                  |        |  |      |        |
| d   | If the filing organization incurred  | a section 4912 tax, did it file Form 4   | 720 for this year?                     |        |  |      |        |
| Par | t III-A Complete if the or 501(c)(6).                                      | ganization is exempt under   | section 501(c)(4), section !           | 501(c  | )(5), o                                |      |        |
|     | W  |  |  |        |  | Yes  | s No   |
| 1   |  | nore) dues received nondeductible by   |  |        | -                                      | 2    |        |
| 2   | =  | n-house lobbying expenditures of \$2,0   |  |        | -                                      | 3    |        |
| 3   |  | ryover lobbying and political expendit   |  | -01/-  | \(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |      |        |
| 26H | 501(c)(6) if BOTH  | rganization is exempt under<br>Part III-A, lines 1 and 2 are                       |  |        |  |      | ion    |
|     | answered "Yes".  |  |  |        |  |      |        |
| 1   | Dues, assessments and similar a  |  |  | 1      |  |      |        |
| 2   | expenses for which the section 5   | bbbying and political expenditures (do<br>27(f) tax was paid).                     | o not include amounts of political     |        |  |      |        |
| a   | Current year   | (. , para).  |  | 2a     |  |      |        |
| ь   | Carryover from last year   |  |  | 2b     |  |      |        |
| c   | Total  |  |  | 2c     |  |      |        |
| 3   | Aggregate amount reported in se  | ction 6033(e)(1)(A) notices of nonde   | ductible section 162(e) dues           | 3      |  |      |        |
| 4   | If notices were sent and the amo   | unt on line 2c exceeds the amount or   | line 3, what portion of the excess     |        |  |      |        |
|     | does the organization agree to ca<br>political expenditure next year?      | arryover to the reasonable estimate o  | f nondeductible lobbying and           | 4      |  |      |        |
| 5   | Taxable amount of lobbying and p   | political expenditures (see instruction  | ıs)                                    | 5      |  |      |        |
| Pä  | rt IV Supplemental Info  | ormation   |  |        |  |      |        |
|     | mplete this part to provide the des<br>o, complete this part for any addit | criptions required for Part I-A, line 1, ional information                         | Part I-B, line 4, Part I-C, line 5, an | d Part | II-B, lıne                             | 11   |        |
|     | Ident if ier   | Return Reference   | Explana                                | t ion  |  |      |        |

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DLN: 93493246009030

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| ernal F        | evenue Service Attach to F   | orm 990. ► See separate instructions.                                    |         |                           | ınspeci   | 110 II    |
|----------------|--|--|---------|---------------------------|-----------|-----------|
|                | e of the organization<br>ED WAYS OF TEXAS INC  |  | Emp     | loyer identificati        | on numbe  | er        |
| \1 <b>1</b> 11 | D WALL OF TENDE INC  |  | 74-     | 1618608                   |           |           |
| ar             | Organizations Maintaining Donor A  |  | unds    | or Accounts.              | Comple    | te if the |
|                | organization answered "Yes" to Form 99   | •  |         | (h) [da and ath           |           |           |
|                | otal number at end of year   | (a) Donor advised funds  | ,       | ( <b>b)</b> Funds and oth | eraccou   | nts       |
|                | Aggregate contributions to (during year)   |  |         |                           |           |           |
|                | Aggregate contributions to (during year)   |  |         |                           |           |           |
|                | Aggregate value at end of year   |  |         |                           |           |           |
|                |  |  |         |                           |           |           |
|                | Did the organization inform all donors and donor advi<br>funds are the organization's property, subject to the   | organization's exclusive legal control?                                  |         |                           | ┌ Yes     | ☐ No      |
|                | Did the organization inform all grantees, donors, and<br>used only for charitable purposes and not for the ber<br>conferring impermissible private benefit   |  |         |                           | ┌ Yes     | ┌ No      |
| ar             | Conservation Easements. Complete   | ıf the organization answered "Yes" to                                    | o Forr  | n 990, Part IV,           | lıne 7.   |           |
|                | Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year | on or pleasure) Preservation of an Preservation of a c                   | ertıfıe | d historic structu        | re        |           |
|                |  |  |         | Held at the E             | nd of the | Year      |
|                | Total number of conservation easements   |  | 2a      |                           |           |           |
| b              | Total acreage restricted by conservation easements   | •  | 2b      |                           |           |           |
| C              | Number of conservation easements on a certified his  | storic structure included in (a)   | 2c      |                           |           |           |
| d              | Number of conservation easements included in (c) a   | cquired after 8/17/06  | 2d      |                           |           |           |
|                | Number of conservation easements modified, transfe<br>the taxable year -<br>Number of states where property subject to conserva<br>Does the organization have a written policy regarding   | ation easement is located <b>F</b>                                       |         |                           | _         | <b>-</b>  |
|                | enforcement of the conservation easements it holds<br>Staff and volunteer hours devoted to monitoring, insp  |  | ents d  | uring the vear ►          | Yes       | No        |
|                | A mount of expenses incurred in monitoring, inspecti   |  |         |                           |           |           |
|                | Does each conservation easement reported on line 2<br>170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | 2 (d) above satisfy the requirements of sec                              | tıon    |                           | ┌ Yes     | ┌ No      |
|                | In Part XIV, describe how the organization reports c<br>balance sheet, and include, if applicable, the text of t<br>the organization's accounting for conservation easer   | the footnote to the organization's financial                             |         | •                         |           |           |
| art            | Organizations Maintaining Collection Complete if the organization answered   | ons of Art, Historical Treasures,<br>"Yes" to Form 990, Part IV, line 8. | or Ot   | her Similar A             | ssets.    |           |
|                | If the organization elected, as permitted under SFA S<br>art, historical treasures, or other similar assets held<br>provide, in Part XIV, the text of the footnote to its fir  | for public exhibition, education or research                             | h ın fu |                           |           | e,        |
| _              | If the organization elected, as permitted under SFAS<br>historical treasures, or other similar assets held for<br>provide the following amounts relating to these items  | public exhibition, education, or research ii                             |         |                           |           |           |
|                | (i) Revenues included in Form 990, Part VIII, line 1   |  |         | <b>►</b> \$               |           |           |
|                | (ii) Assets included in Form 990, Part X   |  |         | <b>&gt;</b> \$            |           |           |
|                | If the organization received or held works of art, hist following amounts required to be reported under SFA  |  | r finan |                           |           |           |
|                | Revenues included in Form 990, Part VIII, line 1   | -  |         | <b>-</b> \$               |           |           |
|                |  |  |         | · +                       |           |           |

