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Form **990**

Department of the Treasury

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 2010

Open to Public

		e Treasury e Service	► The organization may have to use a copy of this return to satisfy sta	ate reporting r	equirement	Inspection			
A Fo	r the	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010						
B Che	ck ıfa	pplicable	C Name of organization UNITED WAYS OF TEXAS INC		D Employe	r identification number			
┌ Add	ress ch	nange			74-161	8608			
┌ Nan	ne cha	nge	Doing Business As		E Telephon	e number			
┌ _{Inıtı}	al retu	rn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	-				
_ _{Теп}	mınate	d	1122 COLORADO NO 102	Room, saite	(512)4	78-6601			
Ame			City or town, state or country, and ZIP + 4		G Gross rece	eipts \$ 1,288,012			
_		n pending	AUSTIN, TX 78701						
ı App	ilcatioi	rpending	F. N						
			F Name and address of principal officer KAREN R JOHNSON	H(a) Isthisag	group return for a	ffiliates? Yes No			
			1122 COLORADO NO 102	H(b) Are all a	iffiliates include	ed?			
			AUSTIN,TX 78701			st (see instructions)			
T Tay	/-even	npt status	▼ 501(c)(3)	H(c) Group	exemption	number 🟲			
		<u>. </u>							
J W	ebsite	e: 🕨 WW'	W UWTEXAS ORG						
K Form	n of or	ganızatıon	Corporation	L Year of form	nation 1969	M State of legal domicile TX			
Pai	rt I	Sumi	mary						
Activities & Governance		MEMBER	WAYS OF TEXAS EXISTS TO IMPROVE TEXAS COMMUNITIES AS P SERVICES, STATEWIDE INITIATIVES AND PUBLIC POLICY IS box If the organization discontinued its operations or disposed of						
5			of voting members of the governing body (Part VI, line 1a)		3	I			
%			of independent voting members of the governing body (Part VI, line 1b)		4				
Ě			nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	5			
tct	6	Total nun	nber of volunteers (estimate if necessary)		6	i 19			
•	7a	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a							
	b	Net unrel	ated business taxable income from Form 990-T, line 34		71	b 0			
				Prior	Year	Current Year			
a.	8	Contrib	outions and grants (Part VIII, line 1h)		1,175,222	877,186			
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		195,948	· ·			
łąv.	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		26,090				
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0			
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1,397,260	1,111,073			
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		148,750	194,280			
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)		0	0			
<i>(</i> 6)	15		s, other compensation, employee benefits (Part IX, column (A), lines 5-	-	700050	512.212			
Expenses		10)			709,858	<u>'</u>			
<u>⊕</u>	16a		sional fundraising fees (Part IX, column (A), line 11e)		0	0			
Ā	ь		ndraising expenses (Part IX, column (D), line 25) • 14,016						
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		373,667	· · · · · ·			
	18 19		xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,232,275	· · · ·			
an en	13	Revent	ue less expenses Subtract line 18 from line 12	Beginning	164,985	-114			
တည္။ ကျည္				Бедіппіng Ye		End of Year			
egg	20	Total a	ssets (Part X, line 16)		978,895	1,016,925			
Net Assets or Fund Balances	21	Total lı	abilities (Part X, line 26)		310,769	318,830			
žΞ	22	Net as	sets or fund balances Subtract line 21 from line 20		668,126	698,095			
Par	t II	Signa	ature Block						
	edge :		erjury, I declare that I have examined this return, including accompanying sch , it is true, correct, and complete. Declaration of preparer (other than officer)	is based on al	l information				
Sign		I -	ture of officer	Date	1-08-05 e				
Here		KARE	N R JOHNSON PRESIDENT/CEO						
			or print name and title						
		Print/Type			heck if self-	_ PTIN			
Paid	}	preparer's Firm's nam	name KAREN E ATCHLEY KAREN E ATCHLEY ne ATCHLEY & ASSOCIATES LLP	e	mployed 🕨				
Prepa	rer					Firm's EIN			
Use C		rırm's add	ress • 6850 AUSTIN CENTER BLVD STE 180			Phone no ▶ (512) 346- 2086			
 May t	he IR	S discus	AUSTIN, TX 787313129 s this return with the preparer shown above? (see instructions)			✓ Yes No			

