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EXTENDED TO AUGUST 15, 2016

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change UNITED WAY GALVESTON COUNTY MAINLAND INC Name change 74-1257159 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. DRAWER 3098 409-948-4211 2,239,405. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TEXAS CITY, TX 77592-3098 H(a) Is this a group return Applica-F Name and address of principal officer CHRIS DELESANDRI Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization. X Corporation Trust Association Other > L Year of formation: 1957 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities TO COLLECT PLEDGED CONTRIBUTIONS Governance AND DISTRIBUTE TO AGENCIES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 14 14 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 <u>833</u> 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T sline: Prior Year **Current Year** 1,864,809 2,229,873. Contributions and grants (Part VIII, line 1h) Revenue AUG 3 8 2016 6,973. 5,366. Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,355. 4,166. Ō. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10g, and 11e) Total revenue · add lines 8 through 11 (must equal Part VIII column A 879,137. 2,239,405. 1,743,816 1,839,729. Grants and similar amounts paid (Part IX, column (A), lines (3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 300,774 302,205. O. 16a Professional fundraising fees (Part IX, column (A), line 11e) 97,440. **b** Total fundraising expenses (Part IX, column (D), line 25) <113,029. <128,977.> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,931,561. 2,012,957. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <52,424. 226,448. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,118,716.4,339,085. 20 Total assets (Part X, line 16) 1,746,717. 1,757,310. 21 Total liabilities (Part X, line 26) EE 2,371,999. 2,581,775. Net assets or fund balances Subtract line 21 from line 20 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	Signature of officer CHRIS DELESANDRI, EXECUTIVE DIRECTOR Type or print name and title	8-3-16 Date
Paid	Print/Type preparer's name ELIZABETH A. ILES Preparer's signature 07/26	Check PTIN /16 PTIN /16 P01268944
Preparer	Firm's name WHITLEY PENN LLP	Firm's EIN ▶ 75-2393478
Use Only	Firm's address 600 GULF FREEWAY, STE. 226 TEXAS CITY, TX 77591	Phone no. (409) 948-4406
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

Form 990 (2015)

	1990 (2015) UNITED WAY GALVESTON COUNTY MAINLAND INC /4-125/159 Page 2
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO RAISE AND DISTRIBUTE FUNDS TO ORGANIZATIONS IN GALVESTON COUNTY
	THAT PROVIDE FAMILY AID AND SERVICES, HEALTHCARE, HANDICAPPED AND
	SPECIAL NEEDS, YOUTH CHARACTER BUILDING, AND SENIOR CITIZEN LIFE
	ENHANCEMENT SUPPORT TO THOSE IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$1,516,906. including grants of \$1,839,729.) (Revenue \$)
	DIRECT AID TO OTHER ORGANIZATIONS NET DONOR DESIGNATIONS
4b	(Code) (Expenses \$325, 304 · including grants of \$) (Revenue \$5, 366 ·)
	PRIMARY ACTIVITIES INCLUDE THE COLLECTION OF PLEDGED CONTRIBUTIONS AND
	THE DISTRIBUTION TO THE PARTICIPATING AGENCIES IN THE FORM OF DIRECT
	AID.
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\bigsize 1,842,210.\)

Form **990** (2015)

Page 3

	•		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	Х	
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 for which 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
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	EXTRIPED .	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	÷.		
	as applicable.	800		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	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	١		 ₩
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
128	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>.</u> .
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19	000	X

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	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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		,	1
	Schedule K If "No", go to line 25a	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), 501(c)(4), and 501(c)(29) 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		Х
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c		1		
·	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	F~		-
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 ~		H
٠.	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	"		 "
JE	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		 "`
	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, Part II, III, or IV, and	33		
- +	Part V, line 1	24		X
3E~	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338	-	┢
U		256		
25	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfer to an exemption object to be characteristics.	35b		╁
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
o -	If "Yes," complete Schedule R, Part V, line 2	36		┝
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form Par		159	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V		V	<u> </u>
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	ł		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ł		
C			X	<u> </u>
٥.	(gambling) winnings to prize winners?	1c	 ^	_
za	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		1	
	thou for the delibration your creating war or within the year of the retain		X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ļ	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		l	.
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,
	to file Form 8282?	7c	ļ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ	<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter		}	1
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		j
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	I
	amounts due or received from them)	 	<u> </u>	L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	l	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u> </u>
а	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	[1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I	1	1
	organization is licensed to issue qualified health plans	1	l	1
С	Enter the amount of reserves on hand	ļ	1	

