EXTENDED TO NOVEMBER 15, 2019 **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

Intern	al Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest in	formation.	Inspection
A F	or th	e 2018 calend	ar year, or tax year beginning and ending		
B c	heck if	C Name o	f organization	D Employer identificati	ion number
	Addre	№ [ ONTÏ	ED WAY OF GALVESTON, INC.		
	Name	e Doing b	usiness as	74-119	18299
	Initial returr Final returr	Numbei	E Telephone number $409-76$	2-4357	
	termi			G Gross receipts \$	2,105,183.
Г	Amer	ded CATT		H(a) Is this a group return	
$\vdash$	_return  Appli		nd address of principal officer LINDSEY WHITE	for subordinates?	Yes X No
_	Jtion pend	<sup>ng</sup> SAME	AS C ABOVE	H(b) Are all subordinates include	ed? Yes No
<u> </u>	ax-ex	empt status	X = 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) or 527	If "No," attach a list.	•
				H(c) Group exemption no	
			X Corporation	formation: 1923 M St	tate of legal domicile: TX
Pa	rt I	Summary			
ıce	1	Briefly describ		AND DISTRIBU	TION OF
naf	2		x In the organization discontinued its operations or disposed of more the	an 25% of its net assets	<u> </u>
Governance	3		ting members of the governing body (Part VI, line 1a)	3	
<del>ဖိ</del>	4		dependent voting members of the governing body (Part VI, line 1b)	4	17
<b>∞</b> 5	5		of individuals employed in calendar year 2018 (Part V, line 2a)	5	2
Activities &	6		of volunteers (estimate if necessary)	6	174
Ęį			d business revenue from Part VIII, column (C), line 12	7a	0.
¥			business taxable income from Form 990-T, line 38	7b	0.
$\overline{}$		Net unrelated	business taxable income nom romn 555-1, line 55	Prior Year	Current Year
		Contributions	and events (Dect VIII June 1h)	1,999,505.	2,056,155.
e	8			0.	0.
Revenue	9	•	ce revenue (Part VIII, line 2g)	9,043.	13,957.
æ	10		come (Part VIII, column (A), lines 3, 4, and 7d)	6,021.	35,071.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,014,569.	2,105,183.
-	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	455,287.	616,960.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.0,300.
	14	•	to or for members (Part IX, column (A), line 4)	160,877.	158,134.
Expenses	15	*	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
eus			undraising fees (Part IX, column (A), line 11e)		Class 1 Mar 1 and
훘				1,295,723.	1,390,911.
	17	· · · · · · · · · · · · · · · · · · ·	es (Part IX, column RO 648/8811N, 00 848 ES	1,911,887.	2,166,005.
	18	-	s. Add lines 13-17 (must popal PB (X, column (A), line 25)	102,682.	-60,822.
	19	Revenue less	expenses. Subtract line 18 from line 12		
Net Assets or Eund Balances		T. 4-2	DEC 1 1 2013	nning of Current Year 2,019,936.	End of Year 2,110,321.
Sse	20		Part X, line 16)	305,491.	454,088.
뛽	21	Total liabilities	(Part X, line 26) fund balances Subtract line 2 From line 20	1,714,445.	1,656,233.
럞	22	Net assets or	Plack	1,/14,443.	1,030,233.
		Signatur			. Indeed and belief the
			I declare that I have examined this return, including accompanying schedules and statement		owleage and neller, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which preparer ha	is any knowledge.	<del></del> -
		<u> </u>		Date A	
Sign			a of officer O	Date A_ [	LIU
Here	<b>e</b>		SEY WHITE, EXECUTIVE DIRECTOR		
		7 70 -	orint name and title	to Tour	I DTIN
		Print/Type pre	parer's name Preparer's storature Dai	· · · ·	PTIN
Paid		LYDIA I			P01252610
Prep	arer	Firm's name	WHITLEY PENN LLP	Firm's EIN ▶ 7	75-2393478
Use	Only	Firm's address			
			TEXAS CITY, TX 77591	Phone no. (409	948-4406

No\_

Form **990** (2018)

X Yes

	990 (2018) UNITED WAY OF GALVESTON, INC.	74-1198299	Page 2
	rt III Statement of Program Service Accomplishments	<del>_</del>	
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission COLLECTION AND DISTRIBUTION OF CONTRIBUTIONS.		
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	XY	es No
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.	XY	es No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 616,960. including grants of \$ 616,960. ) (Revenue GRANTS TO CHARITABLE MEMBER AND NON-MEMBER AGENCIES IN TIAREA.	HE GALVESTO	N
4b	(Code)(Expenses \$ 1,490,212. including grants of \$) (Revenue COMMUNITY INVESTMENT INITIATIVE TO ASSIST NON-PROFIT ORGANS.		THAT
4c	(Code) (Expenses \$) (Revenue	10 \$	)
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses > 2.107.172.		

