

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>UNITED WAY FOR GREATER AUSTIN</b>		<b>D</b> Employer identification number <b>74-1193439</b>
	Doing business as		<b>E</b> Telephone number <b>(512) 472-6267</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>23,342,215.</b>
	2000 E. MLK JR. BLVD.		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>AUSTIN, TX 78702</b>		<b>H(b)</b> Are all subordinates included? <b>Yes</b> <b>No</b>	
<b>F</b> Name and address of principal officer: <b>DAVID SMITH</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYAUSTIN.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			<b>L</b> Year of formation: <b>1952</b> <b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY FOR GREATER AUSTIN BRINGS PEOPLE, IDEAS, AND RESOURCES TOGETHER TO FIGHT POVERTY IN OUR</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>29</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>29</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>111</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1109</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>20,390,441.</b>	<b>22,068,569.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>883,491.</b>	<b>899,613.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>194,536.</b>	<b>171,442.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>71,926.</b>	<b>112,151.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>21,540,394.</b>	<b>23,251,775.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>5,246,512.</b>	<b>7,939,232.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,544,753.</b>	<b>5,876,663.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>666,428.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,020,801.</b>	<b>12,236,095.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,812,066.</b>	<b>26,051,990.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,728,328.</b>	<b>-2,800,215.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>13,975,155.</b>	<b>12,924,459.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,929,617.</b>	<b>6,428,122.</b>
		<b>9,045,538.</b>	<b>6,496,337.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	DAVID SMITH, CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SEAN HOLCOMB		05/08/22	<input type="checkbox"/>	P01249221
Firm's name ▶ MAXWELL LOCKE & RITTER LLP			Firm's EIN ▶ 74-2900215		
Firm's address ▶ 401 CONGRESS AVENUE, SUITE 1100 AUSTIN, TX 78701-9682			Phone no. 512-370-3200		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY FOR GREATER AUSTIN BRINGS PEOPLE, IDEAS, AND RESOURCES TOGETHER TO FIGHT POVERTY IN OUR COMMUNITY. WE STRATEGICALLY ADDRESS COMMUNITY ISSUES IN A HOLISTIC WAY BY FOCUSING ON THE BUILDING BLOCKS OF OPPORTUNITY THAT EVERY PERSON AND EVERY COMMUNITY NEEDS TO THRIVE:

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 14,241,247. including grants of \$ 7,939,232. ) (Revenue \$ 902,744. ) EDUCATION

SUCCESS IN LIFE BEGINS WITH A QUALITY EDUCATION. THAT'S WHY UNITED WAY ENSURES CHILDREN GET A STRONG START IN LIFE AND ARE READY TO SUCCEED IN KINDERGARTEN AND BEYOND. 90 PERCENT OF ALL BRAIN DEVELOPMENT OCCURS IN THE FIRST FIVE YEARS OF A CHILD'S LIFE. WHAT HAPPENS IN THESE EARLY YEARS HAS A LASTING IMPACT FROM KINDERGARTEN READINESS TO THIRD-GRADE READING SCORES TO HIGH SCHOOL GRADUATION AND BEYOND.

UNITED WAY LEADS THE SUCCESS BY 6 COALITION, WHICH BRINGS TOGETHER LOCAL NONPROFITS, POLICYMAKERS, PHILANTHROPISTS, PARENTS WITH LIVED EXPERIENCE, AND COMMUNITY AND BUSINESS LEADERS TO IMPROVE EARLY

4b (Code: ) (Expenses \$ 4,460,805. including grants of \$ ) (Revenue \$ ) NAVIGATION CENTER

HERE AT UNITED WAY, WE KNOW THAT ANYONE CAN FALL ON HARD TIMES. THAT'S WHY, IN PARTNERSHIP WITH THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION, WE RUN 2-1-1, A PHONE NUMBER PEOPLE CAN CALL TO SPEAK TO A COMPASSIONATE, CERTIFIED SPECIALIST WHO WILL CONNECT THEM TO COMMUNITY RESOURCES. THIS "CALL FOR HELP" LINE IS FREE, CONFIDENTIAL, MULTILINGUAL, AND AVAILABLE 24/7. 2-1-1 IS FOR ANYONE WHO NEEDS HELP AND DOESN'T KNOW WHERE TO TURN. CALL SPECIALISTS HELP CALLERS IDENTIFY THEIR NEEDS AND PROVIDE INFORMATION ABOUT FOOD, HOUSING, TRANSPORTATION, HEALTH, CHILD CARE, EDUCATION, EMPLOYMENT, GOVERNMENT RESOURCES, AND MORE. AND WHEN DISASTER STRIKES, OUR 2-1-1 CALL