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Form 990 (2015) UNITED WAY GALVESTON COUNTY MAINLAND INC 74-1257159 Page 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

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- T
	, Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			r
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		Х
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	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	v
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		.
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	persons other than the governing body?	7b		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	
	The governing body?	8a	X	├─
ь	Each committee with authority to act on behalf of the governing body?	8b	4	 -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		_ A
360	tion B. Folicies (This Section B requests information about policies not required by the internal Revenue Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ŀ
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-
12a	The state of the s	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did 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	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TX			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHRIS DELESANDRI - 409-948-4211			
	P.O. DRAWER 3098, TEXAS CITY, TX 77592-3098			

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UNITED WAY GALVESTON COUNTY MAINLAND INC

74-1257159

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

, Check if Schedule O contains a response or note to any line 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

(A)	(B)			Pos	C) Itios			(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated amount of
	hours per week	box, unless person is both an officer and a director/trustee)				is bot or/trus	n an tee)	compensation from	compensation from related	other
	(list any	Ē						the	organizations	compensation
	hours for	휼				B		organization	(W-2/1099-MISC)	from the
	related	tee or	ste			nsat((W-2/1099-MISC)	,	organization
	organizations	l trus	듈		oyee	Ë.				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CONNIE -BRADLEY	10.00							_	_	_
PRESIDENT		X		X				0.	0.	0.
(2) WILLIE WINDHAM	5.00									
VICE PRESIDENT	<u> </u>	Х		X		L		0.	0.	0.
(3) BRUCE CLAWSON	5.00]							_	_
TREASURER	L	X		Х				0.	0.	0.
(4) MARIE HADEN	5.00	1						_		_
SECRETARY		X		Х				0.	0.	0.
(5) SHAWN BAILEY	1.00]					ĺ			
DIRECTOR		X		<u> </u>	L			0.	0.	0.
(6) PHIL ROBERTS	1.00				l					
DIRECTOR		X			乚			0.	0.	0.
(7) BRIDGET WOOD	1.00]			l			_		_
DIRECTOR		X						0.	0.	0.
(8) RAY BROOKS	1.00	1							_	_
DIRECTOR	L	X	$ldsymbol{ld}}}}}}$	L	L	<u> </u>		0.	0.	0.
(9) SAL VISCONTINI	1.00]						_		_
DIRECTOR	ļ <u> </u>	X	L					0.	0.	0.
(10) JAMES TORRES	1.00									_
DIRECTOR		X						0.	0.	0.
(11) ROY GREEN	1.00]						_	_	_
DIRECTOR		X	<u>L</u>	ļ			L	0.	0.	0.
(12) BETH LEWIS	1.00	ļ		ŀ	1					
DIRECTOR		X	<u> </u>	_	L	<u> </u>		0.	0.	0.
(13) WALTER TREYBIG	1.00						Į			_
PAST PRESIDENT		Х	<u> </u>	<u> </u>	<u> </u>		_	0.	0.	0.
(14) RYAN MCGILL	1.00	ļ		ļ			l			
DIRECTOR		X	_	_	<u> </u>	\vdash	⊢	0.	0.	0.
		1								
	 	\vdash	-	\vdash	\vdash	\vdash	\vdash			
	-	1				1				

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but no \$100,000 of compensation from the organization	ot limited to those li	sted above) who received more than	

