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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Applica-tion pending

C Name of organization
NORTH TEXAS AREA UNITED WAY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 660

City or town, state or country, and ZIP + 4
WICHITA FALLS, TX 76307

F Name and address of principal officer DIANA PHILLIPS
SAME AS C ABOVE

D Employer identification number
75-0950126

E Telephone number
940-322-8638

G Gross receipts $ 2,619,422.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NTAUW.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1924 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	494,173.	2,377,069.
9	Program service revenue (Part VIII, line 2g)	2,635.	37,744.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	736.	8,860.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,424.	139,800.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	499,968.	2,563,473.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	601,873.	1,158,275.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	180,927.	772,665.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 259,851.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	139,471.	481,941.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	922,271.	2,412,881.
19	Revenue less expenses. Subtract line 18 from line 12	<422,303.>	150,592.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,625,013.	2,757,600.
21	Total liabilities (Part X, line 26)	897,719.	874,289.
22	Net assets or fund balances. Subtract line 21 from line 20	1,727,294.	1,883,311.

SCANNED JUL 26 2011

RECEIVED
JUL 18 2011
OGDEN, UT
IRS-OSC
E1-118

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Diana Phillips
Signature of officer — Date 7/7/11

▶ DIANA PHILLIPS, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARK FLEMING, CPA	Preparer's signature: Mark Fleming	Date: 7/7/11	Check ☐ if self-employed	PTIN
Firm's name ▶ EDGIN, PARKMAN, FLEMING & FLEMING, PC			Firm's EIN ▶	
Firm's address ▶ P.O. BOX 750 WICHITA FALLS, TX 76307-0750			Phone no. 940-766-5550	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

S-17 20

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . X

1 Briefly describe the organization's mission:

THE MISSION OF THE NORTH TEXAS AREA UNITED WAY IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES THROUGH PROVIDING LEADERSHIP IN IDENTIFYING AND EVALUATING NEEDS IN OUR COMMUNITIES, COLLABORATING WITH OTHER SYSTEMS OF CARE TO HELP SOLVE ISSUES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,919,268. including grants of $ 1,158,275.) (Revenue $ 37,744.)

EDUCATION: THE NORTH TEXAS AREA UNITED WAY (NTAUW) HAS AN OUTCOME OF INCREASING GRADUATION RATES IN THE NORTH TEXAS AREA. WE ACCOMPLISH THIS THROUGH IDENTIFYING AND IMPLEMENTING EVIDENCE-BASED STRATEGIES TO IMPROVE EARLY CHILDHOOD EDUCATION, LITERACY, THE QUALITY OF AFTER-SCHOOL PROGRAMS , MIDDLE-SCHOOL TRANSITIONS AND PROGRAMS THAT PREPARE YOUTH TO ENTER WORK OR SCHOOL BY 21. NTAUW COLLABORATES WITH OVER 40 ORGANIZATIONS AND PROGRAMS IN THE AREA OF EDUCATION AND DESIGNS FRAMEWORKS THAT ARE HOLISTIC APPROACHES TO IMPROVING EDUCATION SYSTEMS AND OUTCOMES IN THE NORTH TEXAS AREA. UNITED WAY DESIGNS AND IMPLEMENTS PROGRAMS USING A VARIETY OF FUNDING REVENUE, INCLUSIVE OF GRANT FUNDING AND CAMPAIGN REVENUE. IN THE EDUCATION IMPACT AREA, UNITED WAY FUNDS 11 PROGRAMS THAT FUNCTION TO OFFER QUALITY EARLY