Form 990 (2018)

Page 3

Form 990 (2018) UNITED WAY OF GALVESTON, INC. Partily 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 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
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		<u> </u>
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		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			
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		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
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	$ldsymbol{f eta}$
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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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 and XII 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,	l		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			İ
	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,"			1
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
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	Х	

Eaun	n 990 (2018) UNITED WAY OF GALVESTON, INC. 7	4-1198299		
	n 990 (2018) UNITED WAY OF GALVESTON, INC. 7	<u> </u>		age
تتا.	(continuea)		Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	<del>  '`</del>
	Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III	22	ļ .	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur		$\vdash$	<del>  </del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Torn		
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o			广
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No," go to line 25a	24a	]	x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		一
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat			T
·	any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	m	┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			$\vdash$
_00	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, a			F
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple		]	ļ
	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 "Ye	es."		
	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	er		
	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)		l	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	art IV 28b		X
С	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	1		
	contributions? If "Yes," complete Schedule M	30		Х
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		1 1	İ
	Schedule N, Part II	32	$\sqcup$	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	d		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent	ity		İ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
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 11b and 19?		,,	
Pai	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
L	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_

					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1	!		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	X	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 **b** 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) X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them ) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14h b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O Form **990** (2018)

Form	1990 (2018) UNITED WAY OF GALVESTON, INC. 74-1198		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" re	spons	se
•	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 or note to any line in this Part VI			X
Sec	tion 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 17			1 1
	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 0.  Enter the number of voting members included in line 1a, above, who are independent 15 17			
_	Enter the number of voting members included in line 1a, above, who are independent  1b 17  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	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			
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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		х
6	Did the organization have members or stockholders?	6		X
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		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	
а	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	Δ.	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\overline{\mathbf{x}}$	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
•	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			- 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	·		
а	The organization's CEO, Executive Director, or top management official	15a	X	
ь	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)			1
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		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	}	- 1	1
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	oniy) a	ıvallab	ie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)		<u>~</u> I	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ınancı	ai	
20	statements available to the public during the tax year  State the page address, and telephone number of the pages who passesses the organization's books and records.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PAM WATSON, CPA - 409-765-9311			
	1011 23RD STREET, REAR, GALVESTON, TX 77550			
	TOTA BOND DINDLE, NUME, ORDANDION, IN 1100			

form 990 (2018)					74-1198299	Page 7
Part VII Compensatio	n of Officers, I	Directors	, Trustees, Key	Employees,	Highest Compensated	
Employees, a	nd Independe	nt Contra	actors			