			Check if Schedule O conta	ains a response	or note to any lir				
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इस	1	а	Federated campaigns	1a					
<u>e</u> ë		b	Membership dues	1b			:		
S E		С	Fundraising events	1c	-				
業を			Related organizations	1d				1	
S,E			Government grants (contributi	ons) 1e					
<u>5</u> 2				· ——		1			
를			similar amounts not included above		229,873.				
ĒĎ		a	Noncash contributions included in lines		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	-		2,229,873.			
\neg				·	Business Code				
စ္ပ	2	а	SERVICE REVENUE	<u></u>	561000	5,366.	5,366.		
Program Service Revenue		b							
& ₹		С							
e a		d							
<u>6</u> —		e							
ב		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f			5,366.			
	3		Investment income (including	dividends, intere	est, and		-		
			other similar amounts)		>	4,166.			4,166.
	4		Income from investment of tax	k-exempt bond p	roceeds >				
	5		Royalties		•				
				(ı) Real	(ii) Personal				
	6	а	Gross rents]			1
		b	Less rental expenses			1			İ
	c		Rental income or (loss)						
		d	Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less cost or other basis			1		•	į
			and sales expenses			<u>}</u>			
		С	Gain or (loss)]			1
		d	Net gain or (loss)		>				
۰	8	а	Gross income from fundraisin	g events (not					
evenue			including \$	of					
ě			contributions reported on line	1c) See	Ì				
Other R			Part IV, line 18	а		ļ,			ļ
t t		b	Less direct expenses	b					Ì
0		С	Net income or (loss) from fund	draising events					
	9		Gross income from gaming ad	-					
			Part IV, line 19	а]			
		b	Less direct expenses	b		1			
		С	Net income or (loss) from gam	ning activities	•	1			
	10		Gross sales of inventory, less						
			and allowances	а		ļ			1
		b	Less cost of goods sold	b]	<u> </u>		1
	L		Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	ie	Business Code				
	11	а							
	1	b							
	l	С							ļ
	1	d	All other revenue						
	1	е	Total. Add lines 11a-11d		•				ļ
	12		Total revenue. See instructions.			2,239,405.	5,366.	0.	
53200	9 12	- 16	L15						Form 990 (2015)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A)
Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b. 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1,839,729 1,839,729 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 232,330. 165,842. 40,684. 25,804. Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 51,328. 36,639. 8,988. 5,701. Other employee benefits 18,547. 13,239. 2,060. 3,248. Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 18,847. 14,122. 2,627. 2,098. column (A) amount, list line 11g expenses on Sch O.) 12,560. 12,560. 12 Advertising and promotion Office expenses 13 Information technology 14 15 Royalties 6,289. 4,712. 877. 700. Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 12,907. 9,671. 1,799. 1,437. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 13,078. 9,799. 1,823. 1,456. 22 Depreciation, depletion, and amortization 9,823. 7,360. 1,370. 1,093. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 35,472. 26,579. 4,945. 3,948. a MEMBERSHIP DUES CAMPAIGN EXPENSES 35,036. 35,036. 18,394. COMMUNITY AWARENESS 13,783. 2,564. 2,047. 10,526. 7,887. 1,467. TELEPHONE 1,172. 2,328. <301,909. <307,152. 2,915. e All other expenses 2,012,957. 1,842,210. 73,307. 97,440. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ıf following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 818,541. 1,209,378. 1 Cash · non-interest-bearing 1,209,337. 1,996,967. 1,225,022. 2 2 Savings and temporary cash investments 1,819,003. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 13,582. 15,721. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 202,835 basis Complete Part VI of Schedule D 10a 132,874. 80,289. 69,961. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 4,118,716. 4,339,085. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,049. 9,501. Accounts payable and accrued expenses 17 17 1,742,668. 1,747,809. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities. 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 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,746,717. 1,757,310. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 797,509. 850,703. 27 27 Unrestricted net assets 1,574,490. 1,731,072. 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 2,371,999. 2,581,775. 33 33 Total net assets or fund balances 4,118,716. 4,339,085. Total liabilities and net assets/fund balances 34

	990 (2015) UNITED WAY GALVESTON COUNTY MAINLAND INC	74-:	1257159	Pa	ige 12
Pai	TXI Reconciliation of Net Assets	·			
	Check if Schedule O contains a response or note to any line in this Part XI				_ <u></u>
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,23	9,4	105.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01	2,9	57.
3	Revenue less expenses Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,37		
5	Net unrealized gains (losses) on investments	5	<1	6,6	72.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	:			
	column (B))	10	2,58	1,7	<u> 75.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> X</u>
			p	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	0		l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				لہ ا
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			1
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		l	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	⊥
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	rt		
	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	ired audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	<u> </u>
			Forn	₁ 990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization UNITED WAY GALVESTON COUNTY MAINLAND INC Employer identification number 74-1257159