1 01111	330 (2010)					raye
Par			ce Accomplishment onse to any question in t			
1	Briefly describe the o	rganization's mission				
STA	TEWIDE LEADERSHIP	THAT MEASURABLY	IMPROVES TEXAS CO	MMUNITIES AS PLA	ACES TO LIVE AND	DO BUSINESS
2	the prior Form 990 or	990-EZ?	nt program services dur			√Yes
	If "Yes," describe thes	se new services on Sc	hedule O			
3	services?		ake significant changes	•		✓ Yes No
	If "Yes," describe thes	se changes on Schedu	le O			
4	Section 501(c)(3) and	d 501(c)(4) organizati	for each of the organiza ons and section 4947(a id revenue, if any, for eac)(1) trusts are requir	ed to report the amou	
4a	(Code) (Expenses \$	190,348 including g	rants of \$) (Revenue \$	189,600)
	EDUCATION EMPLOYEES DOLLARS IN 2010 ADDIT NONPROFITS LOCALLY, S' AROUND THE CAMPAIGN,	ÙNDÉR THE MANAGEMENT IONALLY, THE SECC HAS GI TATEWIDE, NATIONWIDE AI , LAUNCHING A USER-FRIEI	E EMPLOYEE CHARITABLE CAI OF UWT, THE SECC HAS GRO ROWN TO PROVIDE STATE AN ND INTERNATIONALLY UWT H NDLY WEBSITE TO PROVIDE D AIGN IN THEIR WORKPLACE,	OWN FROM A LITTLE MOR D HIGHER EDUCATION EN AS INCREASED THE CAMI ETAILED INFORMATION R	E THAN 2 MILLION DOLLAF IPLOYEES AN OPPORTUNIT PAIGN THROUGH PROMOT EGARDING THE CAMPAIGN	S TO OVER 9 85 MILLION Y TO GIVE TO MORE THAN 50 ING A UNIFIED MESSAGE I, PROVIDING HELPFUL TOOLS
4b	(Code) (Expenses \$	125,000 including g	rants of \$	73,500) (Revenue \$)
	KINDERGARTEN UWT AN THE SOCIAL, EDUCATION KINDERGARTEN BY PROM OUTCOMES AND ON THE PRE-KINDERGARTEN IN KINDERGARTEN QUALITY	ID ITS NETWORK OF LOCAL AL, AND ECONOMIC BENEF HOTING POLICIES THAT BEN COSTS AND BENEFITS OF I 2010 UWT CONCENTRATEI AND ACCESS THE PURPO	RE-K NOW AND THE PEW CEN. UNITED WAYS USE TRADITION USE OF HIGH QUALITY PRE-KINGERIA USEFI BOTH CHILDREN AND TARIGH QUALITY PRE-KINDERGA OITS EFFORTS ON CONVENIN SE OF THESE EFFORTS WERE REPROVE THE QUALITY OF THE	DNAL AND HIGH TECH ME, NDERGARTEN UWT FOCU AXPAYERS USING THE BE WITHER BE WITHER BEARNER G STAKEHOLDERS TO DR TO ASSIST IN SECURING	ASURES TO ENSURE THAT USES ON IMPROVING THE ST AVAILABLE RESEARCH (ED BROAD AND DIVERSE ! AFT A COMMON AGENDA F POLICY CHANGES DESIGN	TEXANS ARE FULLY AWARE O QUALITY OF THE TEXAS PRE- ON IMPROVING CHILD SUPPORT FOR HIGH QUALITY OR IMPROVING PRE-
4c	(Code) (Expenses \$	86,000 including g	rants of \$	77,600) (Revenue \$)
	TEXAS - PARTICULARLY II WORKFORCE CENTERS, (ALSO REACHING OUT TO	N THE RURAL AREAS SATE OR COMMUNITY CENTERS THOSE WHO MAY NOT HAV ORMATION, THEY ARE CEN	THE COLLEGE FOR ALL TEXANS LLITE GO CENTERS ARE LOCA THESE GO CENTERS PROVIDI E PREVIOUSLY CONSIDERED OF TERS OF ENERGY AROUND WI	TED IN NON-EDUCATIONA E STUDENTS WITH ACCES CONTINUING THEIR EDUC	AL SETTINGS SUCH AS PUE IS TO INFORMATION ABOU CATION BEYOND HIGH SCH	LIC LIBRARIES, LOCAL T HIGHER EDUCATION, WHILL OOL MORE THAN A
	Other program service	ces (Describe in Sche	dule O) See also Addit i	onal Data for Descrir	ot ion	
	(Expenses \$	•	uding grants of \$	24,500) (Re		25,005)
4e	Total program servic	e expenses ⊁ \$	937,762			

			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 (see instruction)? 🕏	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		No
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 quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	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 ? If "Yes," complete Schedule F, Parts II and IV	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 ? If "Yes," complete Schedule F, Parts III and IV.	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 (see instructions)	17		Νο
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
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		Νο
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		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		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 IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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 (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		N
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
5	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	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?	9Ь		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities			
_	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders			
	against amounts due or received from them)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
~	Did the organization receive any nayments for indoor tanning services during the tay year?	14-		N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

Part VI 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					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax					
Lu	year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	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 reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
	venue coue.)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		No		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11a	11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form					
	That the digametation provided a copy of this form 550 to an inempers of its governing body before iming the form	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply					

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 NANCY R THORNTON 1122 COLORADO SUITE 102

AUSTIN, TX 78701

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JIM HINE CHAIR OF THE BOARD	1 50	х		х				0	0	0
(2) PHILIP HURLEY SECRETARY	1 50	х		х				0	0	0
(3) BILL O'BRIEN TREASURER	1 50	х		х				0	0	0
(4) J SCOTT WILSON CHAIR-ELECT	1 50	Х		х				0	0	0
(5) TRACI WICKETT PAST CHAIR	1 50	Х		х				0	0	0
(6) CLIFFORD W GRIMES PROFESSIONAL COUNCIL CHAIR	1 50	Х		х				0	0	0
(7) FRANK CASTELLANOS BOARD MEMBER	1 50	Х						0	0	0
(8) ANNA BABIN BOARD MEMBER	1 50	х						0	0	0
(9) CAROL HEBERT BOARD MEMBER	1 50	х						0	0	0
(10) JOE ARABIE BOARD MEMBER	1 50	х						0	0	0
(11) GLENN COCHRAN BOARD MEMBER	1 50	х						0	0	0
(12) STEPHANIE CONE BOARD MEMBER	1 50	х						0	0	0
(13) JUDGE WOODY GOSSOM JR BOARD MEMBER	1 50	х						0	0	0
(14) DR RAYMOND HAWKINS BOARD MEMBER	1 50	х						0	0	0
(15) STEVE HOWARD BOARD MEMBER	1 50	х						0	0	0
(16) TIM MCKINNEY BOARD MEMBER	1 50	Х						0	0	0 Form 990 (2010)