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

INCOME: NTAUW IS FOCUSING ON INCREASING THE FINANCIAL STABILITY OF FAMILIES IN THE NORTH TEXAS AREA THROUGH IMPLEMENTING A COMPREHENSIVE FRAMEWORK THAT INTEGRATES STRATEGIES TO INCREASE INCOME, BUILD SAVINGS AND GAIN AND SUSTAIN ASSETS. IN OUR INCOME AREA, NTAUW PARTNERS WITH DIVERSE STAKEHOLDERS INCLUDING ACADEMIC FACULTY, NOT-FOR-PROFITS, CORPORATE AND GOVERNMENT ENTITIES. NTAUW FUNDS 5 PROGRAMS TO PROVIDE WORKFORCE DEVELOPMENT, FINANCIAL EDUCATION, FREE COMMUNITY TAX-PREPARATION SERVICES AND 2-1-1 INFORMATION AND REFERRAL. THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM AND 2-1-1 IS ALSO THE RECIPIENT OF FEDERAL AND CORPORATE GRANTS TO PROVIDE FREE COMMUNITY TAX PREPARATION, BENEFITS SCREENING AND COMMUNITY INFORMATION AND REFERRAL SERVICES. THE NTAUW FUNDING CYCLE IS APRIL 1ST-MARCH 31ST, DURING THIS

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

HEALTH: NTAUW FOCUSES ON INCREASING THE HEALTH OF THE NORTH TEXAS AREA THROUGH DEVELOPING AND IMPLEMENTING PROGRAMS THAT DECREASE THE DEPRESSION AND INCREASE THE INDEPENDENCE OF OLDER ADULTS. IN ADDITION, NTAUW IMPLEMENTS PRESCRIPTION SAVINGS PROGRAMS FOR THE UN AND UNDER-INSURED. THROUGH OUR WORK IN HEALTH, NTAUW WAS SUCCESSFUL IN PROVIDING OVER 1,800 OLDER ADULTS WITH NUTRITIONAL PROGRAMS AND PROVIDING ACCESS TO PRESCRIPTION DISCOUNTS TO 3,961 INDIVIDUALS. AS A RESULT OF THESE PROGRAMS, NTAUW INCREASED THE NUTRITION OF 1,660 OLDER ADULTS AND INCREASED THE INDEPENDENCE OF 1,614 OLDER ADULTS.

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

4e **Total program service expenses** ▶ 1,919,268.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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		X
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	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* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
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		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [ ] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JACOB OCHOA - 940-322-8638
1105 HOLLIDAY, WICHITA FALLS, TX 76301