Pa	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.											
The	The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)											
1	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 (Form 990 or 990-EZ))										
3	\Box	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	一	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
7												
5		city, and state										
3		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)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	묽	, ,	_									
7	LXJ	An organization that normal	•	ntial part of its support t	rom a gov	ernmentai	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co										
8	\vdash	A community trust describe			-							
9	Ш	An organization that normal	•	•			•	*				
		activities related to its exem	npt functions · subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975				
		See section 509(a)(2). (Cor										
10	\square	An organization organized a	and operated exclusi	ively to test for public sa	fety See :	section 50	9(a)(4).					
11		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	ed in section 509(a)(1) or	r section (509(a)(2)	See section 509(a)(3). C	Check the box in				
		lines 11a through 11d that of	• •			•	-					
а	, L		ınızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the dire	ctors or trustees of the s	upporting				
		organization You must c	omplete Part IV, Se	ections A and B.								
b	, L	Type II. A supporting orga	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	ving				
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s) You mus	t complete Part IV,	Sections A and C.								
c	; 🗀	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions	s) You must complete F	Part IV, Se	ections A,	D, and E.					
c	ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instructi	-									
e	, \square	Check this box if the orga	•									
		functionally integrated, or										
•	Ente	er the number of supported of		···-·· , ····- .	9 - 9							
		vide the following information	•	ed organization(s)								
		(i) Name of supported	(iı) ElN		(ıv) Is the o		(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9		in your document?	support (see	other support (see				
				above (see instructions))	Yes	No	instructions)	instructions)				
			-			 						
				1								
_												
					l .	 						
					 							
			l	I	Ī	1	I	1				

Schedule A (Form 990 or 990-EZ) 2015 UNITED WAY GALVESTON COUNTY MAINLAND INC74-1257159 Page 2 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)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not			,						
	include any "unusual grants ")	2155238.	2288518.	2066061.	1864809.	2229873.	10604499.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf		_							
3	The value of services or facilities		Ï							
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2155238.	2288518.	2066061.	1864809.	2229873.	10604499.			
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						j			
	amount shown on line 11,						1			
	column (f)									
	Public support. Subtract line 5 from line 4						10604499.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4	2155238.	2288518.	2066061.	1864809.	2229873.	10604499.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	11,863.	10,113.	5,122.	7,355.	4,166.	38,619.			
9	Net income from unrelated business	ncome 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 VI)	4,786.	20,652.	3,850.	6,973.	5,366.				
11	Total support. Add lines 7 through 10						10684745.			
12	Gross receipts from related activities,	etc (see instruction	ons)			12				
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
Sec	organization, check this box and storetion C. Computation of Publ	here ic Support Pe	rcentage				<u>▶</u> □			
14	Public support percentage for 2015 (line 6, column (f) d	vided by line 11. o	column (f))		14	99.25 %			
	Public support percentage from 2014			```		15	99.09 %			
	33 1/3% support test - 2015. If the	· ·		n line 13, and line	14 is 33 1/3% or n	<u> </u>				
	stop here. The organization qualifies	as a publicly supp	orted organization	1		•	$ ightharpoons \overline{\mathbf{X}}$			
t	33 1/3% support test - 2014. If the	organization did no	t check a box on I	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box			
	and stop here. The organization qual						ightharpoons			
17a	10% -facts-and-circumstances tes	• -	•		e 13, 16a, or 16b. a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	•					•			
	meets the "facts-and-circumstances"		ŕ	•	•		ightharpoons			
b	10% -facts-and-circumstances tes	_	•	• • • • • • • • • • • • • • • • • • • •	•	17a, and line 15 is	10% or			
	more, and if the organization meets the	-				-				
	organization meets the "facts-and-circ				•					
18	Private foundation. If the organization		-	-			ns 🕨 🗔			
							0 or 990-EZ) 2015			