**b** Assets included in Form 990, Part X

| ar     | Organizations Maintaining Co  | llections of Art                    | t, His  | tori            | <u>cal Tre</u>           | <u>easur</u> | es, or O                          | the   | r Similar <i>i</i>              | <u>Asse</u> | ts (co         | ntınued)  |
|--------|---|-------------------------------------|---------|-----------------|--------------------------|--------------|-----------------------------------|-------|---------------------------------|-------------|----------------|-----------|
| 3      | Using the organization's accession and othe items (check all that apply)                      | r records, check an                 | y of th | e foll          | owing tl                 | nat are      | a sıgnıfıca                       | ant u | se of its coll                  | ection      | 1              |           |
| а      | Public exhibition   |                                     | d       | $\vdash$        | Loan o                   | rexcha       | ange progr                        | ams   |                                 |             |                |           |
| ь      | Scholarly research  |                                     | e       | Γ               | Other                    |              |                                   |       |                                 |             |                |           |
| c      | Preservation for future generations   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| ļ      | Provide a description of the organization's content XIV                                       | ollections and expla                | ıın hov | vthey           | y furthei                | the or       | ganızatıon                        | 's ex | empt purpos                     | e ın        |                |           |
| 5      | During the year, did the organization solicit<br>assets to be sold to raise funds rather than |                                     |         | ,               |                          |              |                                   |       | ılar                            | _           | Yes            | ┌ No      |
| a i    | t IV Escrow and Custodial Arrang  |                                     |         |                 |                          |              | answere                           | d "Y  | es" to Forn                     | າ 990       | ,              |           |
|        | Part IV, line 9, or reported an ar  |                                     |         |                 | •                        |              |                                   |       |                                 |             |                |           |
| a      | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?                |                                     | -       |                 |                          | ions or      | other ass                         | ets r | not                             | _           | Yes            | Г No      |
| b      | If "Yes," explain the arrangement in Part XI  | V and complete the                  | follow  | ing ta          | able                     |              | г                                 |       |                                 | _           |                |           |
| _      |   |                                     |         |                 |                          |              | -                                 |       |                                 | A mou       | nτ             |           |
| C      | Beginning balance   |                                     |         |                 |                          |              | -                                 | 1c    |                                 |             |                |           |
| d      | Additions during the year   |                                     |         |                 |                          |              |                                   | 1d    |                                 |             |                |           |
| e      | Distributions during the year   |                                     |         |                 |                          |              | -                                 | 1e    |                                 |             |                |           |
| f      | Ending balance  |                                     |         |                 |                          |              |                                   | 1f    |                                 |             |                |           |
| а      | Did the organization include an amount on F   |                                     | e 21?   |                 |                          |              |                                   |       |                                 |             | Yes            | No        |
|        | If "Yes," explain the arrangement in Part XI\   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| a      | rt V Endowment Funds. Complete  | If the organization (a)Current Year |         | were<br>Prior \ |                          |              | orm 990,<br>Years Back            |       | t IV, line 1<br>Three Years Bad |             | NEOUR V        | ears Back |
| ,      | Beginning of year balance   | (a) current rear                    | (6)     | TIO             | icai                     | (C)IWO       | Tears back                        | (4)   | Timee rears bac                 | × (e,       | ji our re      | ars back  |
| -<br>b | Contributions   |                                     |         |                 |                          |              |                                   |       |                                 | +           |                |           |
| -<br>С | Investment earnings or losses   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| d      | Grants or scholarships  |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| e      | Other expenditures for facilities   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
|        | and programs  |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| f      | Administrative expenses   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| g      | End of year balance   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
|        | Provide the estimated percentage of the year  | r end balance held                  | as      |                 |                          |              |                                   |       |                                 |             |                |           |
| а      | Board designated or quasi-endowment 🕨   | %                                   |         |                 |                          |              |                                   |       |                                 |             |                |           |
| b      | Permanent endowment 🕨 %   | •                                   |         |                 |                          |              |                                   |       |                                 |             |                |           |
| c      | Term endowment ► %  |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| а      | Are there endowment funds not in the posse  | ssion of the organiz                | atıon t | that a          | re held                  | and ad       | mınıstere                         | d for | the                             |             | · ·            |           |
|        | organization by  (i) unrelated organizations  |                                     |         |                 |                          |              |                                   |       |                                 | Ba(i)       | Yes            | No        |
|        | (ii) related organizations  |                                     |         |                 |                          |              |                                   |       | _                               | Ba(ii)      |                |           |
| ь      | If "Yes" to 3a(II), are the related organization  |                                     |         |                 |                          |              |                                   | ٠.    |                                 | 3b          |                |           |
|        | Describe in Part XIV the intended uses of th  | e organization's en                 | dowme   | ent fu          | nds                      |              |                                   |       |                                 |             |                |           |
| аг     | t VI Investments—Land, Building   | s, and Equipme                      | nt. S   | ee F            | orm 99                   | 0, Par       | t X, line                         | 10.   |                                 |             |                |           |
|        | Description of investment   |                                     |         |                 | a) Cost or<br>sis (inves |              | ( <b>b)</b> Cost or<br>basis (oth |       | (c) Accumul<br>depreciati       |             | ( <b>d)</b> Bo | ook value |
| а      | Land  |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| b      | Buildings   |                                     |         |                 |                          |              |                                   |       |                                 |             |                |           |
| c      | Leasehold improvements  |                                     |         |                 |                          |              | 10                                | 0,089 |                                 | 8,576       |                | 1,513     |
| d      | Equipment   |                                     |         |                 | · · ·                    |              | 8                                 | 7,993 | 7                               | 6,991       |                | 11,002    |
| e      | Other   |                                     |         |                 |                          |              | 3:                                | 1,726 | 1                               | 8,469       |                | 13,257    |

