

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 4/01, 2013, and ending 3/31, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C UNITED WAY OF CALHOUN COUNTY
 P O BOX 571
 PORT LAVACA, TX 77979

D Employer Identification Number
74-6021994

E Telephone number
(361) 552-3630

G Gross receipts \$ 348,341.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No

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

J Website: ▶ WWW.UNITEDWAYBYTHEBAY.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1957 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE UNITED WAY OF CALHOUN COUNTY IS TO HELP INCREASE THE ORGANIZED CAPACITY OF PEOPLE IN CALHOUN COUNTY TO CARE FOR ONE ANOTHER.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	325,831.	342,638.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,329.	2,605.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,069.	3,098.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,229.	348,341.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	283,419.	224,000.
14	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)	34,211.	33,348.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>14,090.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,084.	80,390.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	334,714.	337,738.
19	Revenue less expenses. Subtract line 18 from line 12	-485.	10,603.
20	Total assets (Part X, line 16)	Beginning of Current Year 527,513.	End of Year 528,027.
21	Total liabilities (Part X, line 26)	259,793.	249,704.
22	Net assets or fund balances. Subtract line 21 from line 20	267,720.	278,323.

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: Scott Hollingsworth Date: 5/21/2015
 Type or print name and title: SCOTT HOLLINGSWORTH PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: CHRISTOPHER E. KREJCI, CPA Preparer's signature: Christopher Krejci Date: 11-4-14 Check if self-employed PTIN: P00047021
 Firm's name: BUMGARDNER, MORRISON & COMPANY, LLP
 Firm's address: PO BOX 3750 VICTORIA, TX 77903-3750 Firm's EIN: 74-1194944 Phone no.: (361) 575-0271