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

(A) Name and Title		(B) Average hours per	1	tion ((che				(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of ot	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganızatı relatı organıza	:he on and ed
	DIANA PHILLIPS D MEMBER	1 50	x						0		0		0
	DR AUBREY SHARPE D MEMBER	1 50	х						0		0		0
٠,	KIMBERLY BOWERS D MEMBER	1 50	х						0		0		0
	KAREN R JOHNSON IDENT	40 00			Х				162,308		0		23,685
	NANCY THORNTON F FINANCE & ADMIN	40 00			Х				79,447		0		17,070
(22)	ROXANNE JONES ICE PRESIDENT	40 00			Х				95,340		0		14,750
(23)	JASON SABO P OF PUBLIC POLICY	30 00					х		78,419		0		16,919
<u> </u>	1 01 10000 10001												
1b	Sub-Total				•	٠.		 					
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ						
d	Total (add lines 1b and 1c) .							+	337,095	0			55,505
2	Total number of individuals (incl \$100,000 in reportable compen	-				ted	above) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					eye •	mploy •	ee, o	or highest compens	ated employee	3		Νο
4	For any individual listed on line												140
	organization and related organization	ations greater tl	nan \$15	0,00	071	!f "Y •	es ," co • •	mple •	te Schedule J for suc	:h	4	Yes	
5	Did any person listed on line 1a	receive or accri	ue comp	ensa	ition	fror	nany	unrel	lated organization o	r individual for		103	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J fo	or suct	n pers	son		5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that received more	than			
	·	(A) me and business ad-							Descri	(B) uption of services		(C) Compen	
	Ivali	ne ana basiness du	u1C33						Descri	ption or services		Солгрен	Jacon
											_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **>**0

Part \		6					•	age 9
	/1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections
1			_					512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a 					
<u>a</u> 6		Membership dues		520,851				
કેસ = =		Fundraising events						
ა <u>.</u> ≣		Related organizations						
ت قرق		Government grants (contributions)		256 225				
<u>\$</u>		All other contributions, gifts, grants similar amounts not included above	e	356,335				
<u> </u>	g	Noncash contributions included in l	nes 1a-1f \$					
	h	Total. Add lines 1a-1f	<u> </u>		877,186			
JII e	_			Business Code				
Program Service Revenue		STATE EMPLOYEE CHARITA PROFESSIONAL SERVICES		900099	186,900 27,705	186,900 27,705		
Se B		CONFERENCE		900099	3,630			3,63
er vic	d							
3 8	e							
Ğ.	f	All other program service re	venue					
ž	g	Total. Add lines 2a-2f			218,235			
		Investment income (includir		-	12.201			42.20
	4	and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		13,301			13,30
			(ı) Real	(II) Personal				
		Gross Rents						
	_	Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		1				
	-	Gross amount from sales of assets other	(i) Securities 179,290	(II) O ther				
	b	than inventory Less cost or other basis and sales expenses	176,939					
		Gain or (loss)	2,351					
		Net gain or (loss)			2,351			2,35
		Gross income from fundraisi (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
		Less direct expenses . Net income or (loss) from fur						
			ctivities See Part IV, line 19 .	a				
		Less direct expenses . Net income or (loss) from ga	ming activities	ь				
		Gross sales of inventory, les returns and allowances	s a					
		Less cost of goods sold . Net income or (loss) from sa						
	11-	Miscellaneous Revenue		Business Code				
	11a							
	b c							
	_	All other revenue	<u> </u>					-
		Total. Add lines 11a-11d						
	е	Iotal. Add lilles IIa-IId		J				

Part IX Statement of Functional Expenses

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

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	194,280	194,280		· ·				
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	392,600	296,179	86,513	9,908				
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	122,990	122,990						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,305	10,305						
9	Other employee benefits	54,668	46,840	6,939	889				
10	Payroll taxes	31,755	26,216	4,947	592				
а	Fees for services (non-employees) Management								
b	Legal								
c	Accounting	10,985	10,985						
d	Lobbying	700	700						
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other	58,335	44,689	13,646					
12	Advertising and promotion	4,539	4,454	85					
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	55,579	45,614	8,931	1,034				
17	Travel	60,526	48,277	12,249					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	37,032	28,380	8,150	502				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	17,762	14,578	2,854	330				
23	Insurance	2,803	400	2,403					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)								
а	EQUIPMENT MAINTENANCE &	22,013	18,067	3,537	409				
Ь	TELEPHONE	13,247	10,872	2,129	246				
С	BAD DEBT	6,027	6,027	·	-				
d	SUPPLIES	4,534	2,836	1,698	-				
e	SUBSCRIPTIONS & PUBLICA	4,394	3,653	741	_				
f	All other expenses	6,113	1,420	4,587	106				
25	Total functional expenses. Add lines 1 through 24f	1,111,187	937,762	159,409	14,016				
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		, -	, .	,				