4c (Code: ) (Expenses \$ 5,324,590. including grants of \$ ) (Revenue \$ ) FINANCIAL STABILITY

FAMILIES AND INDIVIDUALS ARE FACING FINANCIAL OBSTACLES THAT PREVENT THEM FROM REACHING THEIR FULL POTENTIAL. UNITED WAY FIGHTS TO ENSURE EVERYONE IN OUR COMMUNITY HAS THE RESOURCES AND OPPORTUNITIES THEY NEED TO BUILD A STRONG FINANCIAL FOUNDATION AND THRIVE. WE WORK TO PUT EVERY PERSON IN OUR COMMUNITY ON A PATH TOWARD FINANCIAL EMPOWERMENT. THAT STARTS WITH ACCESS TO SERVICES, JOB TRAINING, CREDIT COUNSELING, AND MORE. ONE OF THE WAYS WE ARE PROMOTING FINANCIAL STABILITY IN OUR COMMUNITY IS THROUGH A 2-GEN (OR 2-GENERATION) APPROACH TO SOCIAL SERVICES. A 2-GEN APPROACH SERVES PARENTS AND CHILDREN SIMULTANEOUSLY AND LEADS TO BETTER FINANCIAL OUTCOMES FOR BOTH GENERATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 592,214. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 24,618,856.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		111
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		N/A
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a	29	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	29	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MAZNA ANDRABI - 512-472-6267**  
**2000 EAST MLK, JR. BLD, AUSTIN, TX 78702**