25,772

| Part VII Investments—Other Securities. Sec   | e Form 990, Part X, line 17        |  |
|--|------------------------------------|--|
| <ul><li>(a) Description of security or category<br/>(including name of security)</li></ul>   | (b)Book value                      | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives  |                                    |  |
| Closely-held equity interests  |                                    |  |
| Other  |                                    |  |
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|  |                                    |  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)   | <b>*</b>                           |  |
| Part VIII Investments—Program Related. Se  | ee Form 990, Part X, line          | 13.  |
| (a) Description of investment type   | (b) Book value                     | (c) Method of valuation                                  |
| ——————————————————————————————————————   | (b) Book value                     | Cost or end-of-year market value                         |
|  |                                    |  |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  | ▶ Inc. 1E                          |  |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
|  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X, (a) Descri   | ine 15.                            | (b) Book value   |
| Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line                               | ine 15.                            | (b) Book value   |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part                               | Ine 15.  Iption  15.)  X, line 25. |  |
| Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line                               | ine 15.                            |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part                               | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | Ine 15.  Iption  15.)  X, line 25. |  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability | 15.)  X, line 25.  (b) A mount     |  |

Schedule D (Form 990) 2009

|           | Tdent if ier  | Deturn Deference  |          |            | Fynlanat      | ion   |           |
|-----------|---|---|----------|------------|---------------|-------|-----------|
| Part      | plete this part to provide the descript V, line 4, Part X, Part XI, line 8, Part tional information |   |          |            |               |       |           |
|           | t XIV Supplemental Inform   |   |          | <u> </u>   |               |       |           |
| 5         | Total expenses Add lines 3 and 4c.  | <u> </u>  | rt I, lu | ne 18 ) .  |               | 5     | 1,232,275 |
| C         | Add lines <b>4a</b> and <b>4b</b>   |   |          |            |               | 4c    | 566       |
| b         | Other (Describe in Part XIV) .  |   | •        | 4b         | 566           | 1     |           |
| а         | Investment expenses not included  | on Form 990, Part VIII, line 7b                             |          | 4a         |               | 1     |           |
| 4         | A mounts included on Form 990, Pa   | rt IX, line 25, but not on line 1:                          |          |            |               |       |           |
| 3         | Subtract line ${f 2e}$ from line ${f 1}$  |   |          |            |               | 3     | 1,231,709 |
| e         | Add lines <b>2a</b> through <b>2d</b>   |   |          |            |               | 2e    | 0         |
| d         | Other (Describe in Part XIV) .  |   |          | 2d         |               | ]     |           |
| c         | Other losses  |   |          | 2c         |               | ]     |           |
| b         | Prior year adjustments  |   |          | 2b         |               | 1     |           |
| а         | Donated services and use of faciliti  | es  |          | 2a         |               |       |           |
| 2         | A mounts included on line 1 but not   | on Form 990, Part IX, line 25                               |          |            |               |       |           |
| 1         | Total expenses and losses per audistatements  | ted financial   |          |            |               | 1     | 1,231,709 |
|           |   | nses per Audited Financia                                   | l Sta    | tements    | With Expense  | s per |           |
| 5         | Total Revenue Add lines 3 and 4c.   | (This should equal Form 990, Par                            | t I, lın | e 12 ) .   | <u> </u>      | 5     | 1,397,260 |
| c         | Add lines <b>4a</b> and <b>4b</b>   |   |          |            |               | 4c    | 0         |
| b         | Other (Describe in Part XIV) .  |   | . [      | 4b         |               |       |           |
| а         | Investment expenses not included  | on Form 990, Part VIII, line 7b                             | .        | 4a         |               |       |           |
| 4         | A mounts included on Form 990, Pa   | rt VIII, line 12, but not on line 1                         |          |            |               |       |           |
| 3         | Subtract line <b>2e</b> from line <b>1</b>  |   |          |            |               | 3     | 1,397,260 |
| e         | Add lines <b>2a</b> through <b>2d</b>   |   |          |            |               | 2e    | 6,387     |
| d         | Other (Describe in Part XIV) .  |   | [        | 2d         | -566          | 1     |           |
| c         | Recoveries of prior year grants .   |   | .        | 2c         |               | 1     |           |
| b         | Donated services and use of faciliti  |   | .        | 2b         | ,             | 1     |           |
| а         | Net unrealized gains on investment  |   | . 1      | 2a         | 6,953         |       |           |
| 2         | A mounts included on line 1 but not   |   |          |            |               |       |           |
| 1         | Total revenue, gains, and other sup   | •   |          |            |               | 1     | 1,403,647 |
|           | Excess or (deficit) for the year per fixed Reconciliation of Rever                                  | nancial statements. Combine line  nue per Audited Financial |          |            | Mith Devenue  |       |           |
| 10        | Total adjustments (net) Add lines 4   |   | _        |            |               | 10    |           |
| 9         | Other (Describe in Part XIV)  |   |          |            |               | 9     | 6,953     |
| 8         | Prior period adjustments  |   |          |            |               | 8     |           |
| 7         | Investment expenses   |   |          |            |               | 7     |           |
| 6         |   | 5   |          |            |               | 6     |           |
| 5         | Donated services and use of facilitie   |   |          |            |               | 5     | 1         |
| 4         | Net unrealized gains (losses) on inve   |   |          |            |               | 4     | 6,953     |
| 3         | Excess or (deficit) for the year Subt   |   |          |            |               | 3     | 164,985   |
| 2         | Total expenses (Form 990, Part IX,  |   |          |            |               | 2     | 1,232,275 |
| 1         | Total revenue (Form 990, Part VIII,   | ge in Net Assets from Fori                                  | 11 JJ    | o to Filld | nciai Stateme | 1     | 1,397,260 |
| # 12:11 a | Reconciliation of Chanc   | IE IN NET ASSETS TROM FORI                                  | m yyı    | U TO FINA  | nciai Stateme | nts   |           |

