

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning _____ and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label of print or type. See Specific Instructions.	C Name of organization UNITED WAY OF WACO-MCLENNAN COUNTY		D Employer identification number 74-1189027
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 2027		E Telephone number 254-752-2753
		City or town, state or country, and ZIP + 4 WACO, TX 76703		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates: _____ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Enter 4-digit GEN: _____

G Web site: _____

J Organization type (check only one): 501(c)(3) (insert no) 4947(a)(1) or 527

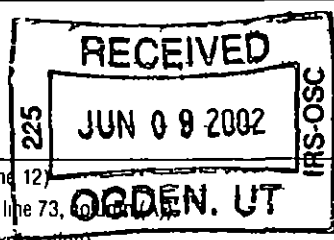
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **1,849,964.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	1,827,678.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 1,827,678. noncash \$ _____)	1d		1,827,678.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,108.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		21,178.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other			
		8a				
		8b				
		8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,849,964.		
Expenses	13	Program services (from line 44, column (B))	13		1,478,735.	
	14	Management and general (from line 44, column (C))	14		69,093.	
	15	Fundraising (from line 44, column (D))	15		176,313.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17		1,724,141.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		125,823.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, or _____)	19		1,229,892.	
	20	Other changes in net assets or fund balances (attach explanation)	20		0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,355,715.	



SCANNED JUN 20 2002

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$1282279. noncash \$	22 1,282,279.	1,282,279.	STATEMENT 2	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 121,501.	0.	32,272.	89,229.
26 Other salaries and wages	26 63,077.	40,610.	13,021.	9,446.
27 Pension plan contributions	27 9,319.	2,181.	2,412.	4,726.
28 Other employee benefits	28 24,623.	7,262.	6,270.	11,091.
29 Payroll taxes	29 13,269.	3,115.	3,442.	6,712.
30 Professional fundraising fees	30 8,015.	1,617.	1,733.	4,665.
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 803.	149.	83.	571.
34 Telephone	34 3,473.	165.	908.	2,400.
35 Postage and shipping	35 9,926.	318.	1,748.	7,860.
36 Occupancy	36 6,000.	300.	1,650.	4,050.
37 Equipment rental and maintenance	37 2,451.	123.	674.	1,654.
38 Printing and publications	38 11,956.	320.	258.	11,378.
39 Travel	39 5,588.	2,030.	637.	2,921.
40 Conferences, conventions, and meetings	40 1,008.			1,008.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 2,963.	523.	815.	1,625.
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 1	43e 157,890.	137,743.	3,170.	16,977.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,724,141.	1,478,735.	69,093.	176,313.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

TO MEET HEALTH & HUMAN SERVICE NEEDS OF PEOPLE.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a ALLOCATIONS TO 22 MEMBER HEALTH AND HUMAN SERVICE AGENCIES IN WACO-MCLENNAN COUNTY SERVING OVER 100,000 INDIVIDUALS.	(Grants and allocations \$)	1,301,178.
b INFORMATION AND REFERRAL PROGRAM TO ASSIST INDIVIDUALS IN LOCATING SOCIAL SERVICE AGENCIES VOLUNTEER CENTER, NON PROFIT MANAGEMENT CENTER	(Grants and allocations \$)	41,247.
c DESIGNATED GIFTS	(Grants and allocations \$)	136,310.
d	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,478,735.

Part IV Balance Sheets

		(A) Beginning of year		(B) End of year	
Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45 Cash - non-interest-bearing	185,206.	45	95,536.	
	46 Savings and temporary cash investments	304,217.	46	356,630.	
	47 a Accounts receivable	47a 22,082.			
	b Less allowance for doubtful accounts	47b	47c	22,082.	
	48 a Pledges receivable	48a 1,484,139.			
	b Less allowance for doubtful accounts	48b 310,324.	1,079,875.	48c	1,173,815.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		5,456.	53	7,113.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	55a 49,581.			
	b Less accumulated depreciation	55b 34,744.	11,539.	55c	14,837.
56 Investments - other			56		
57 a Land, buildings, and equipment basis	57a				
b Less accumulated depreciation	57b		57c		
58 Other assets (describe ▶)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		1,611,025.	59	1,670,013.	
Liabilities	60 Accounts payable and accrued expenses	381,133.	60	314,298.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶)		65		
66 Total liabilities (add lines 60 through 65)		381,133.	66	314,298.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	244,440.	67	140,111.	
	68 Temporarily restricted	985,452.	68	1,215,604.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,229,892.	73	1,355,715.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,611,025.	74	1,670,013.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0."/> , section 4912 <input type="text" value="0."/> , section 4955 <input type="text" value="0."/>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 4		
91	The books are in care of <input type="text" value="UNITED WAY OF WACO"/> Telephone no <input type="text" value="(254) 752-2753"/>		
	Located at <input type="text" value="425 AUSTIN, SUITE 101 WACO, TEXAS"/> ZIP + 4 <input type="text" value="76701"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a MISC.					1,108.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	21,178.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		21,178.	1,108.
105 Total (add line 104, columns (B), (D), and (E))					22,286.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ALL REVENUE RAISED IS INTENDED TO FUND PROGRAMS OR IS TO BE ALLOCATED TO AN AGENCY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