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	l (do	not c	Pos	itior more	ነ than e	оле	Reportable	Reportable	Estimated
	hours per	box	, unle	ass person is both an nd a director/trustee)		n an	compensation	compensation	amount of	
	week	$\vdash$	Ter ai	laaa	recic	T	100)	from	from related	other
	(list any hours for	recto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	ee			sated		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ruste	al trus		yee	mpeu		(17 25 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	<b>8</b>			organizations
	line)	lndiv	Instit	Officer	Keye	High empl	Former			
(1) REBECCA TROUT UNBEHAGEN	3.00									
PRESIDENT		X		X		_	L	0.	0.	0.
(2) KEVIN C. WALSH, CPA	3.00					•				
TREASURER		X		X	L		L	0.	0.	0.
(3) DOMINIC ETIENNE	3.00	]						1		
PRESIDENT ELECT		X		X		<u> </u>	<u> </u>	0.	0.	0.
(4) LYNN ALPERIN	3.00									
BOARD MEMBER		X			_			0.	0.	0.
(5) CHRISTIE DEES	3.00							_		_
BOARD MEMBER		Х	$oxed{oxed}$		L_	ļ	<u> </u>	0.	0.	. 0.
(6) TINO GONZALEZ	3.00							_	_	_
BOARD MEMBER		Х			_	<u> </u>	<u> </u>	0.	0.	0.
(7) DR. GAYNELLE HAYES	3.00									
BOARD MEMBER		X			<u> </u>	<b>├</b>	<b> </b>	0.	0.	0.
(8) JOE HUFF	3.00				l	1	l			
BOARD MEMBER		X	lacksquare			<u> </u>	├—	0.	0.	0.
(9) EDDIE JOHNSON	3.00								0	•
BOARD MEMBER		Х	$\vdash$			-	<u> </u>	0.	0.	0.
(10) CLEVELAND LANE	3.00									•
BOARD MEMBER	+	X	Н			<u> </u>	├—	0.	0.	0.
(11) DR. BRENT MASEL	3.00	,,								•
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(12) MARY PATRICK	3.00							0.	0.	•
BOARD MEMBER (13) VIVIAN PINARD	3 00	Х					├─	0.	0.	0.
	3.00	x						0.	0.	0
60ARD MEMBER (14) DR. ELIZABETH PROTAS	3.00	^	Н			H	-	0.	<u>U.</u>	<u> </u>
BOARD MEMBER	3.00	x						0.	0.	0.
(15) DR. MYLES SHELTON	3.00	^	H				<del> </del>	- 0.	- 0.	
BOARD MEMBER	3.00	x						0.	0.	0.
(16) JULIE SCHMID	3.00	<b>-</b>	Н	$\dashv$		$\vdash$	Ι—	0.		
BOARD MEMBER	3.00	х						0.	0.	0.
(17) MARY FERRIS, CPA	3.00	47	Н	$\dashv$		Н				
PAST PRESIDENT		x		х				0.	0.	0.
		1	ш	Λ			Ц_			- 000

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

\$100,000 of compensation from the organization

105,183.

35,071.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

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 (B) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses Grants and other assistance to domestic organizations 616,960. 616,960. 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 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,411. 128,227. 106,393. 15,423. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,430. 16,760. 20,200. 1.010. Other employee benefits 9 9,707. 8,054. 1.168. 485. 10 Payroli taxes Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 34,372. 34,372 column (A) amount, list line 11g expenses on Sch O.) 13,046. 13,046. Advertising and promotion 12 8,266. 6,859. 994. 413. 13 Office expenses 5,918. 7,133. 858. 357. Information technology 14 15 Royalties 20,120. 16,694. 2,420. 1,006. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 3,428. 2,845. 412. 171. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 1,240,509. 1,240,509. a GALVESTON COUNTY RECOVE **b GRF VISION 2039** 301,288. 301,288. 33,191. 3,992. 27,539. 1,660. c MISCELLANEOUS EXPENSES d COMMUNITY AWARENESS 16,977. 16,977. -28,139. -287,419. -259,624. 344. e All other expenses 33,930. Total functional expenses. Add lines 1 through 24e 2,166,005. 2,107,172. 24,903. 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 I if 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 (B) Beginning of year End of year 269,639. 978,243. 1 Cash - non-interest-bearing 598,211. 1,286,904. Savings and temporary cash investments 2 493,851. 427,345. Pledges and grants receivable, net 3 3 28,991. 25,023. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. Assets 7 Notes and loans receivable, net 11,025. 11,025. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 2,110,321. 136,917. 2,019,936. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,566. 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 301,925. 25 <u>317,171.</u> Schedule D 454,088. 305,491.26 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. **Fund Balances** 1,305,400. 472,028. 27 Unrestricted net assets 27 409,045.184,205. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,714,445. 1,656,233. 33 Total net assets or fund balances 33  $\overline{2,110,321}$ . 2,019,936. Total liabilities and net assets/fund balances

Form	990 (2018) UNITED WAY OF GALVESTON, INC.	74-11	98299	Pag	<sub>qe</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	·			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,160		
3	Revenue less expenses Subtract line 2 from line 1	3		),8:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,714		
5	Net unrealized gains (losses) on investments	5		2,6	<u> 10.</u>
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))		1,650	5,2	<u> 33.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>	1	
			<u> </u>	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 C	)			$\frac{1}{x}$
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a_	-	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis		<del></del>	$\overline{\mathbf{x}}$	لــــا
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				i l
	X Separate basis				لــــ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	ا م	x	
	review, or compilation of its financial statements and selection of an independent accountant?	tulo O	2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ie Audit	3a		х
	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ad audit	38		
D		o audit	36		l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1 0.0	990	(2018)
					,~~ · · · · )