Parit X Balance Sheet (B) (A) Beginning of year End of year 1 82,906 58,409 20.980 183.043 2 2 267,000 94,000 3 3 196,119 4 214,929 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 8 8 Prepaid expenses and deferred charges 3,836 9 9,770 10a Land, buildings, and equipment cost or other basis Complete 142,560 10a Part VI of Schedule D 10b 111.880 ь Less accumulated depreciation 25.772 10c 30.680 188.473 83.874 11 11 193,809 342,220 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 15 15 16 978.895 16 1,016,925 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 21,906 17 32,604 Accounts payable and accrued expenses . 18 18 5,000 288.863 281.226 19 19 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 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 310,769 26 318.830 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 293,293 27 345,048 Temporarily restricted net assets 374,833 353,047 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 668,126 698,095 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 978.895 1.016.925 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	111,073
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	11,187
3	Revenue less expenses Subtract line 2 from line 1	3			-114
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		e	568,126
5	Other changes in net assets or fund balances (explain in Schedule O)	5			30,083
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6	598,09!
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	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 is	ŀ	20	162	
u	on a separate basis, consolidated basis, or both	sueu			
	▼ Separate 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		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493217008411

OMB No 1545-0047

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.

Public Charity Status and Public Support

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

Inspection **Employer identification number**

74-1618608

Pa	rt I	Reas	on for Pu	blic Charity Stat	tus (All org	anızatıons	must comp	lete this pa	art.) See ın:	structions	
he o	organi	zation is	not a privat	e foundation becaus	eıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x)		
1	Γ	A churc	h, conventi	on of churches, or as	ssociation of	churches de	scribed in se	ction 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	ın section 170(b)(1)(A)(ii). (Att	tach Schedu	le E)				
3	Γ	A hosp	tal or a coo	perative hospital sei	vice organiz	atıon descrıl	bed in sectio r	n 170(b)(1)(A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjund	ction with a l	hospital desc	rıbed ın sect	tion 170(b)(1	l)(A)(iii). En	ter the
5	Γ	An orga	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section	section 170(b)(1)(A)(iv). (Complete Part II)								
6	Γ	A feder	al, state, or	local government or	government	al unıt descr	ıbed ın sectio	on 170(b)(1))(A)(v).		
7	Γ	describ	ed in	at normally receives A)(vi) (Complete P		l part of its s	support from a	a governmer	ntal unit or fro	om the gener	al public
8	Г			described in section		(Vi) (Com	plete Part II)			
9	Ī		•	at normally receives			•	-	utions. meml	pership fees.	and gross
	,	-		ities related to its ex	• •				·		-
		ıts supp	oort from gro	oss investment incoi	me and unrela	ated busines	ss taxable inc	ome (less s	ection 511 t	ax) from bus	ınesses
		acquire	d by the org	anızatıon after June	30,1975 S	ee section 5	09(a)(2). (Co	omplete Part	:III)		
10	Г	Anorga	ınızatıon org	janized and operated	lexclusively	to test for p	ublic safety	See section	509(a)(4).		
11	Γ	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							9(a)(3). Check		
e f g	Γ	other the section of the ocheck t	nan foundati 509(a)(2) rganization his box	ox, I certify that the on managers and othe received a written de coordinate organi	etermination	or more publ	licly supporte	ype I, Type	ons describe	d in section	509(a)(1) or
•			g persons?	, 		, 3		,			
				rectly or indirectly c				ersons desc	cribed in (ii)		Yes No
			•	governing body of th		_	tion?			11g(i	+ + -
			•	er of a person describ	• •		_			11g(i	
_				led entity of a persoi		., .,				11 g(ii	ii)
h		Provide	the followir	ig information about	the supporte	d organizati	on(s)				
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govel docume	on in ed in rning	(v) Did you not organizati col (i) of support	on in your	(vi) Is the organizati col (I) orga	on in anized	(vii) A mount of support
				instructions))	Yes	No	Yes	No	Yes	No	
ota	I										

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	fits, grants, contributions, and ambership fees received (Do not clude any "unusual anits") xrevenues levied for the ganization's benefit and either id to or expended on its half levelue of services or facilities misshed by a governmental unit to eorganization without charge tail. Add lines I through 3 lep portion of total contributions by chiperson (other than a vernmental unit or publicly propried organization) included on e. I that exceeds 2% of the nount shown on line 11, column libitic Support. Subtract line 5 from e.4. Hion B. Total Support are very consistent of the organization in the discussions, rents, royalties di income from similar very consistent sines activities, whether or it the business is regularly irried on their income Do not include gan loss from the sale of capital sets (Explain in Part IV) its all support. Add lines 7 rough 10) ross receipts from related activities, etc. (See instructions) sets Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization,	c raic III.					
S	ection A. Public Support	Successive per beginning (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total introductions, and is received (Do not usual in Part IV) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total introductions of periodic interest in the production of Public Support Percentage The production of Public Support Percentage					
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	•						
	•						
_	behalf						
3							
	_						
	_						
5							
	-						
	(f)						
6	• •						
Ü	line 4						
S		1				I	
Cur		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	′ -						
8	_						
0	*						
	,						
	, , ,						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a					line 14 is 33 1/3%	or more, chec	
	· · · · · · · · · · · · · · · · · · ·	•				2.2.4.204	. ,
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ection A. Public Support		,		, p		'
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	711,183	2,063,266	1,077,716	1,175,222	877,186	5,904,57
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	80,894	39,950	343,730	195,948	218,235	878,75
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	Total. Add lines 1 through 5	792,077	2,103,216	1,421,446	1,371,170	1,095,421	6,783,330
	A mounts included on lines 1, 2, and 3 received from disqualified persons						(
b	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 amount on line 13 for the year			333,640	92,094	88,913	514,64
c	Add lines 7a and 7b			333,640	92,094	88,913	514,64
8	Public Support (Subtract line 7c from line 6)						6,268,683
Se	ection B. Total Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	792,077	2,103,216	1,421,446	1,371,170	1,095,421	6,783,330
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,227	28,751	18,988	24,090	13,301	103,35
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	18,227	28,751	18,988	24,090	13,301	103,35
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	438	299				73
13	Total support (Add lines 9, 10c, 11 and 12)	810,742	2,132,266	1,440,434	1,395,260	1,108,722	6,887,424
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	section501(c)(3) organization, ► □
Se	ection C. Computation of Pub	lic Support Po	ercentage				
15	Public Support Percentage for 2010	(line 8 column (f) divided by line	13 column (f))		15	91 020 %
16	Public support percentage from 200	9 Schedule A, P	art III, line 15			16	93 000 %
Se	ection D. Computation of Inv	estment Inco	me Percenta				
17	Investment income percentage for :				(f))	17	1 500 %
18	Investment income percentage fron	n 2009 Schedule	A , Part III , line 1	7		18	1 280 %
19a	33 1/3% support tests—2010. If the					han 33 1/3% and	
	more than 33 1/3%, check this box	and ston here . Th	ne organization di	ialifias as a niihlii	cly supported		