Schedule D (Form 990) 2009

Part XII, Ln 2d & Part XIII, Ln 4b Investment management fees included as a reduction of revenue in audited financial

statements and as an expense on Form 990

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. 
▶ Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493246009030

Open to Public Inspection

Employer identification number

| UNITED WATS OF TEXAS INC  |  |  |                              |   |   | 74-1618608                             |                                      |
|---|--|--|------------------------------|---|---|--|--------------------------------------|
| Part I General Inform   | ation on Grants and  | l Assistance                             |                              |   |   | 1                                      |                                      |
| <ol> <li>Does the organization main<br/>the selection criteria used</li> <li>Describe in Part IV the org</li> </ol> | to award the grants or as  | sıstance <sup>?</sup>                    |                              |   |   |  | ▽ Yes ┌ N                            |
| Form 990, Part IV   | er Assistance to Go<br>, line 21 for any recip<br>dule I-1 (Form 990) if | ient that received r                     | nore than \$5,000. Ch        | eck this box if no one                    | recipient receive   | d more than \$5,000.                   | Use                                  |
| (a) Name and address of organization or government  | <b>(b)</b> EIN   | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of gran<br>or assistance |
| See Addıtıonal Data Table   |  |  |                              |   |   |  |                                      |

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

| 1                              |                                  |                             |   |  |                                       |
|--------------------------------|----------------------------------|-----------------------------|---|--|---------------------------------------|
| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | (c)A mount of<br>cash grant | ( <b>d)</b> A mount of<br>non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|                                |                                  |                             |   |  |                                       |

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

| Ident if ier                                  | Return Reference | Explanation  |
|---|------------------|--|
| Procedure for Monitoring<br>Grants in the U S | Part I, Line 2   | Schedule I, Part I, Line 2 THE ORGANIZATION WILL WORK WITH THE BOARD TO GET VOLUNTEERS TO WORK ON THE GRANT COMMITTEE THIS COMMITTEE REVIEWS THE GRANT PROPOSALS AND SENDS A RSP AND EVALUATION FORM TO THE APPLICANTS THE COMMITTEE WILL SCORE EACH APPLICANT BASED ON THE PAPERWORK RECEIVED AND MEET TO DISCUSS THE SCORES APPLICANTS ARE SCORED ACCORDING TO EACH GRANT'S CRITERIA EACH GRANTEE WHO RECEIVES FUNDING MUST FOLLOW UP WITH THE ORGANIZATION WITH PROPER DOCUMENTATION ON HOW THEY USED THE FUNDS |
|   |                  |  |
|   |                  |  |
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|   |                  |  |

Software ID:

**Software Version:** 

**EIN:** 74-1618608

Name: UNITED WAYS OF TEXAS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Method of (g) Description of (h) Purpose of grant