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

_	UNITED WAY OF GALVESTON, INC.   74-1198299								4-1198299	
Pa	art I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part.) S	ee instructions			
The	organ	ization is not a private found								
1	$\Box$	A church, convention of ch	-	=			IVAVI).			
2	Ħ	A school described in sect					- N N-7-			
3	$\sqcap$	A hospital or a cooperative		,			ii).	/2	) <b>/</b>	
4	Ħ						•	iii) Enter	the hospital's name	
-	لـــا	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
_		An organization operated for	or the benefit of a co	llege or unwersity owner	d or operat	od by a ge		rt docorib	nd in	
5	ш			liege or university owner	or operat	eu by a go	overninental un	it describ	eu III	
_		section 170(b)(1)(A)(iv). (0				-04.1/41/41				
6	<b>T</b>	A federal, state, or local go	•				• •			
7	X	An organization that norma	=	ntial part of its support f	rom a gove	ernmental	unit or from the	general	public described in	
		section 170(b)(1)(A)(vi). (C	•							
8	닏	A community trust describe	• •							
9	ш	An agricultural research org								
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of t	he college	or	
	_	university		<u> </u>			<del></del>			
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membershi	p fees, ar	nd gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its	support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	ınızatıon a	after June 30, 1975	
		See section 509(a)(2). (Co	mplete Part III )							
11		An organization organized	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).			
12		An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	y out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 5	09(a)(3). (	Check the box in	
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g		
а	. [	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anızatıon(s), typ	ocally by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee:	s of the su	pporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b	, _	Type II. A supporting org	-		tion with it	s supporte	ed organization	(s), by hav	/ing	
		control or management of								
		organization(s). You mus			•		J			
c		Type III functionally inte	•		ın connect	tion with, a	and functionally	ıntegrate	ed with.	
		its supported organization	- · · · · · · · · · · · · · · · · · · ·						· - · · · · · · · · · · · · · · · · · ·	
d		Type III non-functionally		•				ed organi:	ration(s)	
•		that is not functionally int						-		
		requirement (see instruct	• .	• •	•		•	arr accorner	Torresd	
		Check this box if the orga	•	-			_	Type III		
-	· L						Type I, Type II	, Type III		
	Ento	functionally integrated, or ir the number of supported o		rally integrated supports	ng organiz	ation				
		ride the following information	~	d arganization(a)						
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of r	nonetary	(vi) Amount of other	
	•	organization	1.,	(described on lines 1-10	Yes	No No	support (see ins		support (see instructions)	
		<del></del>		above (see instructions))	100	110	}		<u></u>	
			:							
—										
					[ •					
	<del></del>									
		···								
								_		

Schedule A (Form 990 or 990 EZ) 2018 UNITED WAY OF GALVESTON, INC. 74-1198299 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	612,315.	381,685.	506,099.	1999505.	2056155.	5555759.
2	Tax revenues levied for the organ-						
	ızatıon'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	612,315.	381,685.	506,099.	1999505.	2056155.	5555759.
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)						834,118.
6	Public support. Subtract line 5 from line 4		-		-		4721641.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	612,315.	381,685.	506,099.	1999505.	2056155.	5555759.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,483.	2,887.	2,221.	9,043.	13,957.	38,591.
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 VI)			11,612.	6,021.	35,071.	52,704.
11	Total support. Add lines 7 through 10		-			-	5647054.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publi	c Support Per	centage				_
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	83.61 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14	•		15	98.49 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test		• • •		13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"					J	▶□
b	10% -facts-and-circumstances test	_	•	-	-	7a, and line 15 is 1	0% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		•				

Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF GALVESTON, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not	ļ					
	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					/	ſ
	organization's tax-exempt purpose						
3	Gross receipts from activities that		1				
	are not an unrelated trade or bus-				:		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon'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					<u></u>	
	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
t	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						
•	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)		<u> </u>	A	<u> </u>	<u> </u>	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018_	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	<u> </u>					
	and income from similar sources		/				<u> </u>
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975				ļ	<b>_</b>	
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	<u> </u>		ļ			
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)			<del> </del>			
	Total support. (Add lines 9, 10c, 11, and 12)			<u></u>	<u>                                     </u>	<u> </u>	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here			. <u>.</u>	<u> </u>		
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2018 (I			column (f))		15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	ction D. Computation of Inves					1	
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	nn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
t	$\mathbf{33.1/3\%}$ support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che						▶∟
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check th			<u> </u>
					Sah	Adula A / Earm QQ/	1 or 990-F7\ 2018