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493217008411

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) 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.

Political Campaign and Lobbying Activities

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

* Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II.A. Do not complete Part II.B.

Se Se If the	ction 501(c)(3) organizations that	t have filed Form 5768 (election under t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (F zations Complete Part III	under section 501	(h)) Complete Part II-B Do r	not complete Part II-A
	me of the organization ITED WAYS OF TEXAS INC			Employer ider	ntification number
ON.	TIED WATS OF TEXAS INC			74-1618608	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
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 ui	nder section 4955	5 	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 ►	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t 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 s	ection 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o	rganızatıon's funds contributed to c	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(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

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768 ((election
Α.	_ in the ining organization belongs to			
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	3,633	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	20,614	
c	Total lobbying expenditures (add lines 1a and 1	b)	24,247	
d	Other exempt purpose expenditures		1,086,940	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	1,111,187	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	186,119	
	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 li	ne 1f)	46,530	
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 -	ol	

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	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount	226,763	231,765	198,228	186,119	842,875
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,264,313
c	Total lobbying expenditures	93,474	18,100	22,651	24,247	158,472
d	Grassroots non-taxable amount	56,691	57,941	49,557	46,530	210,719
e	Grassroots ceiling amount (150% of line 2d, column (e))					316,079
f	Grassroots lobbying expenditures	1,304	1,465	1,903	3,633	8,305

art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		1.	a)		(b)	
		Yes	No		\ moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493217008411

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

me of the organization ITED WAYS OF TEXAS INC		Employer identification number
		74-1618608
organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
organization answered res to rorm's	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adfunds are the organization's property, subject to the		nor advised Yes No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		·
rt II Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990. Part IV. line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	tion or pleasure)	n historically importantly land area certified historic structure n of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easement	ts	2b
Number of conservation easements on a certified h		2c 2c
Number of conservation easements included in (c)	` ,	2d
Number of conservation easements modified, trans the taxable year ▶ Number of states where property subject to conser		
Does the organization have a written policy regards enforcement of the conservation easements it holds		dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easen	nents during the year 🟲
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easement	s during the year ► \$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	rtion Yes No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia ements	l statements that describes
TILL Organizations Maintaining Collectic Complete if the organization answered		or Other Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or resear	ch in furtherance of public service,
If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research i	·
(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, his following amounts required to be reported under SF.		or financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		▶ \$
Assets included in Form 990, Part X		► \$

Par	Organizations Maintaining Co	ollections of Ar	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or C	the	<u>r Similar As</u>	<u>sets</u>	(con	<u>tınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing t	hat are	a sıgnıfıca	ant u	se of its collect	ion		
а	Public exhibition		d	Γ	Loan	orexcha	ange progi	ams				
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's content of the organization of the organization's content of the organization of t	ollections and expla	aın hov	w the	y furthe	r the or	ganızatıor	ı's ex	empt purpose ı	n		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									_ Yes	; [□ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	90,		
_	Part IV, line 9, or reported an ar		-									
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets r		Yes	. [□ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		г	- 1				
_							-		Am	ount		
C _	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21?						l	Yes	; [No No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete											
4_	Paramana of ware balance	(a)Current Year	(b)	Prior \	rear	(c)Two	Years Back	(d)	Three Years Back	(e) Fοι	r Yea	rs Back
1a	Beginning of year balance											
b	Contributions							+				
С.	Investment earnings or losses							+				
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment											
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	zation	thata	are held	and ad	ministere	d for	the			
	organization by	ooron or the organiz				aa aa				Y	es	No
	(i) unrelated organizations								3a(i)	\perp	
	(ii) related organizations								3a(ii)	ᆜ	
	If "Yes" to 3a(II), are the related organizatio	•						•	3b	<u> </u>	丄	
4	Describe in Part XIV the intended uses of th					00 D-	+ V - lus s	1.0				
20	t VI Investments—Land, Building	s, and Equipme	ent. 5							. T		
	Description of investment				a) Cost o sis (inves		(b) Cost or basis (otl		(c) Accumulated depreciation	d (d) Boo	ok valu∈
1a	Land		•							\perp		
b	Buildings											
c	Leasehold improvements		•				1	0,959	10,5	93		36
d	Equipment		•				9	9,875	74,6	44		25,231
e	Other			1			3	1,726	26,6	43		5,083