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section<br>if applicable | ( <b>d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|---|------------|---------------------------------------|--------------------------------------|---|--|--|---------------------------------------|
| United Way of Galveston<br>PO Box 2250<br>Galveston, TX 77553                 | 74-1198299 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| United Way of Orange County<br>PO Box 1583<br>Orange,TX 776311583             | 74-6023140 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| UW of the Greater Jasper<br>AreaP O Drawer 59<br>Jasper,TX 75951              | 75-1812947 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| United Way of Greater<br>Houston50 Waugh Drive<br>Houston,TX 77007            | 74-1167964 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| Brazoria County United Way<br>PO Box 1959<br>Angleton, TX 775161959           | 74-1362982 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| United Way of Baytown Area<br>PO Box 425<br>Baytown,TX 775220425              | 74-1255656 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| Mainland Communities UW<br>PO Drawer 3098<br>Texas City, TX 775923098         | 74-1257159 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| Montgomery County United<br>WayP O Box 8965<br>The Woodlands,TX<br>773878965  | 23-7282537 | 501(c)(3)                             | 10,000                               |   |  |  | GENERAL SUPPORT                       |
| Money Management<br>International2718B South<br>Medford Dr<br>Lufkin,TX 75901 | 54-1837741 | 501(c)(3)                             | 7,250                                |   |  |  | GENERAL SUPPORT                       |
| United Way of Palo Pinto<br>County IncPOBox 1223<br>Mineral Wells, TX 76068   | 75-0922700 | 501(c)(3)                             | 7,250                                |   |  |  | GENERAL SUPPORT                       |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                     |   |   |   |                                       |  |  |  |
|---|----------------|---------------------------------------|-------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| Texas Neighborhood<br>Services720 North Beaton<br>Street<br>Corsicana,TX 75110                                  | 75-1224978     | 501(c)(3)                             | 7,250                               |   |   |   | GENERAL SUPPORT                       |  |  |  |
| FAMILIES & LITERACY INC<br>824 Water Street Suite 100<br>Kerrville,TX 78028                                     | 74-2592573     | 501(c)(3)                             | 7,250                               |   |   |   | GENERAL SUPPORT                       |  |  |  |
| United Way of Walker County<br>PO Box 321<br>Huntsville, TX 773420321   | 76-0178980     | 501(c)(3)                             | 7,250                               |   |   |   | GENERAL SUPPORT                       |  |  |  |

DLN: 93493246009030

**Employer identification number** 

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| ON | TIED WATS OF TEASING  |           | 74-1618608  |    |     |    |
|----|---|-----------|---|----|-----|----|
| Pa | rt I Questions Regarding Compensation   | n         |   |    |     |    |
|    |   |           |   |    | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III   |           |   |    |     |    |
|    | First-class or charter travel   |           | Housing allowance or residence for personal use                   |    |     |    |
|    | Travel for companions   | Г         | Payments for business use of personal residence                   |    |     |    |
|    | Tax idemnification and gross-up payments  |           | Health or social club dues or initiation fees                     |    |     |    |
|    | Discretionary spending account  | Γ         | Personal services (e g , maid, chauffeur, chef)                   |    |     |    |
| b  | If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc   | -         | , , , , , ,   | 1b | Yes |    |
| 2  | Did the organization require substantiation prior to r<br>officers, directors, trustees, and the CEO/Executive  |           |   | 2  | Yes |    |
| 3  | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the   |           | y   |    |     |    |
|    | Compensation committee  | l<br>F    | Written employment contract                                       |    |     |    |
|    | Independent compensation consultant   | <u> </u>  | ·   |    |     |    |
|    | Form 990 of other organizations   | <u>~</u>  | Approval by the board or compensation committee                   |    |     |    |
| 4  | During the year, did any person listed in Form 990, or a related organization   | Part VII  | I, Section A, line $f 1a$ with respect to the filing organization |    |     |    |
| а  | Receive a severance payment or change-of-control  | paymen    | nt?   | 4a |     | Νo |
| b  | Participate in, or receive payment from, a suppleme   | ntal non  | qualified retirement plan?  | 4b |     | Νo |
| c  | Participate in, or receive payment from, an equity-b  | ased co   | mpensation arrangement?   | 4c |     | Νo |
|    | If "Yes" to any of lines 4a-c, list the persons and pr  | ovide th  | ne applicable amounts for each item in Part III                   |    |     |    |
| 5  | Only 501(c)(3) and 501(c)(4) organizations only mu-<br>For persons listed in form 990, Part VII, Section A,<br>compensation contingent on the revenues of |           |   |    |     |    |
| а  | The organization?   |           |   | 5a |     | Νo |
| b  | Any related organization?   |           |   | 5b |     | Νo |
|    | If "Yes," to line 5a or 5b, describe in Part III  |           |   |    |     |    |
| 6  | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of   | line 1a,  | , did the organization pay or accrue any                          |    |     |    |
| а  | The organization?   |           |   | 6a |     | Νo |
| b  | Any related organization?   |           |   | 6b |     | Νo |
|    | If "Yes," to line 6a or 6b, describe in Part III  |           |   |    |     |    |
| 7  | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of   |           |   | 7  |     | No |
| 8  | Were any amounts reported in Form 990, Part VII, psubject to the initial contract exception described in Part III   |           |   | 8  |     | No |
| 9  | If "Yes" to line 8 did the organization also follow the   | a rahutt: | able presumption procedure described in Regulations               |    |     |    |

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name        |             | <b>(B)</b> Breakdown of  | W-2 and/or 1099-MI  |  | (C) Retirement and             |             | (E) Total of columns | (F) Compensation                                |  |
|-----------------|-------------|--------------------------|---|--|--------------------------------|-------------|----------------------|---|--|
|                 |             | (i) Base<br>compensation | (ii) Bonus & (iii) Other reportable compensation compensation |  | other deferred<br>compensation | benefits    | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |  |
| Karen R Johnson | (ı)<br>(ıı) | 157,648<br>0             | 10,790<br>0   |  | 0                              | 21,057<br>0 | 189,495<br>0         | 0   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |
|                 |             |                          |   |  |                                |             |                      |   |  |