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. AI	Supporting	<b>Organizations</b>
-----------	-------	------------	----------------------

ec.	tion A. All Supporting Organizations			
			Yes	No_
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	_1_		
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)	2		<del></del>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	<u>3a</u>		<u> </u>
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	3b		<u> </u>
С	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	3c_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		<del></del> ,
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	4c		_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?    f "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			1
	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	 5а		
	was accomplished (such as by amendment to the organizing document)	Sa		1
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	 5b		
_	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<u> </u>		
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as 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)	7		
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)	8		
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.	9a		
ь	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.	9b		
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.	9с		
0a	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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			لــــا

10b

determine whether the organization had excess business holdings.)

		<u> 119829</u>	9 P	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?			ĺ
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	ļ	
b	A family member of a person described in (a) above?	11b	L	
c	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	<u> </u>	
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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		٠.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		ļ
	controlled the organization's activities. If the organization had more than one supported organization,			
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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		1	-
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1.	- '	-
	significant voice in the organization's investment policies and in directing the use of the organization's	l'		:
	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		
<u>Sec</u>	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 year (see instruction	ns).		
а	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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstructions)	<u> </u>	
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,		•	
	how the organization was responsive to those supported organizations, and how the organization determined			
	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			<u></u>
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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		

	edule A (Form 990 or 990-EZ) 2018 UNITED WAY OF GALVESTO			74-1198299 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
` 1	Check here if the organization satisfied the Integral Part Test as a qualifyi	•		Part VI) See instructions. Al
Sec	other Type III non-functionally integrated supporting organizations must c	omplete S	(A) Prior Year	(B) Current Year
				(optional)
_1_	Net short-term capital gain	1	<u> </u>	<u> </u>
_2	Recoveries of prior-year distributions	2		<del> </del>
_3_	Other gross income (see instructions)	3	·	<del> </del>
_4	Add lines 1 through 3	4	<del></del>	
_5_	Depreciation and depletion	5_		ļ
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	-		
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)			
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<del></del>
Sect	tion B - Minimum 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)			<u> </u>
a	Average monthly value of securities	1a	<u>-</u>	<u> </u>
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	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		<u></u>
_3_	Subtract line 2 from line 1d	3	<u> </u>	
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	Illy integrat	ed Type III supporting org	anization (see
	instructions)	· •		·

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 UNITED WAY OF		-iti	<u>4-1198299 Page 7</u>
Pa	T Type the real transfer and the grant and t	a)(3) Supporting Orga	nizations (continued)	<u> </u>
` <u>Sect</u>	ion D - Distributions		<del></del>	Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		<u> </u>
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
_4_	Amounts paid to acquire exempt-use assets			
<u>   5                                 </u>	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI) See instructions			
_7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2018 from Section C, line 6		·	
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions			l
3	Excess distributions carryover, if any, to 2018			
	From 2013	-		
	From 2014			
	From 2015			
	From 2016			
	From 2017			j
	Total of lines 3a through e			j
	Applied to underdistributions of prior years		<u>-</u>	
	Applied to 2018 distributable amount			<del> </del>
	Carryover from 2013 not applied (see instructions)	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	<del></del> -		
4	Distributions for 2018 from Section D,	<del></del>		
•	line 7 \$			<u> </u>
	Applied to underdistributions of prior years			<u> </u>
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			<u> </u>
<del></del> _	Remaining underdistributions for years prior to 2018, if			1
3	any. Subtract lines 3g and 4a from line 2. For result greater		II.	]
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0	and 4b from line 1 For result greater than zero, explain in			
	• • • • • • • • • • • • • • • • • • • •			
<del></del> -	Part VI See instructions.			<del></del>
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
ę	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	( <u>Form 990 or 99</u>	0-EZ) 2018	B UNIT	ED WAY	OF	GALVE	STON,	INC.		<u>74-1198299</u>	Page 8
Part VI	Supplemen Part IV, Section line 1, Part IV, Section D, lines	tal Inforn A, lines 1 Section D, 55, 6, and	<b>mation.</b> I, 2, 3b, 3c, Ilnes 2 and	Provide the , 4b, 4c, 5a, d 3. Part IV.	e expla 6, 9a, Sectio	nations req 9b, 9c, 11a n E, lines 1	uired by F i, 11b, and c, 2a, 2b,	Part II, line 10 d 11c, Part I\ 3a, and 3b, I	art v. iine i	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Sectior , Part V, Section B, line 1e, Pa additional information	n C.
	(See instruction	ns)			•	_					
					<u>.                                    </u>						
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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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

UNITED WAY OF GALVESTON, INC.