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID SMITH CEO	40.00			X			136,896.	0.	9,582.	
(2) RAY BLUE CDO	40.00			X			110,916.	0.	9,565.	
(3) SUE CARPENTER CPO	40.00			X			108,494.	0.	8,822.	
(4) MALINI RAJPUT CHAIR	2.00	X		X			0.	0.	0.	
(5) KATHLEEN FARLOW TREASURER	2.00	X		X			0.	0.	0.	
(6) KRISTIN MARCUM SECRETARY	2.00	X		X			0.	0.	0.	
(7) MASON AYER DIRECTOR	2.00	X					0.	0.	0.	
(8) JOSHUA CHILDS DIRECTOR	2.00	X					0.	0.	0.	
(9) PATRICK DORSEY DIRECTOR	2.00	X					0.	0.	0.	
(10) MOLLIE DUCKWORTH DIRECTOR	2.00	X					0.	0.	0.	
(11) ALLISON DWYER DIRECTOR	2.00	X					0.	0.	0.	
(12) GEORGE FLOYD DIRECTOR	2.00	X					0.	0.	0.	
(13) MYNDI GARRETT DIRECTOR	2.00	X					0.	0.	0.	
(14) KRISTIE GONZALES DIRECTOR	2.00	X					0.	0.	0.	
(15) JEHMU GREENE DIRECTOR	2.00	X					0.	0.	0.	
(16) PATRICK HADLOCK DIRECTOR	2.00	X					0.	0.	0.	
(17) CATHY HARM DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN HOLMES DIRECTOR	2.00	X						0.	0.	0.
(19) BOBBY JENKINS DIRECTOR	2.00	X						0.	0.	0.
(20) SHAWN KOTOSKE DIRECTOR	2.00	X						0.	0.	0.
(21) HEATHER LADAGE DIRECTOR	2.00	X						0.	0.	0.
(22) ABBI MILLER DIRECTOR	2.00	X						0.	0.	0.
(23) DR. SAROJANI MOHAMMED DIRECTOR	2.00	X						0.	0.	0.
(24) DR. RICHARD RHODES DIRECTOR	2.00	X						0.	0.	0.
(25) YVETTE RUIZ DIRECTOR	2.00	X						0.	0.	0.
(26) SCOTT RUST DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								356,306.	0.	27,969.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								356,306.	0.	27,969.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include SARAH SCHICK THOMPSON, AMY SIMMONS, CHARLES THORNBURGH, JEFF VERNOR, RINA VONFRISCH, and HOWARD ZAROFF.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	97,706.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,715,585.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,255,278.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			22,068,569.			
Program Service Revenue	<b>2 a</b> SERVICE FEE REVENUE	<b>Business Code</b>					
		900099	899,613.	899,613.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			899,613.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		85,734.			85,734.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	109,768.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	24,060.				
	<b>c</b> Gain or (loss)	<b>7c</b>	85,708.				
<b>d</b> Net gain or (loss)			85,708.		85,708.		
<b>8 a</b> Gross income from fundraising events (not including \$ 97,706. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		175,400.				
<b>b</b> Less: direct expenses	<b>8b</b>	66,380.					
<b>c</b> Net income or (loss) from fundraising events			109,020.		109,020.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>					
		900099	3,131.	3,131.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			3,131.				
<b>12 Total revenue.</b> See instructions			23,251,775.	902,744.	0.	280,462.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,939,232.	7,939,232.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	384,275.	318,326.	35,344.	30,605.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,209,310.	3,492,546.	384,136.	332,628.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	913,634.	741,294.	92,363.	79,977.
<b>10</b> Payroll taxes	369,444.	307,952.	32,956.	28,536.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	25,940.	11,670.	6,287.	7,983.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	862,979.	731,320.	70,561.	61,098.
<b>12</b> Advertising and promotion	117,256.	96,677.	11,029.	9,550.
<b>13</b> Office expenses	128,090.	99,354.	15,400.	13,336.
<b>14</b> Information technology	228,162.	187,848.	21,606.	18,708.
<b>15</b> Royalties				
<b>16</b> Occupancy	85,238.	65,646.	10,500.	9,092.
<b>17</b> Travel	260,572.	256,087.	2,404.	2,081.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	15,269.	11,943.	1,785.	1,541.
<b>20</b> Interest	64,043.	49,323.	7,889.	6,831.
<b>21</b> Payments to affiliates	171,454.	132,046.	21,120.	18,288.
<b>22</b> Depreciation, depletion, and amortization	121,921.	93,899.	15,018.	13,004.
<b>23</b> Insurance	31,058.	23,919.	3,826.	3,313.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROGRAM GRANT EXPENSES</b>	9,931,295.	9,907,588.	12,706.	11,001.
<b>b</b> <b>MISCELLANEOUS EXPENSES</b>	87,140.	70,797.	8,759.	7,584.
<b>c</b> <b>BAD DEBT EXPENSE</b>	50,074.	38,565.	6,168.	5,341.
<b>d</b> <b>MEMBERSHIP AND SUBSCRIP</b>	43,887.	33,800.	5,406.	4,681.
<b>e</b> All other expenses	11,717.	9,024.	1,443.	1,250.
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,051,990.	24,618,856.	766,706.	666,428.
<b>26</b> 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  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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,591,437.	<b>1</b>	3,856,327.
	<b>2</b> Savings and temporary cash investments .....	76,038.	<b>2</b>	2,504,217.
	<b>3</b> Pledges and grants receivable, net .....	1,615,685.	<b>3</b>	1,220,395.
	<b>4</b> Accounts receivable, net .....	1,962,469.	<b>4</b>	2,205,186.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	63,225.	<b>9</b>	169,492.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,050,255.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,402,458.		
	<b>11</b> Investments - publicly traded securities .....	739,678.	<b>10c</b>	647,797.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,926,623.	<b>11</b>	2,321,045.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,975,155.	<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,975,155.	<b>16</b>	12,924,459.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,688,740.	<b>17</b>	1,787,180.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,769,096.	<b>19</b>	3,181,481.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,414,085.	<b>23</b>	1,318,836.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	57,696.	<b>25</b>	140,625.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,929,617.	<b>26</b>	6,428,122.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,992,513.	<b>27</b>	5,128,973.
	<b>28</b> Net assets with donor restrictions .....	5,053,025.	<b>28</b>	1,367,364.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	9,045,538.	<b>32</b>	6,496,337.
<b>33</b> Total liabilities and net assets/fund balances .....	13,975,155.	<b>33</b>	12,924,459.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,251,775.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,051,990.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,800,215.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	9,045,538.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	251,014.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,496,337.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **UNITED WAY FOR GREATER AUSTIN** Employer identification number **74-1193439**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11767176.	11495476.	12542553.	20390441.	22068569.	78264215.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11767176.	11495476.	12542553.	20390441.	22068569.	78264215.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						78264215.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	11767176.	11495476.	12542553.	20390441.	22068569.	78264215.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	44,633.	27,409.	90,589.	111,735.	85,734.	360,100.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	106,862.	8,440.	-1,384.	1,350.	3,131.	118,399.
<b>11 Total support.</b> Add lines 7 through 10						78742714.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,190,914.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.39	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.29	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>UNITED WAY FOR GREATER AUSTIN</b>	Employer identification number  <b>74-1193439</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,026,772.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,024,971.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>995,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>615,013.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>622,090.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>542,359.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY FOR GREATER AUSTIN</b>	Employer identification number  <b>74-1193439</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>556,110.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY FOR GREATER AUSTIN</b>	Employer identification number  <b>74-1193439</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>UNITED WAY FOR GREATER AUSTIN</b>	Employer identification number  <b>74-1193439</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **UNITED WAY FOR GREATER AUSTIN** Employer identification number **74-1193439**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	621,691.	595,541.	573,098.	505,796.	552,457.
b Contributions					
c Net investment earnings, gains, and losses	139,049.	26,150.	22,443.	122,023.	47,328.
d Grants or scholarships					
e Other expenditures for facilities and programs				54,721.	93,989.
f Administrative expenses					
g End of year balance	760,740.	621,691.	595,541.	573,098.	505,796.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  65.0000 %
  - c Term endowment  35.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		108,820.		108,820.
b Buildings		2,493,907.	2,033,096.	460,811.
c Leasehold improvements				
d Equipment		1,447,528.	1,369,362.	78,166.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>647,797.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATION DUE TO OTHERS	68,192.
(3) DUE TO AFFILIATED ORGANIZATIONS	72,433.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	140,625.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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	22,980,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	251,014.	
b	Donated services and use of facilities	2b	29,480.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	66,380.	
e	Add lines 2a through 2d	2e		346,874.
3	Subtract line 2e from line 1	3		22,633,621.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,940.	
b	Other (Describe in Part XIII.)	4b	592,214.	
c	Add lines 4a and 4b	4c		618,154.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,251,775.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	25,529,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	29,480.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	66,380.	
e	Add lines 2a through 2d	2e		95,860.
3	Subtract line 2e from line 1	3		25,433,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,940.	
b	Other (Describe in Part XIII.)	4b	592,214.	
c	Add lines 4a and 4b	4c		618,154.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		26,051,990.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ENDOWMENT CONSISTS SOLELY OF DONOR-RESTRICTED FUNDS, WHICH ARE RESTRICTED FOR THE PURPOSE OF FURTHERING UNITED WAY'S MISSION.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENT EXPENSES 66,380.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 592,214.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