4/02 **Honora Tejano** Executive U.P.
Company schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge.
Type or print name and title

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF WACO-MCLENNAN COUNTY

Employer identification number

74 1189027

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE OTHER THAN ON FORM 990, PT V				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,646,504.	1,650,798.	1,359,003.	1,492,709.	6,149,014.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	656.	2,368.	2,116.	1,508.	6,648.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,623.	21,202.	24,570.	20,565.	88,960.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,669,783.	1,674,368.	1,385,689.	1,514,782.	6,244,622.
24 Line 23 minus line 17	1,669,127.	1,672,000.	1,383,573.	1,513,274.	6,237,974.
25 Enter 1% of line 23	16,698.	16,744.	13,857.	15,148.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 124,759.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 6,237,974.
	d Add Amounts from column (e) for lines 18	88,960.	19		26d 88,960.
		22	26b		26e 6,149,014.
	e Public support (line 26c minus line 26d total)				26f 98.5739%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines 15	16	16		27c N/A
	17	20	21		27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

Organization type (check one)

- | Filers of | Section |
|--------------------|--|
| Form 990 or 990 EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>52,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>50,382.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>127,465.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>51,343.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>41,596.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>54,552.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DATA PROCESSING	4,538.	172.	972.	3,394.
PAPER INK & DUPLICATING MATERIALS	2,504.	67.	369.	2,068.
FILM & PINS	2,889.			2,889.
SUBSCRIPTIONS	770.		495.	275.
INCIDENTAL EXP	1,408.	565.	25.	818.
INDIVIDUAL DUES	528.	69.		459.
PROPERTY INSURANCE	3,776.	189.	1,038.	2,549.
AWARDS	1,178.			1,178.
CAMPAIGN	<4,925.>			<4,925.>
STATE & FEDERAL CAMPAIGN EXP	6,129.			6,129.
WORKMAN'S COMP.	1,010.	371.	271.	368.
LEADERSHIP	1,775.			1,775.
DESIGNATED GIFTS	136,310.	136,310.		
TOTAL TO FM 990, LN 43	157,890.	137,743.	3,170.	16,977.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED			NONE	1282279.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1282279.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 3

DESCRIPTION	AMOUNT
DESIGNATED GIFTS	136,310.
TOTAL TO FORM 990, PART IV-A	136,310.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 4

DESCRIPTION	AMOUNT
DESIGNATED GIFTS	136,310.
TOTAL TO FORM 990, PART IV-B	136,310.

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

DAVID NEMEC P.O. BOX 7005 WACO, TX 76714	SECRETARY 0.	0.	0.	0.
MIKE HOLMAN P.O. BOX 2626 WACO, TX 767702	DIRECTOR 0.	0.	0.	0.
CLEMENT MILAM OWEN LANE SUITE 100 WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
GORDON ROBINSON P.O. BOX 2028 WACO, TX 76703	DIRECTOR 0.	0.	0.	0.
HOMER TREVINIO PO BOX 2027 WACO, TX 76703	CEO 40	76,429.	4,127.	0.
JOSEPH A. VONASEK PO BOX 2027 WACO, TX 76703	DIR OF ADMIN 40	45,072.	2,434.	0.
STEVE CATES P.O. BOX 830 WACO, TX 76703	DIRECTOR 0.	0.	0.	0.
STEWART KELLY WACO, TX	DIRECTOR 0.	0.	0.	0.
KANDACE MENNING	DIRECTOR 0.	0.	0.	0.
GARY MOORE WACO, TX	DIRECTOR 0.	0.	0.	0.
DE SMITH WACO, TX	DIRECTOR 0.	0.	0.	0.
ERIC ABERCROMBIE WACO, TX	DIRECTOR 0.	0.	0.	0.
MARILYN CRONE WACO, TX	DIRECTOR 0.	0.	0.	0.

