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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

		enue Service		► The organizatio	n may have to us	e a copy of this return to	o satisfy state repo	rtıng requirer	ments	Ор	en to Publi	ic Inspection
	For th	e 2009 calend	ar year,	or tax year begii	nning 9/0	1 ,;	2009, and endi	ng 8/	31		, 2010	
В	Check if	applicable		C	-				D Empl	oyer iden	tification Num	ber
	Add	dress change	Please use IRS label	GUADALUPE		NITED WAY			74	-2738	3713	
	Nar	me change	or print or type.	P.O. BOX 8					E Telep	hone nun	nber	
	Init	ial return	See specific	SEGUIN, TX	₹ 78156-0	805			83	0-303	3-3263	
	Ter	rmination	Instruc- tions.	ĺ								
	Am	nended return							G Gross	s receipts	s 2	280,144.
	Apr	plication pending	F Name a	and address of principa	al officer			H(a) Is this				Yes X No
	ш.	1	Same A	As C Above				H(b) Are all				Yes No
ī	Tax-	exempt status			(insert no)	4947(a)(1) (or 527	If 'No,'	attach a lis	st (see in	structions)	
Ţ		site: N/A		<u> </u>	<u> </u>	1 13 17 (2)		H(c) Group	exemption	number I	>	
ĸ			X Corpora	ation Trust	Association	Other ►	L Year of Forma				legal domicile	TX
	rt I	Summar		7.001	1 / 2000 4 10 1		2 7001 071 01110		<u></u>	0.0.0	regar dormane	
				anization's miss	ion or most s	ignificant activities	TO PROVI	DE FUN	DS TO	ОТНІ	ER LOCA	I. NOT
ø.		FOR PROFI		,			72.521	<u> </u>	20.40		<u> </u>	=
Activities & Governance	-					· -						
Ĕ	_					. 						
8	2 (Check this box	>	if the organization	on discontinue	ed its operations or	disposed of me	ore than 2	5% of its	sasset	s S	
න න				bers of the gove						3		10
es	1			-	_	rning body (Part VI	, line 1b)			4		0
Ϋ́				yees (Part V, line	•					5		$\frac{1}{2}$
Act				eers (estimate if		II, column (C), line	12		•	6 7a		0.
•		•		∍ taxable incom e			12			7b		0.
				VED		70 1, 11/10 04		7	rior Yea		C	ent Year
	8 (Contributions a	nd gran	ts (Part VII dine	1h)			<u>-</u> -	270,			279,566.
ïue	9 F	Program service	inu gran ne∖teveni	ne (Part. VIII) ine	20)	•		 	270,	302.		277,300.
Revenue	10	9 Program servine (Part VIII) ne 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										578.
æ												
						Part VIII, column (A	A), line 12)		271,	612.	2	280,144.
				ounts pald (Part I					201,	760.	2	206,150.
	14 E	Benefits paid to	or for i	members (Part I)	X, column (A)	, line 4)						
						art IX, column (A), I	lines 5-10).		32,	620.		33,769.
Expenses			-	g fees (Part IX, o	-		•					
pen				nses (Part IX, col		-	18,751.			, .×	1	- 1
Ä				•			10,731.			761.	·	17,567.
				X, column (A), lii		<u>-</u>	E		249,		-	257,486.
				Subtract line 1		, column (A), line 2	3)			471.		22,658.
	19 6	revenue less e	xpenses	Subtract line 1	o iroin line 12	<u>2</u>		' 				
Net Assets or Fund Balancos	ОО Т	F-1-1		16)				Begin	ning of			of Year
Bafe		Fotal assets (P		•					195,	253.		218,243. 68,717.
F F		Total liabilities	-	•								
	<u>22 </u>			nces Subtract li	ne 21 from lir	ne 20			126,	868.		L49,526.
Fa	I L II	Signatur										
		Under penalties of true, correct, and	of perjury, I complete	declare that I have ex Declaration of prepare	camined this returner (other than office	n, including accompanying er) is based on all inform	g schedules and stat ation of which prepa	tements, and arer has any k	to the best nowledge	of my kn	owledge and be	elief, it is
Sig	ın		2	Chin	- 6			1	1-10	1-2	2//	
He	re	Signature of	<i>CLLAA</i> officer	e via	DILOTAL			Dat	te	<u>, </u>	(01)	
		> 1 au	منم	Claealla	em Ro	ard Presi	dent					
		Type or print	name and	title	CALL DOG	ard ITES	aens					
		1					Date	Ch	eck if	Pr	reparer's identi ee instructions	fying number
Pai	d	<u> </u>	_	////	111			/ sel		s 🛶 (s	ee instructions)
Pre		Preparer's signature	حر ٠	2/5/1/	11/2008	7	1/13/1	/ "	.p.oyeu -		VADA1	5952
par	er's	Firm's name (or	E. K	Keith Moore	, CPA		17.7	•			VVVI.	- 1
Us		yours if self-		Landa	., O.A		<u>.</u>	—— EII	v ► .	74-23	349854	
On	ıy	address, and		Braunfels,	TX 7813	<u> </u>				(830		2475
Mari	the IP	ZIP + 4				o (see instructions)	·		one no	(03)	X Yes	No No
			-			ee the separate ins		•	TEEA0113	12/20		n 990 (2009)
		uug mus ann	p-			vopu.u.v 1113			,			. 555 (2005)