Employer identification number 74-1198299

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if t	he
	organization answered "Yes" on Form 990, Part IV, line	e 6		
		(a) Donor advised funds	(b) Funds and other acco	unts
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	writing that the assets held in donor advise	ed 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 ad	dvisors in writing that grant funds can be	used only	
	for chantable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose o	conferring	
	impermissible private benefit?		Yes	No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	· — i · · ·		
	Preservation of land for public use (e.g., recreation or e		orically important land area	
	Protection of natural habitat	Preservation of a cert	ified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contribution in the form		
	day of the tax year		Held at the End of t	he Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C		• •	2c	
d	* * * * * * * * * * * * * * * * * * * *	itter 7/25/06, and not on a historic structu		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relevant	eased, extinguished, or terminated by the	organization during the tax	
4	Number of states where property subject to conservation eas	ement is located		•
5	Does the organization have a written policy regarding the peri			
J	violations, and enforcement of the conservation easements it		Yes	□□No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
•	<b>&gt;</b>		,	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	on easements during the year	
	<b>▶</b> \$		,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, a	nd
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	he organization's accounting for	•
	conservation easements			
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of	art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	ce of public service, provide, in	Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS)	•		
	treasures, or other similar assets held for public exhibition, ed	lucation, 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		<b>\$</b>	
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	<del></del>
2	If the organization received or held works of art, historical trea		gain, provide	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	<b>&gt;</b> 4	
a	Revenue included on Form 990, Part VIII, line 1		\$	<del></del>
h	Assets included in Form 990 Part Y		<b>■</b> 8	

		WAY OF GAL						<u> 198299</u>		ge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, or Othe	er Sir	nilar Asso	ets (continu	ed)	
` з	Using the organization's acquisition, accessi	on, and other record	is, check a	ny of the 1	following that are a s	signific	ant use of it	s collection it	ems	
	(check all that apply)									
а	Public exhibition		d 🔲 Lo	an or exc	hange programs					
b	Scholarly research		e 🔲 01	her						
С	Preservation for future generations								_	
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organization's exe	empt p	urpose in Pa	art XIII		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's co	llection?			Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the o	rganizatio	n answered "Yes" o	n Forn	n 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntribution	s or other assets no	t inclu	ded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le		_				
						L		Amount		
c	Beginning balance					L	1c			
d	Additions during the year					Ĺ	1d			
е	Distributions during the year					L	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or cu	istodial account liab	ılıty?		Yes	$\sqsubseteq$	No
_	If "Yes," explain the arrangement in Part XIII									
Ра	rt V Endowment Funds. Complete	f the organization ar	nswered "Y	es" on Fo		1				
		(a) Current year	(b) Pric	r year	(c) Two years back	(d) T	hree years ba	ck (e) Four y	ears b	<u>ack</u>
1a	Beginning of year balance		<b>_</b>			-				
b	Contributions					₩				
С	Net investment earnings, gains, and losses		-			┈				
	•					ļ.—				
е	Other expenditures for facilities									
_	and programs					-				
f	Administrative expenses	-			·	-		_		
g	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc		olumn (a)	) held as					
a	Board designated or quasi-endowment		_%							,
þ		%								
С	Temporarily restricted endowment	%								
٥-	The percentages on lines 2a, 2b, and 2c short	•								
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re neid ar	na administered for t	ne orç	janization	r.	, T	<del></del>
	by								'es	NO
	(i) unrelated organizations (ii) related organizations							3a(i) 3a(ii)	$\dashv$	—
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	adula P2				3b	$\dashv$	
4	Describe in Part XIII the intended uses of the	•						[ GD ]		
	t VI Land, Buildings, and Equipm		William Tall	<u> </u>						
	Complete if the organization answered		). Part IV. li	ne 11a S	ee Form 990. Part X	. line 1	10			
	Description of property	(a) Cost or o					nulated	(d) Book	value	
	besomption of property	basis (investr			1 ' '	epreci	1	(4) 5000	. 4.40	
12	Land				· / -   -					_
			<del></del>			-				—
	Leasehold improvements			<del></del>						
	Equipment	-								
	Other									
	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column	(B). line 10	0c.1,		▶			0.