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. 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 per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DUB BRACKEEN BOARD CHAIR	2.00	X						0.	0.	0.
DOTTIE MORRISON BOARD CHAIR-ELECT	2.00	X						0.	0.	0.
WOODY GOSSOM, JR. IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
EMERSON CAPPS CIC CHAIR	2.00	X						0.	0.	0.
JACKIE HOEGGER MARKETING CHAIR	2.00	X						0.	0.	0.
PHIL WAGGONER 2010 CAMPAIGN CHAIR	2.00	X						0.	0.	0.
JOEL WHITE CAMPAIGN CHAIR ELECT	2.00	X						0.	0.	0.
CRAIG LEWIS TREASURER	2.00	X						0.	0.	0.
DWAYNE BIVONA BOARD MEMBER	1.00	X						0.	0.	0.
REGINALD BLOW BOARD MEMBER	1.00	X						0.	0.	0.
DAVID FARABEE BOARD MEMBER	1.00	X						0.	0.	0.
DAN GAGNE BOARD MEMBER	1.00	X						0.	0.	0.
GARRY GREEN BOARD MEMBER	1.00	X						0.	0.	0.
MARTHA HARVEY BOARD MEMBER	1.00	X						0.	0.	0.
JIM INGALLS BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE KAZANAS BOARD MEMBER	1.00	X						0.	0.	0.
LOUIS LANE BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LANHAM LYNE BOARD MEMBER	1.00	X						0.	0.	0.
ELAINE MCKINNEY BOARD MEMBER	1.00	X						0.	0.	0.
PAM MIDGETT BOARD MEMBER	1.00	X						0.	0.	0.
RHONDA POGUE BOARD MEMBER	1.00	X						0.	0.	0.
JULIE PRUETT BOARD MEMBER	1.00	X						0.	0.	0.
JUAN SANDOVAL BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN SPORTSMAN BOARD MEMBER	1.00	X						0.	0.	0.
DANNY TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
RANDY WEST BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total						▶		0.	0.	0.
c Total from continuation sheets to Part VII, Section A						▶		129,550.	0.	0.
d Total (add lines 1b and 1c)						▶		129,550.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA PHILLIPS PRESIDENT	50.00			X				85,590.	0.	0.
HEATHER BUTZ CHIEF FINANCIAL OFFICER	30.00			X				25,368.	0.	0.
TRACY BARRELLS CHIEF FINANCIAL OFFICER	40.00			X				18,592.	0.	0.
Total to Part VII, Section A, line 1c								129,550.		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 1,606,783.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 770,286.				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f	▶	2,377,069.			
Program Service Revenue		Business Code				
	2a CAMPAIGN MGMT FEES	900099	37,744.	37,744.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	37,744.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	8,860.			8,860.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶	424.			424.
		(i) Real / (ii) Personal				
	6a Gross Rents	15,000.				
	b Less rental expenses	4,486.				
	c Rental income or (loss)	10,514.				
	d Net rental income or (loss)	▶	10,514.			10,514.
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 83,677.				
	b Less direct expenses	b 51,463.				
	c Net income or (loss) from fundraising events	▶	32,214.			32,214.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a OIL & GAS LEASE BONUS	531190	96,648.			96,648.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	96,648.			
	12 Total revenue See instructions.	▶	2,563,473.	37,744.	0.	148,660.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,021,723.	1,021,723.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	136,552.	136,552.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,550.	47,075.	63,646.	18,829.
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	479,262.	289,849.	78,437.	110,976.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,495.	16,898.	7,750.	6,847.
9 Other employee benefits	85,784.	51,069.	13,963.	20,752.
10 Payroll taxes	46,574.	25,775.	10,869.	9,930.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,800.	7,567.	2,063.	3,170.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	41,768.	23,868.	9,511.	8,389.
12 Advertising and promotion	32,986.	16,587.	1,560.	14,839.
13 Office expenses	133,537.	105,720.	5,030.	22,787.
14 Information technology				
15 Royalties				
16 Occupancy	19,499.	12,668.	3,069.	3,762.
17 Travel	25,407.	17,507.	3,802.	4,098.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,524.	7,921.	2,319.	15,284.
20 Interest				
21 Payments to affiliates	13,858.		13,858.	
22 Depreciation, depletion, and amortization	37,240.	22,987.	6,403.	7,850.
23 Insurance				
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.)				
a SUPPLIES - BOOKS FOR DI	66,617.	66,617.		
b MAINTENANCE OF EQUIPMEN	41,561.	28,507.	5,369.	7,685.
c MISCELLANEOUS	16,743.	12,168.	971.	3,604.
d SUBSCRIPTIONS AND DUES	7,374.	1,228.	5,142.	1,004.
e CONTRACT LABOR	7,027.	6,982.		45.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,412,881.	1,919,268.	233,762.	259,851.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		200.	1	200.
	2	Savings and temporary cash investments		1,250,539.	2	1,472,096.
	3	Pledges and grants receivable, net		840,758.	3	774,869.
	4	Accounts receivable, net		1,357.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 632,793.			
	b	Less: accumulated depreciation	10b 164,264.	495,677.	10c	468,529.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		36,482.	15	41,906.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,625,013.	16	2,757,600.
Liabilities	17	Accounts payable and accrued expenses		53,355.	17	38,572.
	18	Grants payable		557,346.	18	531,018.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		287,018.	25	304,699.
	26	**Total liabilities.** Add lines 17 through 25		897,719.	26	874,289.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,451,559.	27	1,510,940.
	28	Temporarily restricted net assets		275,735.	28	372,371.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,727,294.	33	1,883,311.
	34	Total liabilities and net assets/fund balances		2,625,013.	34	2,757,600.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,563,473.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,412,881.
3	Revenue less expenses. Subtract line 2 from line 1	3	150,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,727,294.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,425.
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	1,883,311.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
NORTH TEXAS AREA UNITED WAY, INC.	75-0950126

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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)

Section A. Public Support

Calendar 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.")	2535841.	2264060.	2566035.	2201180.	2377069.	11944185.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2535841.	2264060.	2566035.	2201180.	2377069.	11944185.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						11944185.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2535841.	2264060.	2566035.	2201180.	2377069.	11944185.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,768.	13,840.	26,407.	26,610.	9,284.	88,909.
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						12033094.