	ILL BAR (SODA) GONDALOPE COUNTY ONLIED MAX	14-2	138/13	Page 2
Pa	art III Statement of Program Service Accomplishments			
1				
	TO PROVIDE FUNDS TO OTHER LOCAL NOT FOR PROFITS			.
2	2 Did the organization undertake any significant program services during the year which wer	e not listed on the prior		
	Form 990 or 990-EZ?	o not noted on the phot	Yes X	No
	If 'Yes,' describe these new services on Schedule O			
2	·		☐ Yes X	l Na
3	3,	y program services?	∐ Yes X	No
	If 'Yes,' describe these changes on Schedule O			
4	4 Describe the exempt purpose achievements for each of the organization's three largest pro and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour	ogram services by expens	ses Section 501((c)(3)
	expenses, and revenue, if any, for each program service reported	it of grants and anocation	is to others, the t	lulai
	PROTES A MARKAGERY			
4 a	4a (Code: 206, 150. including grants of \$ 2	<u>06,150.</u>) (Revenue	\$)
	SEE ATTACHED			
A L	1 507	\	6	
40	1b (Code: \$\) 1,597. including grants of \$\)) (Revenue	>)
			-	
				
4 c	c (Code ⁻) (Expenses \$ including grants of \$) (Revenue	Ś)
		/ (·	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
4 -	d Other program conveces (December of Calabeta CA)			<u></u>
4 d	d Other program services (Describe in Schedule O)			
		(Revenue \$	)	
4 e	e Total program service expenses ► 207,747.			

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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	1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 , (
•	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	* * * *	1,	-
	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	1, 2	-' 1	. i
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	**		1
•	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	-		
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
122	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_		<u>X</u>

Form 990 (2009) GUADALUPE COUNTY UNITED WAY

Part IV Checklist of Required Schedules (continued)

		<del></del>	T .	$\overline{}$
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .	28a		X
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .	28b		X
	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
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		<u>X</u>
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		<u>X</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197  Note. All Form 990 filers are required to complete Schedule O  .	38	х	
AA		Form	990 (	วกกดา

Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1 a 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>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.			
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  2a 1			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	_		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
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		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶	1		
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		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
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?	5с		
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		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).	j.	ž - :	**,
a 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	-	Î
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
<b>g</b> 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?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	1 2 		, 
9 Sponsoring organizations maintaining donor advised funds.	-3"	-,	
a Did the organization make any taxable distributions under section 4966?	9 a	-	
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter	12.7	· n	1.31
a Initiation fees and capital contributions included on Part VIII, line 12 .   10a		( - Tr.	, , , ,
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1.5	3	٠.
11 Section 501(c)(12) organizations. Enter		` .	, ,
a Gross income from other members or shareholders		`;	1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	4	· ,	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			