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

MARTY ENGLANDER	DIRECTOR	0.	0.	0.	0.
WACO, TX					
RICHARD FOGLEMAN	DIRECTOR	0.	0.	0.	0.
WACO, TX					
ROBERT GAMBOA	DIRECTOR	0.	0.	0.	0.
WACO, TX					
DEAN HAUN	DIRECTOR	0.	0.	0.	0.
WACO, TX					
CLAY HICKS	DIRECTOR	0.	0.	0.	0.
WACO, TX					
ROBERT JOHNSON	DIRECTOR	0.	0.	0.	0.
WACO, TX					
DEBORAH KEEL	DIRECTOR	0.	0.	0.	0.
WACO, TX					
CAROL LOWE	DIRECTOR	0.	0.	0.	0.
WACO, TX					
MEGAN HELMS MILLER	DIRECTOR	0.	0.	0.	0.
WACO, TX					
DR. TOM NORRIS	DIRECTOR	0.	0.	0.	0.
WACO, TX					
JODY ORSAG	DIRECTOR	0.	0.	0.	0.
WACO, TX					
ED PAGE	DIRECTOR	0.	0.	0.	0.
WACO, TX					
RICHARD PERKINS	DIRECTOR	0.	0.	0.	0.
WACO, TX					

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

REV. STEPHEN K. RAMSDELL	DIRECTOR	0.	0.	0.	0.
WACO, TX					
WILEY STEM, III	DIRECTOR	0.	0.	0.	0.
WACO, TX					
REBECCA WARD	DIRECTOR	0.	0.	0.	0.
WACO, TX					
TOTALS INCLUDED ON FORM 990, PART V		<u>121,501.</u>	<u>6,561.</u>	<u>0.</u>	<u>0.</u>