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

|      | Return<br>Reference | Explanation   |
|------|---------------------|---|
| Part | rt I, Line 1a       | (AREN JOHNSON HAS A \$5,000 DISCRETIONARY SPENDING ACCOUNT OF WHICH SHE ONLY SPENT \$2,031 00 |

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493246009030

**SCHEDULE 0** 

(Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information to Form 990**

2009

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

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization UNITED WAYS OF TEXAS INC **Employer identification number** 

74-1618608

| ldentifier                                   | Return<br>Reference     | Explanation  |
|--|-------------------------|--|
| Form 990, Part<br>III, line 2                | New Program<br>Services | See Form 990, Part III, Line 4c and 4d (Schedule O) for descriptions of the following new programs Gates Foundation, Disaster, RTFEP, EITC, PAES   |
| Form 990, Part<br>VI, Section A,<br>line 4   |                         | The organization's bylaws were revised and adopted on 7/31/2009 Addition to Article IV, Section 2 Upon a majority vote of the board, a member whose final three year term will expire at the end of the current year may be elected to one additional consecutive three (3) year term if there is an extraordinary need for the member's expertise and leadership as recognized by the board |
| Form 990, Part<br>VI, Section A,<br>line 6   |                         | THE ORGANIZATION RECEIVES MEMBERSHIP DUES FROM ITS MEMBERS   |
| Form 990, Part<br>VI, Section B,<br>line 11  |                         | The 990 is presented to the board for review prior to filing   |
| Form 990, Part<br>VI, Section B,<br>line 12c |                         | THE DOCUMENT IS PRESENTED TO THE BOARD AT THE JANUARY BOARD MEETING AND SENT OUT TO ANY MEMBERS NOT PRESENT AT THIS TIME THEY NOTIFY THE BOARD OF ANY CONFLICTS AND THEN SIGN OFF ON THE DOCUMENT THIS IS THEN MONITORED DURING THE YEAR IN CASE OF ANY NEW CONFLICTS  |
| Form 990, Part<br>VI, Section B,<br>line 15  |                         | EACH YEAR THE ORGANIZATION PURCHASES A NON-PROFIT SALARY STUDY PUBLICATION TO REVIEW AND COMPARE CURRENT STAFF POSITIONS TO COMPARABLE POSITIONS IN THE STUDY THE CEO AND SR VP OF OPERATIONS PRESENT THEIR FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD FINAL APPROVAL OF ANNUAL SALARY INCREASES ARE VOTED ON BY THE ENTIRE BOARD IN THE ANNUAL BUDGET             |
| Form 990, Part<br>VI, Section C,<br>line 19  |                         | ALL FORMS ARE AVAILABLE FROM OUR WEBSITE AND UPON WRITTEN REQUEST  |
| Form 990, Part<br>III, Line 4c               |                         | Grant revenues of \$135,000 w ere received in 2008 related to this program   |

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493246009030

OMB No 1545-0172

Department of the Treasury

See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number UNITED WAYS OF TEXAS INC Form 990 Page 10 74-1618608 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 250.000 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 8,174 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 9.673 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 17.847 and on the appropriate lines of your return Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