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

Se	ction A.	Governing Body and Management				
					Yes	No
1	a Enter the	number of voting members of the governing body	1a 10	507	٠.,	
	<b>b</b> Enter the	number of voting members that are independent	1b	7		ι,
2	? Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other person.	under the direct supervision	3		Х
4		rganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		Х
7	a Does the	organization have members, stockholders, or other persons who may elect one or r	more members of the	7a		х
	<b>b</b> Are any o	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions undering:	ertaken during the year by		u., .,	4 " 4"
	a The gove	rning body?		8a	*~-	X
	<b>b</b> Each con	nmittee with authority to act on behalf of the governing body?		8b		Х
9	Is there a	iny officer, director or trustee, or key employee listed in Part VII, Section A, who cal ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9		х
		Policies (This Section B requests information about policies not i				
Rev	venue Code	)				
					Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?		10a		X
	<b>b</b> If 'Yes,' dand brand	oes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10Ь		
11	Has the c	rganization provided a copy of this Form 990 to all members of its governing body I	before filing the form?	11	Χ.	
11	<b>A</b> Describe	in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule O		ر الألماء	7, 1
		organization have a written conflict of interest policy? If 'No,' go to line 13 .		12a	Х	
	<b>b</b> Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests is?	that could give rise	12Ь	Х	
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done See Schedule O	licy? If 'Yes,' describe in	12c	Х	
		organization have a written whistleblower policy?		13	Х	
		organization have a written document retention and destruction policy?		14	Х	
		cocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec				
		nization's CEO, Executive Director, or top management official See Schedule	0	15a	X	<del></del>
		cers of key employees of the organization .	• •	15b	# 1.C	<u>X</u>
		line 15a or 15b, describe the process in Schedule O (See instructions)				<b>1</b>
	entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similaring the year?	_	16a	. 1	X
	ın joint ve	as the organization adopted a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and taken steps to safeguard h respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	ction C.	Disclosures				
17	List the st	ates with which a copy of this Form 990 is required to be filed None				
18	inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	e for p	oublic
	ш	website Another's website X Upon request				
19	statement	n Schedule O whether (and if so, how) the organization makes its governing docums available to the public See Schedule 0				ncıal
20		name, physical address, and telephone number of the person who possesses the bing NES P.O. BOX 805 SEGUIN TX 78156-0805 830-303-326		ınızatı	on: _ <b>_</b> -	

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

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

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

  List persons in the following order undividual trustees or directors institutional trustees officers: key employees highest compensations.

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 no	ot comper	isate a	any (	curr	ent	officer	, dır	ector, or trustee.		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	tion (		k all t	that app	ly)	Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the
		rect.	tutio	ğ	emp	lest o	ner	(11 2/033-111130)	(11-2/1033-111130)	organization and related
		9 =	na! t		oloye	e com				organizations
•		stee	rust		ñ	ens				
		i	ee		•	ated				
JAMES C KUVET										
President	1 0							0.	0.1	0.
MARIA AVALOS										<del></del>
Vice President	0							0.	0.	0.
LAURIE CHEATHAM										
Secretary	0							0.	0.	0.
HOPE VASQUEZ										
Treasurer	0							0.	0.	0.
WALTER PARRISH								·		
Director	0							0.	0.	0.
KEN COLLINS									İ	
Director	0							0.	0.	0.
RENE M MORENO										
Director	0		_					0.	0.	0.
JIM ABBOTT	_						-	_	_	
Director	0							0.	0.	0.
JIM PRICE			ı					_		_
Director	0				_	<b> </b>	_	0.	0.	0.
RANDI JONES		ĺ	ŀ		1					
Executive Direc	35				$\dashv$		_	29,749.	0.	0.
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Part VII   Section A. Officers, Directors, Trust	i .	(ey	En			es,	an			
(A)	(B) Average	Post	tion /	-	c)	lhat a	nakA	(D)	(E)	(F)
Name and Title	hours per week			Officer		employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									· · · · · · · · · · · · · · · · · · ·	
									<del></del>	
							<b>.</b>	20. 740		0
1 b Total								29,749.	0.	0
2 Total number of individuals (including but not limited from the organization ► 0	1 to thos	se ns		abc	ove)	wnc	rec	ceived more than		Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	ee, k	еу (	emp	loye	e, c	or hiệ	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	oortable an \$15	con 0,00	nper 0? /	nsat f 'Ye	ion es' d	and comp	othe olete	er compensation f e Schedule J for s	rom uch	4 X
5 Did any person listed on line 1a receive or accrue corendered to the organization? If 'Yes,' complete Sch	ompens edule J	ation for s	n fro such	m a i pe	ny i	inre	late	d organization for	services	5 X
ection B. Independent Contractors	·									
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of	
(A) Name and business address	5							(B) Description o	f Services	(C) Compensation
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►		imite	ed to	o the	ose	lıste	ed al	bove) who receive	ed more than	