	OF GALVESTON,	INC.	74-1198299 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cos	st or end-of-year market value
(1) Financial derivatives		<del>                                     </del>	
(2) Closely-held equity interests	<b> </b>	<del> </del>	
(3) Other			
(A) (B)	<del></del>	<del>                                     </del>	
(C)	<del> </del>		
(D)	<del></del>		
(E)	<del></del>	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cos	st or end-of-year market value
<u>(1)</u>	<u> </u>	<u> </u>	
(2)		<del> </del>	
(3)		<del> </del>	<del></del>
(4) (5)	<del></del>	<del> </del>	<del></del>
(5) (6)			
(7)		<del> </del>	<del>-</del>
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		<del></del>	_ <del></del>
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
	Description		(b) Book value
		<del></del>	
(2)		<u> </u>	
(3)			-
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
(8)		·	<del></del>
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		265 900	
(2) DONOR DESIGNATIONS PAYABLE	<u> </u>	265,809.	
(3) ALLOCATIONS PAYABLE TO		51,362.	
(4) PARTICIPATING AGENCIES		<u>J1,302.</u>	
(5)		<del></del> ,	
<u>(6)</u> (7)			
(8)			
(9)			
Total (Column (h) must equal Form 990, Part X, col. (B) line	251	317,171.	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2018 UNITED WAY OF GALVESTON, I	NC.	74-	1198299	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn.		
<u>.                                    </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements		1	2,107,	<u>793.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a 2,610.	-		
b	Donated services and use of facilities	2b	4 [		
С	Recoveries of prior year grants	2c	<b>↓</b>		
d	Other (Describe in Part XIII )	2d	-	2	C10
е	Add lines 2a through 2d		2e	2,	610.
3	Subtract line 2e from line 1		3	2,105,	183.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
b	Other (Describe in Part XIII )	4b			0
_	Add lines 4a and 4b		4c	2,105,	102
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII   Reconciliation of Expenses per Audited Financial Statem	ente With Expenses per l	5 Detur		103.
<u> </u>			10 tui i	•	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>	1	2,166,	005
1	Total expenses and losses per audited financial statements		<del>  '- </del>	<u> 2,100,</u>	005.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2a			
a		2b	1 1		
b C	Prior year adjustments Other losses	2c 2c	1		
ď	Other (Describe in Part XIII )	2d	1		
	Add lines 2a through 2d	20	2e		0.
3	Subtract line 2e from line 1		3	2,166,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		۲		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b	1		
	Add lines 4a and 4b	7.0	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	2,166,	
	t XIII Supplemental Information.				
Provi	de 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	I, Part X	(, line 2, Part XI	l,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.			
DAE	m v IIID ).				
PAR	T X, LINE 2:				
THE	ORGANIZATION BELIEVES THAT IT HAS APPROPR	RIATE SUPPORT FOR	ANY	7 TAX	
	Oliotatadillor Dallavado Italia II Into Italia				
POS	ITIONS TAKEN, AND AS SUCH, DOES NOT HAVE A	ANY UNCERTAIN TAX	POS	SITIONS	
THA	T ARE MATERIAL TO THE FINANCIAL STATEMENTS	S			
			_	·=	
_				_	
_			_	_	
				·	
				_	
		<del></del>			· <del>-</del>
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Schedule D (Form 990) 2018

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Servic Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection Employer identification number

74-1198299

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

UNITED WAY OF GALVESTON, INC.

OMB No 1545-0047

<u>2</u> Schedule I (Form 990) (2018) (h) Purpose of grant or assistance X Yes 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 RAISE FUNDS 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of 616,960. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part | General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ALLOCATIONS AND DESIGNATIONS TO or government SEE ATTACHED SCHEDULE OF AGENCIES Part II

UNITED WAY OF GALVESTON, Schedule I (Form 990) (2018)

Page 2

74-1198299

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.

Part III

(f) Description of noncash assistance			,	
(e) Method of valuation (book, FMV, appraisal, other)				dditional information.
(d) Amount of non- cash assistance				(b), and any other ac
(c) Amount of cash grant			•	e 2, Part III, column
(b) Number of recipients				ured in Part I, lin
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

LINE 2: PART I,

THE NATIONAL UNITED WAY (NOT

GOVERNED BY THE NATIONAL UNITED WAY) ON AN ANNUAL BASIS.