FUNDRAISING EVENT EXPENSES 66,380.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 592,214.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UNITED WAY FOR GREATER AUSTIN**

Employer identification number

**74-1193439**

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		A NIGHT UNITED (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	273,106.			273,106.
	<b>2</b> Less: Contributions .....	97,706.			97,706.
	<b>3</b> Gross income (line 1 minus line 2) .....	175,400.			175,400.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	25,245.			25,245.
	<b>6</b> Rent/facility costs .....	5,000.			5,000.
	<b>7</b> Food and beverages .....	23,833.			23,833.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	12,302.			12,302.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				66,380.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				109,020.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY FOR GREATER AUSTIN** Employer identification number **74-1193439**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A NEW ENTRY 6633 E. US 290, SUITE 212 AUSTIN, TX 78723	54-2167151	501(C)(3)	63,735.	0.			ALL TOGETHER ATX
AFRICAN AMERICAN YOUTH HARVEST FOUNDATION - 6633 HWY 290 E SUITE 307 - AUSTIN, TX 78723	20-8592001	501(C)(3)	75,000.	0.			ALL TOGETHER ATX
AFTV FIVE 9800 NORTH LAMAR BLVD. STE 218 AUSTIN, TX 78753	45-4853383	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
ALLGO 701 TILLERY ST BOX 4 AUSTIN, TX 78702	74-2495181	501(C)(3)	35,000.	0.			ALL TOGETHER ATX
ALPHA SEVENTH DAY ADVENTIST CHURCH 3016 E 51ST STREET AUSTIN, TX 78723	82-3023026	501(C)(3)	40,000.	0.			ALL TOGETHER ATX
AMERICAN GATEWAYS 314 EAST HIGHLAND MALL BLVD., STE 5 AUSTIN, TX 78752	74-2578266	501(C)(3)	25,000.	0.			ALL TOGETHER ATX