Pa	rt VIII   Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  1				
CONTRI AND O	g Noncash contribus included in lns 1a-1f \$	279,566.			
PROGRAM SERVICE REVENUE	Business Code  2a  b  c				
RAM SER	d e				
PROG	f All other program service revenue g Total. Add lines 2a-2f . ▶				
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> <li>Royalties</li> </ul>	578.	578.		
	(i) Real (ii) Personal  6a Gross Rents b Less. rental expenses c Rental income or (loss)		, , ,	, , ,	****
	d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less, cost or other basis			, ,	
	and sales expenses  c Gain or (loss)  d Net gain or (loss)	- Lake Lakemin (			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				, , , , , , , , , , , , , , , , , , ,
0	c Net income or (loss) from fundraising events.  9a Gross income from gaming activities. See Part IV, line 19	<i>3</i>			· · · · }
	b Less direct expenses c Net income or (loss) from gaming activities				· 1
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b	•			, ,
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
i	11a b c				
	d All other revenue. e Total. Add lines 11a-11d.	200 144			
i	12 Total revenue. See instructions	280,144.	578.	0.	<u> </u>

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	206,150.	206,150.		,
	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2007 2001	200, 200.	,	,
	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				
	Compensation of current officers, directors, trustees, and key employees	29,749.	0.	14,874.	14,875
Ŭ	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages				
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,744.		1,744.	
9	Other employee benefits				
10	Payroll taxes	2,276.		1,138.	1,138
	Fees for services (non-employees)  Management				
b	Legal				- <del></del>
С	Accounting	2,100.		2,100.	
d	Lobbying				
е	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				
_	Advertising and promotion				
	Office expenses	1,284.		1,284.	
	Information technology				
	Royalties				
	Occupancy	3,084.		3,084.	
	Travel	249.			249
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,597.	_1,597.		
22	Depreciation, depletion, and amortization	109.		109.	
_	Insurance	3,510.		2,130.	1,380
,	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)	10,		-	
	TELEPHONE	2,682.		2,682.	
-	Dues and subscriptions	1,510.		1,510.	
-	SUPPLIES	987.		<del>-/:-::</del>	987
	Postage and Shipping	221.		221.	
	BOARD MEETINGS	122.	··		122
-	All other expenses	112.		112.	
	Total functional expenses. Add lines 1 through 24f	257,486.	207,747.	30,988.	18,751
26	Joint costs. Check here ►				

**Balance Sheet** Part X (B) End of year (A) Beginning of year 2,948. 2,933. Cash - non-interest-bearing 1 136,590 2 157,115. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 55,558. 3 56,832. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis 10a 3,804 Complete Part VI of Schedule D 10b 2,441 25 1,363 b Less: accumulated depreciation 10 c 11 Investments - publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 195,121 16 218,243 17 Accounts payable and accrued expenses 17 68,717 18 68,253 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 68,253 26 68,717. X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 126,868 27 149,526 28 28 Temporarily restricted net assets Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 149,526. Total net assets or fund balances 126,868. 33 195,121 218,243 34 Total liabilities and net assets/fund balances BAA Form 990 (2009) Part XI Financial Statements and Reporting Yes No X Cash Other 1 Accounting method used to prepare the Form 990 Accrual If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х **b** Were the organization's financial statements audited by an independent accountant? 2b **c** If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Both consolidated and separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За Х **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. 3ь

BAA

Form 990 (2009)

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

#### **Public Charity Status and Public Support**

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization GUADALUPE COUNTY UNITED WAY 74-2738713 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described X 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type II d | Type III - Other c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g(i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of Supported Organization (ii) EIN (IV) Is the (vii) Amount of Support organization in col (i) listed in your your support? governing document? (see instructions)) No Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