Schedule A (Form 990 or 990-EZ) 2015 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	ction A. Public Support		, , , , , , , , , , , , , , , , , , , ,				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				٠.		1
	furnished by a governmental unit to					i	
	the organization without charge						ļ
6	Total. Add lines 1 through 5					Î	
	a Amounts included on lines 1, 2, and			1	1		
	3 received from disqualified persons				}		
	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				ļ		
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	<u> </u>		L	<u>.l</u> .		
_	ction B. Total Support				T		,
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6				 	ļ	<u> </u>
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b	-					
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage		_		
15	Public support percentage for 2015 (line 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	ightharpoonup
I	b 33 1/3% support tests - 2014. If the	-				•	
	line 18 is not more than 33 1/3%, che					_	
20	Private foundation. If the organization	in did not check a	pox on line 14, 19	ia, or 196, check t	rus pox and see in	nstructions	

Schedule A (Form 990 or 990-EZ) 2015 UNITED WAY GALVESTON COUNTY MAINLAND INC74-1257159 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
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		;
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3a		
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10b	L	2015

Sche	dule A (Form 990 or 990-EZ) 2015 UNITED WAY GALVESTON COUNTY MAINLAND INC74-12	5715	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ŀ		!
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ì		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	;		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	Į.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	i		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization	2		l
Sec	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s) tion D. All Type III Supporting Organizations	1		!
Sec	tion b. All Type in Supporting Organizations		Yes	No
1	Did the expenses arounds to each of the supported examples by the last day of the lifth month of the		res	NO
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ł
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		į į	Ì
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>	 	
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			L
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these]
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а		L	L	_
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		l

	dule A (Form 990 or 990-EZ) 2015 UNITED WAY GALVESTON CO			4-1257159 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	•	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			, ,
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		<u></u>
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015 UNITED WAY GALVESTON COUNTY MAINLAND INC74-1257159 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 а b С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, a Applied to underdistributions of pnor years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 31 and 4c Breakdown of line 7 а ь c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-E	Z) 2015 UNI'I	ED WAY	GALVESTO	N COUNTY	MAINLAND IN	IC /4-125/159 Page 8
J.ETW.W	Supplementa Part IV, Section A line 1, Part IV, Sec	I Information I lines 1, 2, 3b, 3c Stion D, lines 2 ar I, 6, and 8, and Pa	Provide the c, 4b, 4c, 5a, id 3, Part IV,	explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c	ired by Part II, Ii 11b, and 11c, F , 2a, 2b, 3a and	ne 10, Part II, line 17a o Part IV, Section B, lines	or 17b; Part III, line 12; 1 and 2, Part IV, Section C, /, Section B, line 1e, Part V,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 74-1257159

Par		d Funds or Other Similar Funds	
-			or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	(a) Donor advised funds	(b) Funds and other accounts
		(a) bonor advised failes	(b) I dilas and other accounts
1	Total number at end of year	-	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d 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 a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onfernng
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
		• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	lessed extinguished or terminated by the	
•	year ▶	sacos, oxunguionos, or terminatos by the	organization during the tex
4	Number of states where property subject to conservation eas	sement is located	
5			
3	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer hours devoted to monitoring, inspecting,	rianding of violations, and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	thing of violations, and enfaroing concentrate	on accompate during the year
•	S	alling of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	vo nations the requirements of section 170/r	\/A\/D\/\)
0	, , , ,	re satisfy the requirements of section 170(i	``````
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes tr	ne organization's accounting for
Dai	conservation easements. III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
rai	Complete if the organization answered "Yes" on Form		nei Siilliai Assets.
			and and belongs about words of and
18	If the organization elected, as permitted under SFAS 116 (AS	,,	·
	historical treasures, or other similar assets held for public exh	·	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	• •	•
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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 tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Sche		WAY GALVES' Collections of A							59 Page 2
3 a b	Using the organization's acquisition, accessi (check all that apply) Public exhibition Scholarly research	on, and other record d			following that	-	nificant use	of its collec	ction items
c	Preservation for future generations	e	`						_
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizati	on's evemr	nt nurnose i	n Part XIII	
5	During the year, did the organization solicit of							III ait Aii	
3	to be sold to raise funds rather than to be ma					Ci Sirinai a	33013	Yes	s 🗆 No
Par	t IV Escrow and Custodial Arran					"Yes" on Fo	orm 990. Pa		
	reported an amount on Form 990, Pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organizatio:		100 0111	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 0.
	Is the organization an agent, trustee, custod		liary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?						0.000	Yes	s 🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able					
	Too, explain the arrangement in a arrangement	and complete and le						Amo	ount
c	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							Ye:	s No
	If "Yes," explain the arrangement in Part XIII					-			
Par									
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years	back (e)	our years back
1a	Beginning of year balance								
b									
С	Net investment earnings, gains, and losses	·							
d	Grants or scholarships								
е	Other expenditures for facilities					Î			
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as		•		
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administe	ered for the	organizatio	n	
	by								Yes No
	(i) unrelated organizations							3 a	ı(i)
	(ii) related organizations							3a	(ii)
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?				3	b
4	Describe in Part XIII the intended uses of the	e organization's endo	wment 1	funds					
Pai	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a S	See Form 990), Part X, Iır	ne 10		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) E	Book value
		basis (investr	nent)	basis	(other)	depre	eciation		
1a	Land								
b	Buildings	118,	418.			(56,810	•	51,608.
С	Leasehold improvements								
d	Equipment		417.			(52,564		6,853.
<u>e</u>	Other	15,	000.			· · ·	3,500	•	11,500.
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	10c)				69,961.