12 Gross receipts from related activities, etc. (see instructions)	12	481,315.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.26 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.23 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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)

Section A. Public Support

Calendar 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTH TEXAS AREA UNITED WAY, INC.

Employer identification number
75-0950126

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,758.		98,758.
b Buildings		460,200.	126,461.	333,739.
c Leasehold improvements				
d Equipment		66,448.	37,803.	28,645.
e Other		7,387.		7,387.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				468,529.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	DONOR DESIGNATIONS PAYABLE	304,699.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		304,699.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,563,473.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,412,881.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	150,592.
4	Net unrealized gains (losses) on investments	4	5,425.
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 through 8	9	5,425.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	156,017.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,130,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	46,914.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	9,911.		
e	Add lines 2a through 2d			2e	56,825.
3	Subtract line 2e from line 1			3	2,073,624.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	489,849.		
c	Add lines 4a and 4b			4c	489,849.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,563,473.

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

1	Total expenses and losses per audited financial statements			1	1,974,432.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	46,914.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	4,486.		
e	Add lines 2a through 2d			2e	51,400.
3	Subtract line 2e from line 1			3	1,923,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	489,849.		
c	Add lines 4a and 4b			4c	489,849.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,412,881.

Part XIV Supplemental Information

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	5,425.
RENTAL EXPENSES NETTED ON 990	4,486.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	9,911.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES	489,849.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED ON 990	4,486.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES	489,849.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

NORTH TEXAS AREA UNITED WAY, INC.

Employer identification number

75-0950126

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 POWER OF THE PURSE LUNCH (event type)	(b) Event #2 (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	76,231.		7,446.	83,677.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	76,231.		7,446.	83,677.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	15,639.			15,639.
	8 Entertainment	15,025.			15,025.
	9 Other direct expenses	12,868.	7,931.		20,799.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(51,463.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	32,214.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTH TEXAS AREA UNITED WAY, INC.

Employer identification number
75-0950126

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF WICHITA FALLS - 1318 6TH STREET - WICHITA FALLS, TX 76301	75-0883102	501(C)(3)	71,972.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF BURKBURNETT - 800 COUNTY ROAD - BURKBURNETT, TX 76354	75-1478734	501(C)(3)	32,294.	0.			GENERAL SUPPORT
CHILD CARE, INC. 1000 LAMAR, SUITE 432 WICHITA FALLS, TX 76301	75-6000760	501(C)(3)	105,322.	0.			GENERAL SUPPORT
GENESIS PLACE 2525 KELL BLVD, SUITE 310 WICHITA FALLS, TX 76308	75-2690981	501(C)(3)	50,688.	0.			GENERAL SUPPORT
IOWA PARK RECREATIONAL ACTIVITIES CENTER - 806 N 3RD - IOWA PARK, TX 76367	75-1884989	501(C)(3)	19,000.	0.			GENERAL SUPPORT
SALVATION ARMY 403 7TH STREET WICHITA FALLS, TX 76301	75-0800678	501(C)(3)	46,851.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 38.