J.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I )			
Sec	tion A. Public Support		, <del>-</del> -				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	279,749.	298,841.	286,764.	270,582.	279,56	6. 1,415,502.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	279,749.	298,841.	286,764.	270,582.	279,56	6. 1,415,502.
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).	,	4,8				0.
	Public support. Subtract line 5 from line 4						1,415,502.
Sec	tion B. Total Support	<del></del>					<del>. ,</del>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	279,749.	298,841.	286,764.	270,582.	279,56	5. 1,415,502.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,050.	1,614.	1,790.	1,030.	578	6,062.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV ).						0.
11	Total support. Add lines 7 through 10	•				,	1,421,564.
12	Gross receipts from related activi	ities, etc (see ins	tructions)			1	
13	First five years. If the Form 990 organization, check this box and	s for the organiza	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3) ► ∏
	tion C. Computation of Pub					··	
	Public support percentage for 20	•	``	e 11, column (f)		1	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14	. 10		1/2 0/	5 99.6%
	33-1/3 support test — 2009. If the and stop here. The organization 33-1/3 support test — 2008. If the and stop here. The organization of the stop here.	organization did	not check a box o	on line 13, or 16a,			<del></del>
17 a	10%-facts-and-circumstances teror more, and if the organization rethe organization meets the 'facts	st - 2009 If the or neets the 'facts-ar	rganization did no	it check a box on test, check this t	oox and stop her	e. Explain in P	art IV how
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	meets the 'facts-ai I-circumstances' I	nd-circumstances test. The organiz	' test, check this t ation qualifies as	oox and <b>stop her</b> a publicly suppor	e. Explain in P ted organizati	art IV how the on. ►
18 RAA	Private foundation. If the organiz	zation did not ched	ck a box on line,	13, 16a, 16b, 17a,			e instructions

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b · " A" "#5". ٠, , , , , , 8 Public support (Subtract line . 71. 7c from line 6.) Section B. Total Support (f) Total (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included infine 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 18 19 a 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 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

Schedule A	(Form 9	90 or 9	90-EZ)	2009	GU.	ADALUPI	E CO	UNTY	UNITE	D WAY	Y		74-273	88713	Page
Part IV	Supple Part II	ement	tal Info	ormat	tion.	Comple	te thi	s part	to pro	vide th	ne e	xplanations req additional infor	uired by	Part II, İı See instri	ne 10;
		, 11116	O	170,	anu	i i ait iii,		12.11	TOVIGE	arry Ot	.1101	additional info	mation. C		
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Employer Identification number

GUADALUPE	COUNTY	ONITED	WAY	

74-2738713 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year). 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? | Part III Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(i)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Partills Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 GUADA								74-273			Page 2
Part III Organizations Mainta	ining Coll	ections	of Art, Hist	orical T	reasur	es, or (	Other Sim	ilar Ass	ets (c	ontin	ued)
3 Using the organization's acquisiti items (check all that apply):	on accessioi	n and oth	er records, che	ck any o	f the foll	owing tha	at are a sigi	nificant us	e of its	collec	tion
a Public exhibition			d Loan	or excha	nge pro	grams					
<b>b</b> Scholarly research			e U Other	·	<u>-</u>						
c Preservation for future gener											
4 Provide a description of the organ Part XIV.				_		-			ie in		
5 During the year, did the organiza assets to be sold to raise funds r.	tion solicit o ather than to	r receive o be mair	donations of a ntained as part	rt, histori of the or	cai treas ganizatio	ures, or one	other simila ction?	r [	Yes	į	No
Part IV Escrow and Custodial 9, or reported an amount	Arranger	nents (	Complete if o	organiza					90, Pa	ırt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodi	an, or oth	ner intermediar	y for cont	tributions	s or other	assets not	[	Yes	i	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV	and com	plete the follow	ıng table							
									Amoun	<u>.t</u>	
<b>c</b> Beginning balance							1c				
<b>d</b> Additions during the year		•					1 d				
e Distributions during the year	•						1e				
f Ending balance							1f		7.,		<del></del>
2a Did the organization include an a		orm 990,	Part X, line 217	,				Ĺ	Yes		∐No
b If 'Yes,' explain the arrangement			tion once	ad IVas	' to Eo	rm 000	Dort IV	line 10			
Part V Endowment Funds Cor								years back	(4)	Four way	ra baale
1 a Basimping of year halance	(a) Curren	t year	(b) Prior yea	,	(c) Two ye	, als Dack	(u) Three	years back	(e)	Four yea	
1 a Beginning of year balance  b Contributions					<del></del>	- ` ` ` ` ` ` `	/ .		, , ,	*******	- / /
ļ					: 1	ş. '	( J. 1 ) ( J. 1 ) ( J. 1 )		4.1.54	- 3410 4	12.62
c Net Investment earnings, gains, and losses			· · · · · · · · · · · · · · · · · · ·		· , · · · ·	1, a	, E , , , , , , , , , , , , , , , , , ,	A ball	, 1	1 4 A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
d Grants or scholarships	<del></del>					<u>, jako</u>	1	الأدرانية الأدرانية الأدرانية الإدرانية			- i
e Other expenditures for facilities and programs							3.5.		. 1		1
f Administrative expenses							<i>*</i> ,		<u> </u>	12	<del></del>
g End of year balance.						1 _			<u> </u>		<del></del>
2 Provide the estimated percentage	-	end bala	ince neid as.								
a Board designated or quasi-endow			₹								
b Permanent endowment ► c Term endowment ►	%										
3a Are there endowment funds not in organization by	n the posses	sion of t	ne organization	that are	held and	d adminis	tered for th	е	ſ	Yes	No
(i) unrelated organizations									3a(i)		+
(ii) related organizations									3a(ii)		<del>                                     </del>
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations	listed as	required on So	chedule F	۲۶				3b		
4 Describe in Part XIV the intended	_		•								
Part VI Investments-Land, Bu						art X. lı	ne 10.				
Description of investment		(a) Cost	or other basis estment)	<b>(b)</b> Co	st or oth	ner	(c) Accumu Deprecia		(d) E	3ook ∨	'alue
1a Land											
<b>b</b> Buildings											
c Leasehold improvements											
<b>d</b> Equipment					3,8	304.	2	,441.		1	,363.
e Other			•								
Total. Add lines 1a through 1e (Column	(d) must ed	qual Forn	n 990, Part X, c	olumn (E	3), line 1	0(c) )		<b>&gt;</b>			,363.
BAA								Schedu	ıle <b>D</b> (F	orm 9	90) 2009