Part VII	Investments - Other Securities.				
4 . 5	Complete if the organization answered "Yes" of				
	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	l-of-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			······································		
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	·	<u> </u>		
	Complete if the organization answered "Yes" o	on Form 990, Part IV	, line 11d See Form 990,	Part X, line 15	
		Description	<u></u>		(b) Book value
(1)					
(2)		-			
(3)		-			
(4)					
(5)					
(6)					
(7)					
(8)		•			
(9)					
	umn (b) must equal Form 990, Part X, col (B) line	15)			
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" of	on Form 990. Part IV	/. line 11e or 11f. See For	n 990. Part X. line 25	i.
1.	(a) Description of liability		(b) Book value	T	<u>: </u>
	deral income taxes		··		
(2)					
(3)	-				
(4)				1	
(5)			· · · · · · · · · · · · · · · · · · ·	1	
(6)				1	
				1	
<u>(7)</u>				1	
(8)				1	
(9)	umn (h) must equal Form 000. Post V and (D) line	25)		1	
rotal. (COIL	umn (b) must equal Form 990, Part X, col. (B) line	7 EU)		L	

UNITED WAY GALVESTON COUNTY MAINLAND INC

74-1257159 Page 3

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 UNITED WAY GALVESTON COUN	TY MAINLAND INC	74-	1257159 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per l	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements		1	2,222,733.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			1
а	Net unrealized gains (losses) on investments	2a <16,672	<u>.</u> ▶	
þ	Donated services and use of facilities	2b	_}	
С	Recoveries of prior year grants	2c	J i	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	<16,672.
3	Subtract line 2e from line 1		3	2,239,405.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J 1	
b	Other (Describe in Part XIII.)	_4b	_	
C	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_	2,239,405.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		r Retu	i rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a	, ,	0.010.058
1	Total expenses and losses per audited financial statements		1	2,012,957.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	1 1	
а	Donated services and use of facilities	2a	4 1	
b	Prior year adjustments	2b	4	
С	Other losses	2c	-	
d	,	_2d	_	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,012,957.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
b	, ,	4b	┩	•
С			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,012,957.
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	·	4, Part	X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information		
				····
DY.	RT X, LINE 2:			
	KI A, DING Z.			
тн	E ORGANIZATION BELIEVES THAT IT HAS APPRO	PRIATE SUPPORT FO	OR A	NY TAX
		DOLLON I	<u> </u>	
PO	SITIONS TAKEN, AND AS SUCH, DOES NOT HAVE	ANY UNCERTAIN T	AX P	OSITIONS
TH	AT ARE MATERIAL TO THE FINANCIAL STATEMEN	TS.		
				