3 Enter total number of other organizations ▶ 0.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS ACTIVITY CENTER OF BURKBURNETT - 220 E 5TH STREET - BURKBURNETT, TX 76354	75-1607070	501(C)(3)	20,854.	0.			GENERAL SUPPORT
SENIOR CITIZENS SERVICES OF NORTH TEXAS, INC. - 1008 BURNETT STREET - WICHITA FALLS, TX 76301	75-1242736	501(C)(3)	39,910.	0.			GENERAL SUPPORT
SOUTHSIDE GIRLS CLUB INC. 1205 MONTGOMERY STREET WICHITA FALLS, TX 76307	75-1153911	501(C)(3)	19,010.	0.			GENERAL SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF WICHITA FALLS, INC. - 1010 9TH STREET - WICHITA FALLS, TX 76301	75-0808818	501(C)(3)	76,885.	0.			GENERAL SUPPORT
WICHITA ADULT LITERACY COUNCIL 4309 JACKSBORO HWY, STE 105 WICHITA FALLS, TX 76302	75-1882867	501(C)(3)	42,750.	0.			GENERAL SUPPORT
HELEN FARABEE REGIONAL MHMR CENTERS - 1000 BROOK - WICHITA FALLS, TX 76307	75-1241976	501(C)(3)	40,850.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE RD, SUITE 801 ARLINGTON, VA 22203	13-6167225	501(C)(3)	35,095.	0.			GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE, SUITE 6 ANNANDALE, VA 22003	94-3193374	501(C)(3)	19,011.	0.			GENERAL SUPPORT
MILITARY, VETERANS & PATRIOTIC SERVICE ORGANIZATIONS OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193418	501(C)(3)	17,038.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3148588	501(C)(3)	16,014.	0.			GENERAL SUPPORT
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3193389	501(C)(3)	15,347.	0.			GENERAL SUPPORT
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217739	501(C)(3)	14,949.	0.			GENERAL SUPPORT
CANCERCURE OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	81-0648432	501(C)(3)	10,894.	0.			GENERAL SUPPORT
CHILDREN FIRST - AMERICA'S CHARITIES - 14150 NEWBROOK DRIVE, SUITE 110 - CHANTILLY, VA 20151	30-0186795	501(C)(3)	10,652.	0.			GENERAL SUPPORT
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, VA 94939	94-3255961	501(C)(3)	10,162.	0.			GENERAL SUPPORT
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	9,786.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES OF TEXAS - 16414 N SAN PEDRO AVENUE, STE 320 - SAN ANTONIO, TX 78232	75-0954584	501(C)(3)	9,691.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 2025 E STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	53-0196605	501(C)(3)	8,892.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL IMPACT 66 CANAL CENTER PLAZA, STE 310 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	7,699.	0.			GENERAL SUPPORT
EARTH SHARE 7735 OLD GEORGETOWN RD, STE 900 BETHESDA, MD 20814	52-1601960	501(C)(3)	7,677.	0.			GENERAL SUPPORT
CHILDREN'S MEDICAL CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	27-0093393	501(C)(3)	7,582.	0.			GENERAL SUPPORT
MEDICAL RESEARCH CHARITIES 7620 LITTLE RIVER TURNPIKE, SUITE 6 ANNANDALE, VA 22003	94-3148591	501(C)(3)	7,179.	0.			GENERAL SUPPORT
HOSPICE OF WICHITA FALLS 4909 JOHNSON RD WICHITA FALLS, TX 76310	75-1959654	501(C)(3)	21,599.	0.			GENERAL SUPPORT
WOMEN, CHILDREN AND FAMILY SERVICE CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193386	501(C)(3)	5,614.	0.			GENERAL SUPPORT
AIRMAN & FAMILY READINESS CENTER 718 I AVENUE SHEPPARD AFB, TX 76311	APPLIED FOR	501(C)(3)	5,339.	0.			GENERAL SUPPORT
WICHITA FALLS AREA FOOD BANK PO BOX 623 WICHITA FALLS, TX 76307	75-1812865	501(C)(3)	12,080.	0.			GENERAL SUPPORT
FIRST STEP, INC. 624 INDIANA WICHITA FALLS, TX 76301	75-1633139	501(C)(3)	7,088.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAY COUNTY ANIMAL SHELTER, INC. 509 N CARROLL STREET HENRIETTA, TX 76365	75-2894450	501(C)(3)	10,988.	0.			GENERAL SUPPORT
WHISPERS OF HOPE HORSE FARM 3545 PARKHILLS RD WICHITA FALLS, TX 76310	01-0620340	501(C)(3)	7,026.	0.			GENERAL SUPPORT
INTERFAITH MINISTRIES OF WICHITA FALLS, INC. - 1101 ELEVENTH STREET - WICHITA FALLS, TX 76301	75-1780886	501(C)(3)	7,780.	0.			GENERAL SUPPORT
PATSY'S HOUSE CHILDREN'S ADVOCACY CENTER - 1411 10TH STREET - WICHITA FALLS, TX 76301	75-2666677	501(C)(3)	6,525.	0.			GENERAL SUPPORT
CHILD ADVOCATES 808 AUSTIN WICHITA FALLS, TX 76301	48-0984043	501(C)(3)	6,033.	0.			GENERAL SUPPORT

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PAYMENTS FOR FOOD, SHELTER AND CLOTHING FOR INDIGENTS AND OTHERS IN NEED	193	72,180.	0.		
PAYMENTS FOR RENT, UTILITIES AND OTHER EXPENSES OF VETERANS RETURNING FROM IRAQ AND AFGHAN COMBAT	65	54,157.	0.		
TUITION, HOUSING AND MEALS FOR EITC VOLUNTEERS	10	10,215.	0.		