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 GUADALUPE COUNTY UNITED WAY

74-2738713

Page 3

for uncertain tax positions under FIN 48

Sch-	edule D (Form 990) 2009 GUADALUPE COUNTY UNITED WAY	74-2738713	Page 4
Pa	rt XI. Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		280,144.
2	Total expenses (Form 990, Part IX, column (A), line 25)		257,486.
3	Excess or (deficit) for the year Subtract line 2 from line 1		22,658.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		<del></del>
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		22,658.
Pai	tःX।। Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Total revenue, gains, and other support per audited financial statements .	1	280,144.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants . 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d		
	Subtract line 2e from line 1	3	280,144.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	91 52	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	4c	200 144
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		280,144.
	tiXIIIi Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	257,486.
	Total expenses and losses per audited financial statements .  Amounts included on line 1 but not on Form 990, Part IX, line 25		231,400.
	Donated services and use of facilities 23		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	257,486.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	257,486.
	teXIV Supplemental Information		<del></del>
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines 1b and 2 part to provide a	2b, Part V, ny additional
			· <del>-</del> -

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 GUADALUPE COUNTY UNITED WAY  Part XIV   Supplemental Information (continued)	74-2738713	Page 5
Part XIV   Supplemental Information (continued)		
		<del>-</del>
	. <b></b>	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection Name of the organization GUA

GUADALUPE COUNTY UNITED WAY	74-2738713	
Part I: General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	nd X No	N N
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	: :	? :1
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	answered 'Yes' to Form	
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	re than \$5,000. Use	
Dort IV and Cobodula 1.1 /Form 0000 if additional agests in acceptal		

ratury and ocheque I-1 (rorm 990) if additional space is needed	FORTH YYU) II AUUI	Ilonai space is i	Jeeded				× ▲
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					•		
				•			
					-		
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	rganizations				<b>A</b>	0
3 Enter total number of other organizations	tions					<b>A</b>	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice, se	e the Instructions f	or Form 990.	TEEA3901L	01/01/20	Schedu	Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 74-2738713 GUADALUPE COUNTY UNITED WAY Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 (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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BAA

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No 1545-0047
2009

Open to Public 13

Employer identification number Name of the organization 74-2738713 GUADALUPE COUNTY UNITED WAY Form 990, Part VI, Line 11 - Form 990 Review Process <u>Copies of the Form 990 were available for review at the November board meeting along</u> with the annual audit Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts An annual review of conflicts of interests are signed and discussed during the allocations process Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment An annual evaluation is done by each board member and then combined with the entire board with comps of similar positions Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available All governing documents, policies, financial statements and tax returns are available upon requests at the office.

Schedule <b>O</b> (Form 990) 2009		Page 2
Name of the organization	Employer identification number	
GUADALUPE COUNTY UNITED WAY	74-2738713	
		<b>-</b> -