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **170.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN YOUTHWORKS 1901 E. BEN WHITE BLVD. AUSTIN, TX 78741	74-2197942	501(C)(3)	79,000.	0.			COMMUNITY INVESTMENT & PROGRAM GRANT
ANDREW S. RODDICK FOUNDATION, INC. 8509 FM 969 STE. 509 AUSTIN, TX 78724	20-0014500	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
ANTHROPOS ARTS 9038 N. IH 35, STE. A AUSTIN, TX 78753	74-2963791	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
ANY BABY CAN, INC. 6207 SHERIDAN AVE AUSTIN, TX 78723	74-2684335	501(C)(3)	371,251.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
ASIAN AMERICAN RESOURCE CENTER 704 E WONSLEY DR., STE 203 AUSTIN, TX 78753	14-1970703	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
AUSTIN AREA URBAN LEAGUE 8011 CAMERON RD., STE. 100 AUSTIN, TX 78754	74-1890518	501(C)(3)	176,250.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
AUSTIN ASIAN AMERICAN FILM FESTIVAL - 10900 RESEARCH BLVD STE 160C-133 - AUSTIN, TX 78759	38-4028796	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN BLACK PRIDE 3220 FEATHERGRASS CT, STE 9321 AUSTIN, TX 78758	81-1586454	501(C)(3)	40,000.	0.			ALL TOGETHER ATX
AUSTIN CHILD GUIDANCE CENTER 810 W. 45TH STREET AUSTIN, TX 78751	74-1166783	501(C)(3)	124,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN CITY LUTHERANS 7210 BRUSH COUNTRY ROAD AUSTIN, TX 78749	82-4682864	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
AUSTIN CLASSICAL GUITAR P.O. BOX 4072 AUSTIN, TX 78765	74-2595883	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
AUSTIN CLUBHOUSE, INC. PO BOX 300568 AUSTIN, TX 78703	90-0505527	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
AUSTIN COMMUNITY COLLEGE FOUNDATION - 5930 MIDDLE FISKVILLE ROAD - AUSTIN, TX 78752	74-2639966	501(C)(3)	15,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
AUSTIN DIAPER BANK 8711 BURNET ROAD SUITE B34 AUSTIN, TX 78757	80-0931841	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN FILM SOCIETY 3109 N HI 35 AUSTIN, TX 78722	74-2433823	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
AUSTIN FOOD & WINE ALLIANCE (FA OF GOOD WORK AUSTIN) - P.O. BOX 164112 - AUSTIN, TX 78716	83-4589863	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN FREE-NET 2209 ROSEWOOD AVENUE SUITE 206 AUSTIN, TX 78702	74-2743446	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
AUSTIN HARM REDUCTION COALITION 8101 CAMERON ROAD, SUITE 108 AUSTIN, TX 78754	74-2752554	501(C)(3)	30,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN HEALTH COMMONS 2200 RIVERVIEW STREET AUSTIN, TX 78702	81-2872043	501(C)(3)	70,000.	0.			ALL TOGETHER ATX
AUSTIN PARAMEDIC RELIEF AND COMMUNITY OUTREACH - 5817 WILCAB RD, SUITE 3 - AUSTIN, TX 78721	45-1673899	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN PUBLIC EDUCATION FOUNDATION 1111 W 6TH ST. C150 AUSTIN, TX 78703	74-2654168	501(C)(3)	15,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
AUSTIN REVITALIZATION AUTHORITY 1154 LYDIA STREET AUSTIN, TX 78702	74-2781623	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
AUSTIN SPEECH LABS 7800 SHOAL CREEK BLVD STE 136S AUSTIN, TX 78757	26-2137242	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
AUSTIN THEATRE ALLIANCE P. O. BOX 1566 AUSTIN, TX 78764	74-2975922	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
AUSTIN TRAVIS COUNTY INTEGRAL CARE PO BOX 3548 AUSTIN, TX 78764	74-1547909	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN VIETNAMESE AMERICAN MEDICAL PROFESSIONAL SOCIETY - 2311 WOODWAY DRIVE - ROUND ROCK, TX 78681	20-5562448	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
AUSTIN VOICES FOR EDUCATION & YOUTH - 5221 LEDESMA ROAD - AUSTIN, TX 78721	74-3017284	501(C)(3)	105,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN YOUTH FILM FESTIVAL 6908 DERBY DOWNS DRIVE AUSTIN, TX 78747	81-0773384	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
AUSTIN YOUTH RIVER WATCH 10611 PLATT LN AUSTIN, TX 78725	74-2607076	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AVANCE-AUSTIN, INC. 4818 E. BEN WHITE BLVD, #205 AUSTIN, TX 78741	74-1969114	501(C)(3)	272,500.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
BACK TO EDEN FELLOW PROGRAM 10978 FAIRLAND HOUSTON, TX 77051	82-3829611	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
BASTROP CO. EMERGENCY FOOD PANTRY & SUPPORT CENTER - 806 FAYETTE STREET - BASTROP, TX 78602	74-2485884	501(C)(3)	55,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
BASTROP COUNTY LONG TERM RECOVERY TEAM - PO BOX 1975 - BASTROP, TX 78602	45-4463754	501(C)(3)	53,522.	0.			ALL TOGETHER ATX
BLACK MAMAS ATX (UNIVERSITY OF TEXAS FOUNDATION) - 1925 SAN JACINTO BLVD., D3500 - AUSTIN, TX 78712	83-1457295	501(C)(3)	60,000.	0.			ALL TOGETHER ATX
BLACKLAND COMMUNITY DEVELOPMENT CORPORATION - 2005 SALINA ST. - AUSTIN, TX 78722	74-2279246	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
BOOK BOOSTERS DBA THE EVICTION MITIGATION DIVISION - 5212 SCOTTISH THISTLE DR - AUSTIN, TX 78739	74-2652688	501(C)(3)	105,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKSPRING 2006 GREENBROOK PKWY AUSTIN, TX 78723	74-2542664	501(C)(3)	57,000.	0.			COMMUNITY INVESTMENT GRANT
BRAVE COMMUNITIES 7201 BILL HUGHES RD AUSTIN, TX 78745	81-1901039	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
BREAKTHROUGH 1050 EAST 11TH STREET, STE. 350 AUSTIN, TX 78702	74-2991346	501(C)(3)	50,000.	0.			ALL TOGETHER ATX
CALDWELL COUNTY CHRISTIAN MINISTRIES FOOD PANTRY - 901 BOIS D'ARC - LOCKHART, TX 78644	74-1930729	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
CASA MARIANELLA 821 GUNTER ST. AUSTIN, TX 78702	74-2377341	501(C)(3)	50,000.	0.			ALL TOGETHER ATX
CASA OF CENTRAL TEXAS P.O. BOX 1267 SAN MARCOS, TX 78667	74-2403373	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
CASA OF TRAVIS COUNTY, INC 7600 CHEVY CHASE DR. STE. 200 AUSTIN, TX 78752	74-2369123	501(C)(3)	60,000.	0.			ALL TOGETHER ATX
CATHOLIC CHARITIES OF CENTRAL TEXAS - 1625 RUTHERFORD LANE - AUSTIN, TX 78754	74-2928450	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
CENTER FOR CHILD PROTECTION - TRAVIS COUNTY - 8509 FM 969 BLDG 2 - AUSTIN, TX 78724	74-2562585	501(C)(3)	15,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR SURVIVORS OF TORTURE 4108 SWISS AVENUE DALLAS, TX 75204	75-2872010	501(C)(3)	110,000.	0.			ALL TOGETHER ATX
CEN-TEX CERTIFIED DEVELOPMENT CORP DBA BCL OF TEXAS - 1011 SAN JACINTO BLVD, STE. 500 - AUSTIN, TX 78701	74-2581297	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
CENTRAL PRESBYTERIAN CHURCH 200 E. 8TH ST. AUSTIN, TX 78701	74-1238445	501(C)(3)	35,000.	0.			ALL TOGETHER ATX
CENTRAL TEXAS ALLIED HEALTH INSTITUTE - 13203 VIENTO DEL SUR ST - MANCHACA, TX 78652	83-1515596	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
CENTRAL TEXAS COMMUNITY HEALTH CENTERS - RBJ BUILDING, 15 WALLER STREET, 5TH FLOOR - AUSTIN, TX 78702	55-0853118	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	45,000.	0.			ALL TOGETHER ATX
CHILD INC 818 E 53RD ST, AUSTIN, TX 78751	74-1722420	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
CIRCLE OF HEALTH INTERNATIONAL 411 W. MONROE AUSTIN, TX 78704	65-1213326	501(C)(3)	70,000.	0.			ALL TOGETHER ATX
CITY OF LULING, TEXAS 509 E CROCKETT LULING, TX 78648	74-6001645	GOVT	30,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS, INC. - 3000 S. IH-35, SUITE #200 - AUSTIN, TX 78704	74-2369020	501(C)(3)	256,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
CREATIVE ACTION 1023 SPRINGDALE ROAD, BLDG 3 AUSTIN, TX 78721	74-2856925	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
DRIVE A SENIOR CENTRAL TEXAS 6705 W. HWY 290 #50268 AUSTIN, TX 78735	26-2735793	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
DRIVE A SENIOR NORTHWEST 10633 LAKE CREEK PARKWAY AUSTIN, TX 78750	74-2431073	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
E3 ALLIANCE 5930 MIDDLE FISKVILLE RD AUSTIN, TX 78752	64-0963235	501(C)(3)	20,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
E4 YOUTH 4302 AIRPORT BLVD. AUSTIN, TX 78722	46-2878544	501(C)(3)	50,000.	0.			ALL TOGETHER ATX
EIXSYS HEALTHCARE SYSTEM 600 ROUND ROCK WEST DR. STE 204 ROUND ROCK, TX 78681	46-5413288	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
EL BUEN SAMARITANO EPISCOPAL CENTER - 7000 WOODHUE - AUSTIN, TX 78745	74-2488682	501(C)(3)	195,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
FAMILY ELDERCARE INC. 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	20,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