Book Asset Detail 1/01/01 - 12/31/01

FYE 12/31/2001

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Value	Book Method	Book Period
Group AUTOS											
157	1997 Ford Crown Victoria	12/11/01	5,329.00	0.00c	0.00	0.00	88.82	88.82	5,240.18	S/L	50
	AUTOS		5,329.00	0.00c	0.00	0.00	88.82	88.82	5,240.18		
Group COMPUTER EQUIPMENT											
42	486 IBM COMP #23DMRB9	8/12/94	2,500.00	0.00	0.00	2,500.00	0.00	2,500.00	0.00	S/L	50
47	PRINTER - CANON LASER	1/31/96	341.99	0.00	0.00	336.30	5.69	341.99	0.00	S/L	50
130	PRINTER STAND	7/20/87	49.95	0.00	0.00	49.95	0.00	49.95	0.00	S/L	50
134	PACKARD BELL COMPUTER	1/31/96	1,637.96	0.00	0.00	1,610.65	27.31	1,637.96	0.00	S/L	50
142	COMPUTER'S (3), COOPER NETWORK	10/31/97	2,172.00	0.00	0.00	1,375.60	434.40	1,810.00	362.00	S/L	50
143	IBM PC300GL	11/18/97	418.00	0.00	0.00	257.77	83.60	341.37	76.63	S/L	50
145	IBM 4019 Laser Printer	7/01/98	1,333.65	0.00	0.00	666.83	266.73	933.56	400.09	S/L	50
146	Xerox P-12 Laser printer	11/13/92	900.00	0.00	0.00	900.00	0.00	900.00	0.00	S/L	50
147	Apollo printer	5/21/99	484.99	0.00	0.00	153.58	97.00	250.58	234.41	S/L	50
148	Tape drive	6/04/99	249.98	0.00	0.00	79.16	20.41	97.98	0.00	S/L	20
149	Snag IT/32 software	6/14/99	39.95	0.00	0.00	79.16	50.00	129.16	120.82	S/L	50
150	PC Anywhere software	9/24/99	169.99	0.00	0.00	21.09	13.32	34.41	5.54	S/L	30
152	IMS Campaign software	5/05/99	7,206.84	0.00	0.00	42.50	34.00	76.50	93.49	S/L	50
154	IMS Finance software	10/26/99	4,210.72	0.00	0.00	1,715.92	1,029.55	2,745.47	4,461.37	S/L	70
155	IBM Computer	7/01/01	931.00	0.00c	0.00	701.79	601.51	1,303.32	2,907.40	S/L	70
156						0.00	93.10	93.10	837.90	S/L	50
	COMPUTER EQUIPMENT		22,745.00	0.00c	0.00	10,488.71	2,756.64	13,245.35	9,499.65		
Group FURNITURE & FIXTURES											
12	DESK METAL W/ARM	12/01/76	870.00	0.00	0.00	870.00	0.00	870.00	0.00	S/L	100
13	SECRETARY CHAIRS-3	12/01/76	150.00	0.00	0.00	150.00	0.00	150.00	0.00	S/L	100
15	CLOCK & EASEL	12/01/76	32.00	0.00	0.00	32.00	0.00	32.00	0.00	S/L	100
18	ONE CHAIR - EXECUTIVE	3/01/77	240.00	0.00	0.00	240.00	0.00	240.00	0.00	S/L	100
29	BOOKCASE	1/01/85	74.00	0.00	0.00	74.00	0.00	74.00	0.00	S/L	100
31	TOSHIBA STRAT TELEPHONE	1/01/85	7,016.00	0.00	0.00	7,016.00	0.00	7,016.00	0.00	S/L	100
33	GREY FILE CABINET	10/01/78	126.00	0.00	0.00	126.00	0.00	126.00	0.00	S/L	100
38	TYPEWRITER IBM SELECTRIC	12/01/79	795.00	0.00	0.00	795.00	0.00	795.00	0.00	S/L	100
45	ONE CHAIR - BLACK - HON	4/01/84	249.50	0.00	0.00	249.50	0.00	249.50	0.00	S/L	100
46	TWO CHAIRS-BLACK HON	9/01/84	357.00	0.00	0.00	357.00	0.00	357.00	0.00	S/L	100
48	TOSHIBA EK1	9/01/86	192.00	0.00	0.00	192.00	0.00	192.00	0.00	S/L	100
59	2 METAL FILE CABINETS-2 DR	1/01/71	11.00	0.00	0.00	11.00	0.00	11.00	0.00	S/L	100
60	2 METAL FILE CABINETS	1/01/71	11.00	0.00	0.00	11.00	0.00	11.00	0.00	S/L	100
64	EXEC BROWN DESK	1/01/71	28.00	0.00	0.00	28.00	0.00	28.00	0.00	S/L	100
72	FILE TRAYS 13	1/01/71	11.00	0.00	0.00	11.00	0.00	11.00	0.00	S/L	100
77	1 COAT RACK	1/01/74	12.00	0.00	0.00	12.00	0.00	12.00	0.00	S/L	100
91	ELECTRIC PUNCH	6/01/89	118.00	0.00	0.00	118.00	0.00	118.00	0.00	S/L	50
95	HUNT 73100 ELECT STAPLER	4/01/91	55.95	0.00	0.00	55.95	0.00	55.95	0.00	S/L	50
96	2-SHARP CALCULATORS	12/31/92	158.04	0.00	0.00	158.04	0.00	158.04	0.00	S/L	50
98	5 GUEST CHAIRS	10/10/71	100.00	0.00	0.00	100.00	0.00	100.00	0.00	Memo	00
99	1 WOODEN CREDENZA	1/01/71	300.00	0.00	0.00	300.00	0.00	300.00	0.00	Memo	00
100	1 METAL CREDENZA	1/01/71	200.00	0.00	0.00	200.00	0.00	200.00	0.00	Memo	00