23

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense

| complete on Section A—Depreciation  | <i>ly 24a, 24b, c</i><br>and Other I | olumns <sup>*</sup> | (a) thro             | ugh (c)       | of Se               | ction  | A, all                        | of Sect           | ion B                   | , ar       | nd Se            | ction (     | C if a         |                       |        |
|---|--------------------------------------|---------------------|----------------------|---------------|---------------------|--------|-------------------------------|-------------------|-------------------------|------------|------------------|-------------|----------------|-----------------------|--------|
| 24a Do you have evidence to supp  |                                      |                     |                      |               |                     |        |                               | <b>lb</b> If "Yes |                         |            |                  |             |                |                       |        |
| (a) (b)   | (c)<br>Business/                     |                     | 1)                   | Basis for     | (e)                 |        | (f)                           | <b>(</b> g)       | )                       |            | (h               | )           |                | (i)<br>Electe         |        |
| Type of property (list vehicles first)  Date place service  | I I                                  |                     | r other<br>sıs       | (busines      |                     |        | Recovery<br>period            | Metho<br>Conve    |                         | Ī          | Depreci<br>deduc |             |                | section<br>cost       | 179    |
| 25Special depreciation allowance for 50% in a qualified business use (s                                   |                                      | erty placed         | in service (         | during the    | tax yeaı            | rand ι | ised more                     |                   | 25                      |            |                  |             |                |                       |        |
| 26 Property used more than 50   |                                      | business            | use                  |               |                     |        |                               | ı                 | -                       |            |                  |             |                |                       |        |
|   | %                                    |                     |                      |               |                     |        |                               |                   |                         |            |                  |             | +              |                       |        |
|   | %                                    |                     |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| 27 Property used 50% or less  |                                      | siness us           | е                    |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
|   | %                                    |                     |                      |               |                     |        |                               | S/L -<br>S/L -    |                         |            |                  |             | _              |                       |        |
|   | %                                    |                     |                      |               |                     |        |                               | S/L -             |                         |            |                  |             | $\dashv$       |                       |        |
| 28 Add amounts in column (h)  | , lines 25 throug                    | ıh 27 En            | ter here a           | and on lu     | ne 21.              | page   | 1 .                           |                   | 28                      |            |                  |             |                |                       |        |
| 29 Add amounts in column (i),   |                                      |                     |                      |               |                     | -      |                               |                   |                         |            |                  | 29          |                |                       |        |
|   |                                      |                     | —Infor               |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| Complete this section for vehic   | les used by a so                     | ole propri          | etor, part           | tner, or o    | ther "r             | nore i | than 5%                       | owner,            |                         |            |                  |             |                |                       |        |
| If you provided vehicles to your employer   | oyees, first answer                  | the questio         |                      | _             |                     |        | n excepti                     |                   | ipleting<br>T           |            | _                |             | _              |                       |        |
| <b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) |                                      | 1 -                 | a)<br>cle 1          |               | <b>b)</b><br>icle 2 | V e    | (c)<br>hicle 3                | V                 | (d<br>ehic              | -          | Vehi             | e)<br>cle 5 |                | ( <b>f)</b><br>ıcle 6 |        |
| <b>31</b> Total commuting miles driv  |                                      |                     |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| <b>32</b> Total other personal(nonco  | mmuting) miles                       | drıven              |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| <b>33</b> Total miles driven during the through 32  | ne year Add line                     | s 30                |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| <b>34</b> Was the vehicle available f   | or personal use                      |                     | Yes                  | No            | Yes                 | No     | Yes                           | No                | Ye                      | es         | No               | Yes         | No             | Yes                   | No     |
| during off-duty hours? .  |                                      |                     |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| 35 Was the vehicle used prima<br>owner or related person?   |                                      |                     |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| <b>36</b> Is another vehicle availabl   | e for personal us                    | se? .               |                      |               |                     |        |                               |                   |                         |            |                  |             |                |                       |        |
| Section C—Q Answer these questions to det 5% owners or related persons                                    | ermine if you me                     | et an exc           |                      |               |                     |        |                               |                   |                         |            |                  |             |                | not mo                | re tha |
| 37 Do you maintain a written p  | `                                    |                     | hibits all           | personal<br>• | use of              | vehi   | cles, inc                     | luding o          | omm                     | utınç<br>• | g, by y          | our.        | Y              | es                    | No     |
| 38 Do you maintain a written p  | •                                    | •                   | •                    |               |                     |        |                               |                   |                         |            | •                |             | -              |                       |        |
| employees? See the instru<br><b>39</b> Do you treat all use of vehi                                       |                                      |                     |                      |               | : i s , u i i       |        | •                             |                   | e own                   |            |                  |             | $\vdash$       |                       |        |
| <b>40</b> Do you provide more than f vehicles, and retain the info  |                                      |                     | oyees, ol            | btaın ınfo    | rmatio<br>•         | n froi | m your e                      | employe           | es ab                   | out t      | he us            | e of the    | e 🗌            |                       |        |
| <b>41</b> Do you meet the requireme   | nts concerning o                     | qualified           | automobi             | le demor      | nstratio            | on us  | e? (See                       | ınstruci          | ions )                  |            |                  |             |                |                       |        |
| Note: If your answer to 37,   | 38, 39, 40, or 4                     | l1 ıs "Ye           | s," do not           | t comple      | te Sec              | tion E | for the                       | covered           | d vehi                  | cles       |                  |             |                |                       |        |
| Part VI Amortization  |                                      |                     |                      |               |                     |        |                               |                   |                         |            |                  |             | •              | •                     |        |
| (a)<br>Description of costs   | <b>(b)</b><br>Date<br>amortizatio    | n                   | (c<br>A morti<br>amo | ızable        |                     |        | ( <b>d)</b><br>Code<br>ection | I                 | (e)<br>rtizat<br>riod o |            |                  |             | (f)<br>rtızatı |                       |        |
| 40.4  | begins                               |                     |                      |               |                     |        | 2011                          | per               | centa                   | ge         |                  |             | his ye         | <b>ы</b> I            |        |
| <b>42</b> A mortization of costs that   | begins during yo                     | ur 2009<br>T        | tax year             | (see ins      | tructio<br>T        | ns)    |                               | 1                 |                         | Т          |                  |             |                |                       |        |
|   |                                      |                     |                      |               | +                   |        |                               |                   |                         | $\dashv$   |                  |             |                |                       |        |
| 43 A mortization of costs that  | began before yo                      | ur 2009 t           | tax year             |               |                     |        |                               | <del></del>       | 4                       | 3          |                  |             |                |                       | 1,13   |

44 Total. Add amounts in column (f) See the instructions for where to report

44

Software ID: Software Version:

**EIN:** 74-1618608

Name: UNITED WAYS OF TEXAS INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