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FAMILY INDEPENDENCE INITIATIVE 663 13TH ST SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	90,000.	0.			ALL TOGETHER ATX
FORKLIFT DANCEWORKS 2023 E CESAR CHAVEZ ST. AUSTIN, TX 78702	01-0812720	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
FOSTER VILLAGE 15400 FITZHUGH RD DRIPPING SPRINGS, TX 78620	81-3143881	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
FOUNDATION COMMUNITIES, INC. 3036 SOUTH FIRST STREET, STE 200 AUSTIN, TX 78704	74-2563260	501(C)(3)	125,000.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
FRIENDS OF THE CHILDREN 1023 SPRINGDALE ROAD SUITE 13C AUSTIN, TX 78721	82-2604098	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
GATEWAY COUMMUNITY CHURCH 7104 MCNEIL DRIVE AUSTIN, TX 78729	74-2939937	501(C)(3)	27,986.	0.			PROGRAM GRANT
GEORGETOWN BACKPACK BUDDIES PO BOX 2104 GEORGETOWN, TX 78627	47-1439664	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
GET UP PROJECT 8101 CAMERON RD, SUITE 101 AUSTIN, TX 78754	45-4931906	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
GOLDEN AGE HOME ASSISTED LIVING 1505 S. MAIN ST. LOCKHART, TX 78644	74-1369594	501(C)(3)	20,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