_		,,		

SCHEDULE (Form 990)

Department of the Treasury

Part

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

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

2015

OMB No 1545-0047

Open to Public Inspection 74-1257159

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 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 UNITED WAY GALVESTON COUNTY MAINLAND INC General Information on Grants and Assistance Name of the organization Internal Revenue Service

² [X Yes criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States PartII

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II car	ı be duplicated ıf addıt	ional space is need	Jed			
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
SER EXHIBIT B-3			1 839 729	o			DISTRIBUTION OF FUNDS TO DRGANIZATIONS IN GALVESTON COUNTY THAT PROVIDE FAMILY AID AND
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ie line 1 table				

Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

532101 10-28-15

Page 2

UNITED WAY GALVESTON COUNTY MAINLAND INC

Schedule I (Form 990) (2015)

Derso III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(c) Amount of (d) Amount of non- (e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			Part III, column (b), and any other additional information		NATIONAL UNITED WAY (NOT	ON AN ANNUAL BASIS.	
(b) Number of (c) recipients			jured in Part I, line 2, P		PORT TO THE	_	
(a) Type of grant or assistance			Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	PART I, LINE 2:	THE ORGANIZATION IS REQUIRED TO REPORT TO THE NATIONAL UNITED WAY (NOT	COVERNED BY THE NATIONAL UNITED WAY	

THE TREASURER CHAIRED BY THE FINANCIAL AUDIT AND OVERSIGHT COMMITTEE, ASSURES THE ORGANIZATION FUNDS AND OTHER ASSETS ARE APPROPRIATELY RECORDED

AND SAFEGUARDED, AND THAT PROPER PROCEDURE IS FOLLOWED IN DISPERSING THESE

FUNDS. THE COMMITTEE PERFORMS AN INTERNAL AUDIT OF THE ORGANIZATION'S FUNDS

COLLECTION AND PAYMENT PROCESSES TO INSURE PROPER DELEGATIONS ARE FOLLOWED.

532102 10-28-15

Schedule I (Form 990) (2015)

Schedule I (Form 990) UNITED WAY GALVESTON COUNTY MAINLAND INC 74-1257159 Page 2 Part W Supplemental Information
THE COMMITTEE ISSUES A MONTHLY FINANCIAL REPORT TO THE BOARD OF DIRECTORS,
AND ASSURES THAT AN ANNUAL EXTERNAL AUDIT IS PERFORMED.
THE ALLOCATION COMMITTEE OPERATES AS AN INVESTIGATIVE AND ADVISORY
COMMITTEE TO THE BOARD. AGENCY MEMBERSHIP REQUIREMENTS AND RECOMMENDATIONS
ARE DETAILED IN THE ORGANIZATIONS' POLICY MANUAL.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: SEE EXHIBIT B-3
(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTION OF FUNDS TO
ORGANIZATIONS IN GALVESTON COUNTY THAT PROVIDE FAMILY AID AND SERVICES,
HEALTHCARE, HANDICAPPED AND SPECIAL NEEDS, YOUTH CHARACTER BUILDING, AND
SENIOR CITIZEN LIFE ENHANCEMENT SUPPORT TO THOSE IN NEED.

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.

2015

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization UNITED WAY GALVESTON COUNTY MAINLAND INC	Employer identification number 74-1257159
FORM 990, PART VI, SECTION A, LINE 4:	
THE ORGANIZATION UPDATED ITS POLICY MANUAL IN REGARDS TO	ITS FIXED ASSET
CAPITALIZATION POLICY.	- a = a
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF THE FORM 990 WILL BE PROVIDED TO THE ORGANIZATI	ON'S GOVERNING
BODY BEFORE IT IS FILED, DURING A REGULAR BOARD MEETING,	OR SPECIAL MEETING
IF NECESSARY. THE 990 WILL BE REVIEWED AND DISCUSSED BY T	HE BOARD DURING
THIS MEETING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED	BY THE BOARD
EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S POLICY MANUAL AND FINANCIAL STATEMENTS	, AS WELL AS OTHER
ORGANIZATION INFORMATION ARE AVAILABLE UPON REQUEST FROM	THE ORGANIZATION,
AND PUBLISHED ON THE ORGANIZATION'S WEBSITE: WWW.UNITEDWA	YTEXASCITY.ORG.
FORM 990, PART XII, LINE 2C:	
OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PREVIOUS YEAR	S.