30,680

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)O ther		
(A) TOTAL STOCK MKT IDX ADM	200,617	F
(B) VANGUARD TOTAL BOND MARKET INDEX FUND		
ADMIRAL	141,603	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	342,220	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total (Column (h) should equal Form 990 Part Y col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,111,073
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,111,187
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-114
4 Net unrealized gains (losses) on investments	4	30,083
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	30,083
Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	29,969
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
Total revenue, gains, and other support per audited financial statements	1	1,141,156
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants]	
d Other (Describe in Part XIV)]	
e Add lines 2a through 2d	2e	30,083
3 Subtract line 2e from line 1	3	1,111,073
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)	↓	
c Add lines 4a and 4b	4c	0
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,111,073
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1 Total expenses and losses per audited financial statements	1 1	1,111,187
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments	1	
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	1,111,187
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b Other (Describe in Part XIV)	1	
c Add lines 4a and 4b	4c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,111,187
Part XIV Supplemental Information		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493217008411

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization						Employer identific	cation number
UNITED WAYS OF TEXAS INC	74-1618608						
Part I General Inform	ation on Grants	and Assistance				•	
 Does the organization main the selection criteria used Describe in Part IV the organization 	to award the grants o ganization's procedur	or assistance? es for monitoring the use	of grant funds in the L				V Yes □
Form 990, Part I\		Governments and ecipient that received ded	l more than \$5,000.	Check this box if n		ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S DEFENSE FUND316 WEST 12TH STREET SUITE 105 AUSTIN,TX 78701	26-3567004	501(C)(3)	73,500				GENERAL SUPPORT
(2) AB CHRISTIAN LEARNING CENTERP O BOX 51078 FORT WORTH,TX 76054	27-0141151	501(C)(3)	6,700				GENERAL SUPPORT
(3) COLEMAN PUBLIC LIBRARY402 COMMERCIAL AVENUE COLEMAN,TX 76834	75-6000495	501(C)(3)	6,000				GENERAL SUPPORT
(4) FRIENDSHIP ROCK BAPTIST CHURCHPO BOX 60700 FORT WORTH,TX 76115	75-1639753	501(C)(3)	40,000				GENERAL SUPPORT
(5) NEW RISING STAR BAPTIST CHURCH5000 WICHITA STREET FORT WORTH,TX 76119	75-2949654	501(C)(3)	6,000				GENERAL SUPPORT
(6) THE BRIDGE OF LUBBOCKP O BOX 667 LUBBOCK,TX 79408	75-2968710	501(C)(3)	6,900				GENERAL SUPPORT
						1	

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

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

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

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	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION WILL WORK WITH THE BOARD TO GET VOLUNTEERS TO WORK
MONITORING GRANTS		ON THE GRANT COMMITTEE THIS COMMITTEE REVIEWS THE GRANT PROPOSALS AND SENDS A RSP AND
IN THE U S		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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DLN: 93493217008411

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

UNITED WAYS OF TEXAS INC 74-1618608 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) KAREN R JOHNSON	(I) (II)	161,258 0	1,050 0			10,596 0	185,993 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Ident if ier	Return Reference	Explanation
	PART I, LINE 1A	KAREN JOHNSON HAS A \$5,000 DISCRETIONARY SPENDING ACCOUNT OF WHICH SHE ONLY SPENT \$660 00

Schedule J (Form 990) 2010

Page **3**

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DLN: 93493217008411

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

74-1618608

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE BOONE FAMILY FOUNDATION FUNDED A PROJECT IN 2010 TO RESEARCH AND DEVELOP A REPORT OF POLITICALLY VIABLE AND FREE OR NO-COST LEGISLATION UWT PARTNERED WITH COLLEGE FOR ALL TEXANS IN 2010 TO GROW THE NUMBER OF SATELLITE GO CENTERS THROUGHOUT TEXAS