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GOODWILL INDUSTRIES OF CENTRAL TEXAS - 1015 NORWOOD PARK BLVD - AUSTIN, TX 78727	74-1322808	501(C)(3)	102,000.	0.			COMMUNITY INVESTMENT & PROGRAM GRANT
GROUNDWORK MUSIC PROJECT 4201 WILSHIRE PKWY AUSTIN, TX 78722	55-0881517	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
HACA SCHOLARSHIP FOUNDATION DBA AUSTIN PATHWAYS - 1124 S IH 35 - AUSTIN, TX 78704	27-2133452	501(C)(3)	127,500.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
HALF HELEN FOUNDATION PO BOX 14011 AUSTIN, TX 78761	46-2808051	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
HAYS CISD EDUCATION FOUNDATION 21003 N IH 35 AUSTIN, TX 78640	74-2873414	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
HAYS COUNTY WOMEN'S CENTER DBA HAYS-CALDWELL WOMEN'S CENTER - PO BOX 234 - SAN MARCOS, TX 78667	74-2020505	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
HELPING HAND HOME FOR CHILDREN 3804 AVE B AUSTIN, TX 78751	74-1144638	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
HILL COUNTRY COMMUNITY MINISTRIES P. O. BOX 1064 LEANDER, TX 78646	74-2309435	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
HUSTON-TILLOTSON UNIVERSITY 900 CHICON ST AUSTIN, TX 78702	74-1180151	501(C)(3)	50,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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HUTTO RESOURCE CENTER PO BOX 65 HUTTO, TX 78634	46-3580653	501(C)(3)	85,000.	0.			ALL TOGETHER ATX
INTERFAITH ACTION OF CENTRAL TEXAS 2921 E. 17TH ST. BLDG D SUITE 3 AUSTIN, TX 78702	74-2509149	501(C)(3)	45,000.	0.			ALL TOGETHER ATX
ITSHUH MINISTRY 987 NORTH HIGHWAY 95 BASTROP, TX 78602	27-2515162	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
JAIL TO JOBS 1150 SOUTH BELL CEDAR PARK, TX 78613	27-1601066	501(C)(3)	40,000.	0.			ALL TOGETHER ATX
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA AUSTIN, TX 78702	41-1801834	501(C)(3)	105,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
JUNIOR LEAGUE OF AUSTIN 5330 BLUFFSTONE LN AUSTIN, TX 78759	74-1168918	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
KIDS WRITE GOOD DBA AUSTIN BAT CAVE - PO BOX 4762 - AUSTIN, TX 78765	46-3593848	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
KLRU PO BOX 7158 AUSTIN, TX 78713	74-7126012	501(C)(3)	21,000.	0.			COMMUNITY INVESTMENT GRANT
LIFESTEPS P.O. BOX 1279 GEORGETOWN, TX 78627	74-1997977	501(C)(3)	35,000.	0.			ALL TOGETHER ATX

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LIFEWORCS 3700 S 1ST STREET AUSTIN, TX 78704	31-1753071	501(C)(3)	100,000.	0.			ALL TOGETHER ATX
LITERACY COALITION OF CENTRAL TEXAS - 724 EBERHART LN., SUITE 500 - AUSTIN, TX 78745	74-2288789	501(C)(3)	60,000.	0.			COMMUNITY INVESTMENT GRANT
LOCKHART ISD 419 BOIS D'ARC STREET LOCKHART, TX 78644	74-6001635	501(C)(3)	50,000.	0.			ALL TOGETHER ATX
LONE STAR CIRCLE OF CARE 205 EAST UNIVERSITY AVE STE 200 GEORGETOWN, TX 78628	74-3001674	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
LONE STAR VICTIMS ADVOCACY PROJECT PO BOX 6539 AUSTIN, TX 78762	84-4540220	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
LUBBOCK AREA UNITED WAY 1655 MAIN ST. SUITE 101 LUBBOCK, TX 79401	75-0961812	501(C)(3)	5,940.	0.			PROGRAM GRANT
MAINSRING SCHOOLS 1100 W. LIVE OAK AUSTIN, TX 78704	74-1143055	501(C)(3)	140,750.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
MANO AMIGA 216 S WILSON STREET SAN MARCOS, TX 78666	83-2030465	501(C)(3)	20,000.	0.			PROGRAM GRANT
MBK SCHOLARS (HUSTON-TILLOTSON UNIVERSITY) - 900 CHICON STREET - AUSTIN, TX 78702	74-1180151	501(C)(3)	70,000.	0.			ALL TOGETHER ATX