Book Asset Detail 1/01/01 - 12/31/01

FYE 12/31/2001

Asset Group	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sat Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
FURNITURE & FIXTURES (continued)											
101	1 METAL DESK W/TYPING AR	1/01/71	400 00	0 00	0 00	400 00	0 00	400 00	0 00	Memo	0 0
103	1 METAL CABINET	1/01/71	75 00	0 00	0 00	75 00	0 00	75 00	0 00	Memo	0 0
106	1 PAPER CUTTER	1/01/71	45 00	0 00	0 00	45 00	0 00	45 00	0 00	Memo	0 0
108	1 ELECTRIC PENCIL SHARPNE	1/01/71	50 00	0 00	0 00	50 00	0 00	50 00	0 00	Memo	0 0
110	4 YELLOW VINYL CHAIRS	1/10/71	300 00	0 00	0 00	300 00	0 00	300 00	0 00	Memo	0 0
115	XEROX COPIER SN68H466848	7/27/94	8,500 00	0 00	0 00	8,500 00	0 00	8,500 00	0 00	S/L	5 0
117	2 CHAIRS SSA	11/09/95	150 00	0 00	0 00	150 00	0 00	150 00	0 00	S/L	5 0
118	WOODEN OFFICE DESK	12/10/96	200 00	0 00	0 00	163 33	36 67	200 00	0 00	S/L	5 0
119	PANASONIC R430 TYPWRITER	12/04/96	250 00	0 00	0 00	204 17	45 83	250 00	0 00	S/L	5 0
121	3' METAL TABLE W/SHELF	10/01/92	150 00	0 00	0 00	150 00	0 00	150 00	0 00	S/L	5 0
122	4 METAL COMPUTER TABLE	4/20/87	49 95	0 00	0 00	49 95	0 00	49 95	0 00	S/L	5 0
127	6' METAL FOLDING TABLE	1/01/71	60 00	0 00	0 00	60 00	0 00	60 00	0 00	S/L	5 0
151	Brother electric typewriter	9/07/99	79 99	0 00	0 00	21 33	16 00	37 33	42 66	S/L	5 0
151	Sharp calculator	12/27/99	91 00	0 00	0 00	18 20	18 20	36 40	54 60	S/L	5 0
	FURNITURE & FIXTURES		21,507 43	0 00c	0 00	21,293 47	116 70	21,410 17	97 26		
	Grand Total		49,581 43	0 00c	0 00	31,782 18	2,962 16	34,744 34	14,837 09		

United Way of Waco-McLennan County

Schedule of Allocations to Agencies

Year Ended December 31, 2001

Agency	Budgeted Allocation	Actual	Actual Over (Under) Allocation
Distributions to local agencies			
Advocacy Center for Crime Victims and and Children	\$ 66,866	66,866	-
American Red Cross, Heart of Texas Chapter	110,000	118,000	8,000
Association for Retarded Citizens	45,903	45,903	-
Bluebonnet Girl Scout Council	30,666	30,646	(20)
Boys and Girls Clubs of Waco	73,117	73,117	-
Central Texas Youth Services	6,000	6,000	-
Community Cancer Association	120,153	120,153	-
Compassion Ministries	20,000	20,000	-
Evangelia Settlement	25,000	25,000	-
Family Abuse Center	22,197	22,197	-
Family Counseling and Children's Services	156,415	156,415	-
Freeman Center	29,440	29,440	-
Heart of Texas Council on Alcoholism and Drug Abuse	1,500	1,500	-
Heart of Texas Council of Boy Scouts	14,000	14,000	-
Heart of Texas Region Mental Health - Mental Retardation Center	32,976	32,976	-
Kids & Company	62,060	62,060	-
Laura Edwards Christian Community Center	18,000	18,000	-
Salvation Army	153,228	153,228	-
Texas Council Camp Fire	133,082	133,082	-
Y M C A - Dons Miller	82,318	82,318	-
	<u>1,202,921</u>	<u>1,210,901</u>	<u>7,980</u>

United Way of Waco-McLennan County

Schedule of Allocations to Agencies
(Continued)

Agency	Budgeted Allocation	Actual	Over (Under) Allocation
Community initiatives			
Smart Start Child Care			
1999 budget	\$ 2,500	2,500	-
2000 budget	3,000	3,000	-
2001 budget	8,000	8,000	-
Waco Family Y			
1999 budget	995	995	-
CareLinc			
2000 budget	3,400	3,400	-
EOAC/CMS			
2000 budget	11,000	11,000	-
Salvation Army			
2001 budget	3,000	3,000	-
Waco Young Marines			
2000 budget	170	170	-
	<u>32,065</u>	<u>32,065</u>	<u>-</u>
Child Care Initiatives	<u>25,000</u>	<u>25,000</u>	<u>-</u>
National and State United Way organizations			
Gifts in Kind	800	800	-
United Way of America	13,400	13,513	113
	<u>14,200</u>	<u>14,313</u>	<u>113</u>
	<u>\$ 1,274,186</u>	<u>1,282,279</u>	<u>8,093</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITED WAY OF WACO-MCLENNAN COUNTY	Employer identification number 74-1189027
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 2027	
	City, town or post office, state and ZIP code. For a foreign address, see instructions WACO, TX 76703	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until **AUGUST 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year **2001** or tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Nancy A Toupe* Title ▶ *CPA* Date ▶ *5/8/02*

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)