REQUIRED TO REPORT TO

IS

THE ORGANIZATION

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

AND THAT PROPER PROCEDURE IS FOLLOWED IN DISPERSING THESE AND SAFEGUARDED, THE ORGANIZATION'S FUNDS FUNDS. THE COMMITTEE PERFORMS AN INTERNAL AUDIT OF

COLLECTION AND PAYMENT PROCESSES TO INSURE PROPER DELEGATIONS ARE FOLLOWED.

Schedule I (Form 990) UNITED WAY OF GALVESTON, INC.  Part IV   Supplemental Information	74-1198299 Page 2
THE COMMITTEE ISSUES A MONTHLY FINANCIAL REPORT TO THE BOAF	RD OF DIRECTORS,
AND ASSURES THAT AN ANNUAL EXTERNAL AUDIT IS PERFORMED.	
THE ALLOCATION COMMITTEE OPERATES AS AN INVESTIGATIVE AND A	ADVISORY
COMMITTEE TO THE BOARD. AGENCY MEMBERSHIP REQUIREMENTS AND	RECOMMENDATIONS
ARE DETAILED IN THE ORGANIZATION'S POLICY MANUAL.	
<del></del>	
<del></del>	
<u>,                                     </u>	
<del>_</del>	

## **SCHEDULE 0**

(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.

Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-1198299

Name of the organization

UNITED WAY OF GALVESTON, INC.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:		
UNITED WAY OF GALVESTON ACTED AS THE FISCAL AGENT FOR VISION GALVESTON,		
SIMILAR TO THE ORGANIZATION'S ROLE AS THE FISCAL AGENT FOR THE		
GALVESTON COUNTY RECOVERY FUND AND UTMB EMPLOYEE RELIEF FUND. THE ONLY		
SIGNIFICANT DIFFERENCE IS THE GALVESTON COUNTY RECOVERY FUND AND UTMB		
EMPLOYEE RELIEF FUND WERE PROGRAMS IN WHICH UNITED WAY OF GALVESTON		
PAID GRANTS DIRECTLY TO INDIVIDUALS AND ORGANIZATIONS. VISION GALVESTON		
DOES NOT WRITE GRANTS TO INDIVIDUALS AND IS NOT BASED ON DISASTER		
RECOVERY. VISION GALVESTON IS A PROGRAM THAT COLLECTED VALUABLE		
INFORMATION FROM THE ISLAND COMMUNITY TO CREATE AND IMPLEMENT		
RECOMMENDATIONS AND STRATEGIES TO BUILD A STRONG VISION FOR THE FUTURE		
OF GALVESTON. THE BANK ACCOUNT IS HELD UNDER THE UNITED WAY OF		
GALVESTON NAME AND TAX ID NUMBER.		
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:		
UNITED WAY'S PROGRAM SERVICES REMAINS CONSISTENT BY CONDUCTING		
WORKPLACE-GIVING CAMPAIGNS TO RAISE FUNDS FOR LOCAL NON-PROFIT		
ORGANIZATIONS. OUR CAPACITY TO SERVE AS THE FISCAL AGENT FOR VISION		
GALVESTON IN 2018 WAS SIMILAR TO OUR WORK AS FISCAL AGENT FOR THE		
GALVESTON COUNTY RECOVERY FUND AND UTMB EMPLOYEE RELIEF FUND IN 2017.		
FORM 990, PART VI, SECTION B, LINE 11B:		
THE TAX RETURN IS REVIEWED BY THE BOARD BEFORE FILING WITH THE IRS.		
FORM 990, PART VI, SECTION B, LINE 12C:		

THE CONFLICT OF INTEREST DISCLOSURES ARE SUBMITTED ANNUALLY TO THE

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization UNITED WAY OF GALVESTON, INC.	Employer identification number 74-1198299
EXECUTIVE DIRECTOR BY THE BOARD MEMBERS AND THE STAFF. IF	ANY CONFLICTS OR
PERCEPTIONS OF CONFLICT ARE DISCLOSED, THOSE ARE PRESENTED	TO THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED B	
COMMITTEE OF THE BOARD. IT IS BASED ON COMPARATIVE DATA AS ANNUAL PERFORMANCE REVIEW.	WELL AS AN
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT	OF THE AUDIT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT.	
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