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

SCHEDULE I, PART I, LINE 2: ALL PROGRAM PROVIDERS MUST SUBMIT REPORTS ON HOW THE FUNDS ARE BEING USED. THEY PROVIDE OUTCOMES FOR EACH PROGRAM FOR WHICH FUNDS WERE USED.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: NORTH TEXAS AREA UNITED WAY, INC.

Employer identification number: 75-0950126

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPING INITIATIVES WHICH PRODUCE THE MOST EFFECTIVE RESULTS FOR CHILDREN AND FAMILIES. NTAUW IS A COMMUNITY-MINDED ORGANIZATION, SUPPORTING PROGRAMS AND SERVICES WHICH ADDRESS IMPROVING OUTCOMES RELATED TO EDUCATION, INCOME AND HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDHOOD EDUCATION, LITERACY AND AFTER-SCHOOL PROGRAMS. UNITED WAY ALSO RECEIVES GRANT FUNDS TO IMPLEMENT A COMPREHENSIVE QUALITY RATING IMPROVEMENT SYSTEM THAT PROVIDES PROFESSIONAL DEVELOPMENT, MENTORING, ASSESSMENT AND INCENTIVES FOR CHILD CARE PROVIDERS TO IMPROVE QUALITY. THE NTAUW FUNDING CYCLE IS APRIL 1ST-MARCH 31ST, DURING THIS PERIOD IN 2011, NTAUW WAS SUCCESSFUL IN EARLY CHILDHOOD WITH PROVIDING OVER 775 CHILDREN WITH QUALITY EARLY CHILDHOOD EDUCATION THAT RESULTED IN 80% OF THE CHILDREN BEING SERVED MEETING DEVELOPMENTAL MILESTONES AND PROVIDING MONTHLY BOOKS TO OVER 2,300 CHILDREN THAT RESULTED IN 95% OF FAMILIES READING MORE OFTEN AT HOME. WITH OUR YOUTH EDUCATION PROGRAMS, NTAUW HAS BEEN SUCCESSFUL IN SERVING OVER 8,000 WITH QUALITY AFTER-SCHOOL PROGRAMS THAT RESULTED IN 59% OF YOUTH INCREASING ACADEMIC PERFORMANCE AND 73% INCREASING HEALTH BEHAVIORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PERIOD IN 2011, NTAUW WAS SUCCESSFUL IN PROVIDING OVER 1,200 INDIVIDUALS WITH WORKFORCE DEVELOPMENT, 800 WITH FINANCIAL EDUCATION , 1,830 INDIVIDUALS WITH FREE TAX-PREPARATION AND ANSWERED 18,446 CALLS WITH INFORMATION AND REFERRAL. AS A RESULT OF THESE PROGRAMS, 63% OF

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INDIVIDUALS INCREASED INCOME AND OVER 2.7 MILLION DOLLARS IN TAX REFUNDS WAS BROUGHT BACK INTO THE NORTH TEXAS COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND APPROVED FOR FILING BY THE EXECUTIVE COMMITTEE DURING A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF THE YEAR, ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT. ANY NEW OFFICERS ARE ASKED TO RESIGN FROM OTHER ORGANIZATION'S BOARDS WHICH WOULD PRESENT A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE HAS CONTROL OF THE COMPENSATION OF THE PRESIDENT/CEO. BASED ON THEIR KNOWLEDGE, EXPERIENCE AND THE DOLLARS AVAILABLE FOR COMPENSATION, THEY MAKE THE DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAIABLE TO THE PUBLIC IN THE ORGANIZATION'S OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 5,425.