|   |                                 |                                   | (000 1110 11101  |   |             |  |  |  |  |  |
|---|---------------------------------|-----------------------------------|--|---|-------------|--|--|--|--|--|
| 4d. Other program services                  |                                 |                                   |  |   |             |  |  |  |  |  |
| (Code                                       | ) (Expenses \$                  | 83,585                            | ıncludıng grants of \$   | ) (Revenue \$   | )           |  |  |  |  |  |
| provided much-nee<br>network of member      | ded response and recovery res   | ources to eigh<br>These funds     | nt Texas communities affect                                    | Hurricane Season Fund, United Way<br>ed by Hurricanes Gustav and/or Ike<br>ld their lives following the disasters                 | through its |  |  |  |  |  |
| (Code                                       | ) (Expenses \$                  | 46,200                            | including grants of \$   | ) (Revenue \$   |             |  |  |  |  |  |
| Education Project (l<br>Texas by establishi | RTFEP) in 2009 The RTFEP in     | iitiative aimed<br>al education p | l to improve the financial lite<br>rograms in five rural commu | Texas created the Rural Texas Fina<br>racy of individuals living and workin<br>nities As a result of the initiative, a<br>ervices | g ın rural  |  |  |  |  |  |
| (Code                                       | ) (Expenses \$                  | 44,791                            | including grants of \$   | 34,500 ) (Revenue \$  | 6,078)      |  |  |  |  |  |
| statewide in 2009 t<br>Assistance (VITA)    | o conduct outreach and promo    | tion for the Ea<br>ticipating VIT | irned Income Tax Credit (EI<br>FA sites assisted lower-inco    | ed Ways of Texas worked with 12 Ui<br>TC) in conjunction with Volunteer Ir<br>me individuals and families in filing<br>unds       | ncome Tax   |  |  |  |  |  |
| (Code                                       | ) (Expenses \$                  | 10,000                            | including grants of \$   | ) (Revenue \$   | )           |  |  |  |  |  |
| groups and local Un<br>investments in your  | nited Ways to convene a busine  | ss leader sun<br>d business le    | nmıt ın Houston, TX to discu                                   | nited Ways of Texas partnered with<br>ss the economic importance of early<br>d the United States to discuss how t                 | y .         |  |  |  |  |  |
| (Code                                       | ) (Expenses \$                  | 402,394                           | ıncludıng grants of \$   | ) (Revenue \$   | )           |  |  |  |  |  |
| All other program e                         | xpenses directly support the oi | rganızatıon's r                   | mission in education, income                                   | e and health  |             |  |  |  |  |  |
|   |                                 |                                   |  |   |             |  |  |  |  |  |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors |   |                                   |                                  |  |  |  |  |  |  |  |
|--|---|-----------------------------------|----------------------------------|--|--|--|--|--|--|--|
| (A)<br>Name and Title                              | (B)<br>A verage<br>hours<br>per<br>week |                                   | (C) ition (chec that apply       | )  | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |  |  |  |
|  |   | Individual trustee<br>or director | Officer<br>Institutional Trustee | Former Highest compensated employee Key employee | 2/1099-M13C)   | MISC)  | related<br>organizations   |  |  |  |
| Tracı Wickett<br>CHAIR OF THE BOARD                | 1 50                                    | X                                 | X                                |  | 0  | 0  | 0  |  |  |  |
| Frank Castellanos<br>SECRETARY                     | 1 50                                    | Х                                 | Х                                |  | 0  | 0  | 0  |  |  |  |
| Bill O'Brien<br>TREASURER                          | 1 50                                    | Х                                 | X                                |  | 0  | 0  | 0  |  |  |  |
| Jim Hine<br>CHAIR-ELECT                            | 1 50                                    | Х                                 | X                                |  | 0  | 0  | 0  |  |  |  |
| Woody Gossom Jr<br>PAST CHAIR                      | 1 50                                    | Х                                 | X                                |  | 0  | 0  | 0  |  |  |  |
| Carol Hebert<br>PROFESSIONAL COUNCIL CHA           | 1 50                                    | Х                                 | X                                |  | 0  | 0  | 0  |  |  |  |
| JOE ARABIE<br>BOARD MEMBER                         | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| ANNA BABIN<br>BOARD MEMBER                         | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| ann thompson<br>BOARD MEMBER                       | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| Dr Raymond Hawkins<br>BOARD MEMBER                 | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| steve HO WARD<br>BO ARD MEMBER                     | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| PHILIP HURLEY<br>BOARD MEMBER                      | 1 50                                    | Х                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| stephanie cone<br>boARD MEMBER                     | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| daVID LANGSTON<br>BOARD MEMBER                     | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| dIANA PHILLIPS<br>BOARD MEMBER                     | 1 50                                    | Х                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| dr aubrey sharpe<br>BOARD MEMBER                   | 1 50                                    | Х                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| J SCOTT WILSON<br>BOARD MEMBER                     | 1 50                                    | X                                 |                                  |  | 0  | 0  | 0  |  |  |  |
| Karen R Johnson<br>PRESIDENT                       | 40 00                                   |                                   | X                                |  | 168,438  | 0  | 21,057   |  |  |  |
| NANCY THORNTON<br>VP OF FINANCE & ADMIN            | 40 00                                   |                                   | X                                |  | 86,415   | 0  | 14,456   |  |  |  |
| Roxanne Jones<br>SR VICE PRESIDENT                 | 40 00                                   |                                   | X                                |  | 99,091   | 0  | 15,381   |  |  |  |
| Jason Sabo<br>Sr VP of public policy               | 40 00                                   |                                   |                                  | ×  | 104,464  | 0  | 16,215   |  |  |  |

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| EQUIPMENT MAINTENANCE &   | 24,539                | 20,622                             | 3,389                                     | 528                            |
| TELEPHONE   | 13,657                | 11,477                             | 1,886                                     | 294                            |
| PRINTING  | 6,553                 | 5,087                              | 1,466                                     |                                |
| SUPPLIES  | 5,382                 | 4,827                              | 449                                       | 106                            |
| SUBSCRIPTIONS & PUBLICA   | 4,330                 | 3,685                              | 645                                       |                                |