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DLN: 93493217008411

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Department of the Treasury

nternal Revenue Service (99)		see separate instructions	s. FALLACII	to your	tax is	scuiii	•		Sequence No 67			
Name(s) shown on return	· · · · · · · · · · · · · · · · · · ·								Identifying number			
UNITED WAYS OF TEXAS	FORM 990 PAGE 10							74-1618608				
Part I Election	To Expense (Certain Property Un		179								
		isted property, comple		re yo	u con	nplet	te Part I.		1			
		s for a higher limit for cert		•				1	500,000			
2 Total cost of section 1	79 property plac	ced in service (see instru	ctions) .		•			2				
3 Threshold cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .	•		3	2,000,000			
		from line 2 If zero or les	•		•	•		4				
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - (O- If m	arrıed	filing	9					
separately, see instruc	tions				•			5				
6 (a)	Description of pi	roperty	(b) Cost (b)		use	(c) Elected co	ost				
				'17/					1			
7 Listed property Enter	the amount from	line 29			7							
8 Total elected cost of s	ection 179 prop	erty Add amounts in colu	ımn (c), lınes 6	and 7				8				
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .						9				
10 Carryover of disallowed	d deduction from	n line 13 of your 2009 For	m 4562 .					10				
11 Business income limitation	Enter the smaller of	business income (not less than	n zero) or line 5 (se	ee instruc	tions)			11				
12 Section 179 expense of	deduction Add I	ines 9 and 10, but do not	enter more tha	n lıne 1	1 .			12				
13 Carryover of disallowed	d deduction to 2	011 Add lines 9 and 10,	less line 12	.•	13							
Note: Do not use Part .	II or Part III b	pelow for listed proper	ty. Instead, u	se Par	t V.							
Part III Special De	epreciation <i>F</i>	Allowance and Other	r Depreciati	on (D	o not	incl	ude listed pr	oper	ty) (See instructions)			
14 Special depreciation al tax year (see instruction		lified property (other than	listed property) place	d ın se	rvice	e during the	14				
15 Property subject to see		Naction						15	+			
16 Other depreciation (inc		election			•	•		16	8,654			
		Do not include listed p	roperty) (Se	o incti	ructio	ne \		10	8,054			
PIACKS DC	preciation (ction A	,C 1113C	uctio	113.)						
17 MACRS deductions for	assets placed i	n service in tax years beg	ginning before 2	010				17	7,286			
18 If you are electing t	o group any a	ssets placed in service	e during the t	ax yea	ır ınto	one	e or more		<u>'</u>			
general asset accou		•	_	•			▶୮∣					
Section B—Asse	ets Placed in	Service During 201	LO Tax Year	Using	the	Ger	neral Depr	eci	ation System			
	.	(c) Basıs for										
(a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) C	onvent	ion	(f) Metho	d	(g)Depreciation			
property	service	use	period	(5, 5)			(1) 1101110	_	deduction			
		only—see instructions)										
19a 3-year property		0 1 1 111 5 1										
b 5-year property c 7-year property		See Add'l Data										
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	M	1 M		S/L					
property			27 5 yrs	N	1 M		S/L					
i Nonresidential real			39 yrs	+	1 M		S/L					
property		and in Comit Doi: 2011	\		1 M		S/L		<u> </u>			
Sectio 20a Class life	n C—Assets Plac │	ced in Service During 2010	ıax Year Usin	tne A	iterna	tive	Depreciation S/L	Syst	rem			
b 12-year	†		12 yrs				S/L S/L					
c 40-year	1		40 yrs		м м		S/L					
	y (see instruc	tions)					, –					
21 Listed property Enter								21				
22 Total. Add amounts fro	•	14 through 17, lines 19 a turn Partnerships and S c					Enter here	22	16,628			
23 For assets shown abov							• •					
portion of the basis att	ributable to sect	tion 263A costs			23							

Part V
Listed Property (Include automobiles, certain other vehicles, 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 **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24D, COIU															
Section A—Depre								nstr									
24a Do you have evider	nce to support	the business/invest	tment use	e claimed	d? ┌ Yes	Гио			24b	If "Ye	s," is t	he ev	dence	written?	Гүе	sГN	0
(a) Type of property (list vehicles first)	Type of property (list Date placed in investment Cost or o		(d) Cost or o basis	other Basis for depreciation R		(f) Recov perio	very	· ' '		(h) Depreciation/ deduction			(i) Elected section 17 cost		179		
25 Special depreciation allo	•		placed in	service o	during the	tax year	and u	sed n	nore t	:han	25						
26 Property used more	•	•	siness u	ıs e													
		%															
		%										 					
27 Property used 50%	l 6 orless in a		ess use									1					
		%							_	/L -							
		%								/L - /L -		<u> </u>			4		
28 Add amounts in co	l olumn (h) lir	***	7 Ente	r here a	and on lu	ne 21 r	nage	1		28	1	<u> </u>			╁		
29 Add amounts in co		-				,	Jugu	•	•		<u> </u>		29	Τ			
25 Add dillounes in c	01411111 (17, 1111				mation	on U	se o	of V	ehic	les							
Complete this section	n for vehicles	used by a sole	propriet	tor, part	tner, or o	ther "m	ore t	han	5%	owner	" orı	elate	d pers	son			
If you provided vehicles to	your employee	es, first answer the o	questions 					n exc			npletın 						£\
30 Total business/in		_	; the	ع) Vehi	a) cle 1	(Ł Vehi	•			(c) icle 3	\	d) ehic /	•	(€ Vehi	-		f) icle 6
year (do not ınclu	de commutir	ng miles) .	.														
31 Total commuting	miles driven	during the year	. [
32 Total other person	nal(noncomn	nuting) miles dri	ven [
33 Total miles driver through 32	during the y	ear Add lines 3	0 _														
34 Was the vehicle a	vailable for p	ersonal use	-	Yes	No	Yes	No	Y	es	No	. Y	es	No	Yes	No	Yes	No
during off-duty ho	urs?		.														
35 Was the vehicle u owner or related p		/ by a more than	5%														
36 Is another vehicle		r personal use?	` .`														
Section	on C—Que	stions for En	nploy	ers W	ho Pro	vide \	/ehi	cles	s fo	r Use	e by	The	ir En	nploy	ees		1
Answer these questio 5% owners or related			an exce	ption to	complet	ting Se	ction	B fo	r veh	nicles	used	by er	nploye	ees wh	o are i	not mo	re tha
37 Do you maintain a employees? .	written polic	cy statement tha	at prohil	bits all i	personal • •	use of	vehic •	les,	ıncl	udıng • .	comn	nutınç •	g, by y •	our •	Y	es	No
38 Do you maintain a		•		•				,			-	• • • •	your				
employees? See t			•	-		ers, aire	ector	s, or	1%	or mo	re ow	ners			\vdash		
39 Do you treat all us						• •	•	•	•	•	•	•		•	<u> </u>		
40 Do you provide movehicles, and reta		•	r employ -	yees, ob	btain info	rmatio	n fror -	n yo -	ur en	nploye -	eesal	out t	he us	e of the	ž		
41 Do you meet the r			Infract an	tomobi	le demor	e tratio	n 1164	22 (S		netruc	tions	`		•	\vdash		
Note: If your ansv	•											-	•				
	rtization	, 39, 40, 01 41 1	5 165,	40 1101	Comple	ie Seci	IOII B	101	LITE C	overe	u vei	licies			Щ		
Part VI Amo	TUZALION	(b)									(e)						
(a) Description of c	costs	Date amortization begins		A morti a mo	ızable		C	(d) Code ectio		pe	ortiza eriod rcenta	or			(f) rtızatı nıs yea		
42 A mortization of co	osts that her		2010 ta	ax vear	(see inst	truction	ns)			1 5 -		. 5 -					
12 / mortization of co	Tota that beg	,s daring your .	T	-A your	,500 1115	1. 40 (101	,			1							
										+							
43 A mortization of co	sts that beg	an before your 2	!010 ta	x year								43					1,134
44 Total. Add amoun	_	•		•	ere to re	port						44					1,134

ldentifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	FUNDING ENDED IN 2009 FOR THE RURAL TEXAS FINANCIAL EDUCATION PROJECT TO IMPROVE FINANCIAL LITERACY (RTFEP) AND FOR THE BUSINESS LEADER SUMMIT TO ADVANCE POLICY REFORMS FOR CHILDREN (PAES)

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION RECEIVES MEMBERSHIP DUES FROM ITS MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
	1 ' '	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

VI, SECTION B, LINE 15		Explanation			
		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			

Identifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION C, LINE 19	ALL FORMS ARE AVAILABLE FROM OUR WEBSITE AND UPON WRITTEN REQUEST		

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 30,083

Additional Data

Software ID: Software Version:

EIN: 74-1618608

Name: UNITED WAYS OF TEXAS INC

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

(a) Classification of property	, , , , , , , , , , , , , , , , , , , ,		(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
	service	only—see instructions)				
b 5-year property		1,540	5 0	HY	S/L	154
b 5-year property		1,374	5 0	HY	S/L	120
b 5-year property		300	5 0	HY	S/L	23
b 5-year property		7,812	5 0	HY	S/L	195
b 5-year property		1,658	5 0	HY	S/L	55
b 5-year property	b 5-year property		5 0	HY	S/L	6
b 5-year property		7,837	5 0	HY	S/L	101
b 5-year property		928	5 0	HY	S/L	12
b 5-year property		870	5 0	HY	S/L	22

Additional Data

Software ID: Software Version:

EIN: 74-1618608

Name: UNITED WAYS OF TEXAS INC

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

4d. Other program service	es				
(Code) (Expenses \$	81,085 inc	luding grants of \$) (Revenue \$)
UNITED WAYS OF TEXA ADVANCE THEIR WORK	S WORKED TO PROVIDE ON IMPROVING TEACH	TARGETED TE ER EFFECTIVE	CHNICAL ASSISTANC NESS UNITED WAYS (LAND MELINDA GATES FOUNDATI E TO STATE AND LOCAL UNITED N OF TEXAS WORKED TO PROVIDE EXPERTISE IN MANAGING THE PRO	WAYSTO
(Code) (Expenses \$	35,130 ınc	luding grants of \$) (Revenue \$)
A REPORT OF POLITICATHE COUNTRY ARE RESTOTHOSE STRUGGLESCHANGE DURING CHAL	ALLY VIABLE AND FREE C PONDING TO BUDGET S AND CONCERNS THIS R	OR NO-COST L HORTFALLS WI EPORT WILL E MES UNITED V	EGISLATION MANY A ITHIN THEIR STATES NABLE ORGANIZATIO	ION IN ORDER TO RESEARCH AND DVOCACY ORGANIZATIONS THRO AND THIS REPORT IS IN DIRECT ROBERT ON POLY THE NEEDLE ON POLY INALIZE AND DISTRIBUTE THE RE	UGHOUT ESPONSE LICY
(Code) (Expenses \$	27,500 inc	luding grants of \$	24,500) (Revenue \$)
WORKED WITH NINE UN TAX CREDIT (EITC) IN (PARTICIPATING VITA S	ITED WAYS STATEWIDE	IN 2010 TO C LUNTEER INCO -INCOME INDI	ONDUCT OUTREACH A DME TAX ASSISTANCE VIDUALS AND FAMILI	FAMERICA, UNITED WAYS OF TEXA AND PROMOTION FOR THE EARNE E (VITA) SITES IN THE 2010 PROJ IES IN FILING 5,336 TAX RETURNS O REFUNDS	D INCOME ECT,
(Code) (Expenses \$	392,699 ınc	luding grants of \$) (Revenue \$	25,005)
ALL OTHER PROGRAM E	XPENSES DIRECTLY SUF	PORT THE OR	GANIZATION'S MISSI	ON IN EDUCATION, INCOME AND	HEALTH