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MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	35,000.	0.			ALL TOGETHER ATX
MEASURE 2921 EAST 17TH STREET AUSTIN, TX 78702	82-2372196	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
MELJ CENTER 403 15TH STREET AUSTIN, TX 78701	74-2994703	501(C)(3)	110,000.	0.			ALL TOGETHER ATX
MOTION MEDIA ARTS CENTER 2200 TILLERY ST. UNIT A AUSTIN,, TX 78723	36-4533347	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
MUSLIM COMMUNITY SUPPORT SERVICES 13492 RESEARCH BLVD; STE 120 #662 AUSTIN, TX 78750	74-2977031	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
NATIONAL CHURCH RESIDENCES FOUNDATION - 2335 NORTH BANK DRIVE - COLUMBUS, TX 43220	31-0651750	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
NORTH AUSTIN MUSLIM COMMUNITY CENTER - 11900 N. LAMAR BLVD. - AUSTIN, TX 78753	74-2721508	501(C)(3)	75,000.	0.			ALL TOGETHER ATX
NORTHWEST AUSTIN UNIVERSAL HEALTH CLINIC - 13740 RESEARCH BLVD. SUITE 2, BLDG. M - AUSTIN, TX 78750	46-2209787	501(C)(3)	51,000.	0.			ALL TOGETHER ATX
OPEN DOOR PRESCHOOLS P.O. BOX 302527 AUSTIN, TX 78703	74-1834374	501(C)(3)	98,000.	0.			COMMUNIRT INVESTMENT GRANT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION LIBERTY HILL 1401 HWY 183N LEANDER, TX 78641	80-0788990	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
OUT YOUTH - AUSTIN 909 EAST 49 & 1/2 STREET AUSTIN, TX 78751	74-2732971	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
PARTNERS IN PARENTING 2207 PHILOMENA ST AUSTIN,, TX 78723	30-0809437	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
PELOTONU 500 E. ST. JOHNS AVE. SUITE 1460 AUSTIN, TX 78752	46-0920019	501(C)(3)	7,500.	0.			COMMUNITY INVESTMENT GRANT
PEOPLE FOR CHANGE TEXAS 603 DAVIS ST, 1406 AUSTIN, TX 78701	81-4525061	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
PFLUGERVILLE EDUCATION FOUNDATION 1401 WEST PECAN PFLUGERVILLE,, TX 78660	26-0134020	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
PROJECT TRANSITIONS P O BOX 4826 AUSTIN, TX 78765	74-2502171	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
REBEKAH BAINES JOHNSON CENTER 21 WALLER ST. AUSTIN, TX 78702	23-7033859	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
REFUGEE SERVICES OF TEXAS 9241 LBJ FREEWAY STE. 210 DALLAS, TX 75243	75-1618251	501(C)(3)	50,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROUND ROCK AREA SERVING CENTER P. O. BOX 5006 ROUND ROCK, TX 78683	74-2454410	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
SAFE ALLIANCE 4800 MANOR AUSTIN, TX 78702	74-2320657	501(C)(3)	278,408.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
SAHELI PO BOX IS 16254 AUSTIN, TX 78761	74-2675273	501(C)(3)	140,000.	0.			ALL TOGETHER ATX
SAINT LOUISE HOUSE/VINCARE SERVICES OF AUSTIN FOUNDATION - PO BOX 150637 - AUSTIN, TX 78715	74-2968167	501(C)(3)	85,000.	0.			COMMUNITY INVESTMENT GRANT
SAMARITAN HEALTH MINISTRIES 700 W. WHITESTONE BLVD. CEDAR PARK, TX 78630	74-2570190	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
SEWA INTERNATIONAL, INC 100 W OAKS MALL HOUSTON, TX 77082	20-0638718	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
SHEPHERD'S HEART FOOD PANTRY & COMMUNITY MINISTRIES - 121 EAST 2ND ST - TAYLOR, TX 76574	80-0248120	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
SICKLE CELL ASSOCIATION OF AUSTIN 314 E HIGHLAND MALL BLVD STE 411 AUSTIN, TX 78752	74-2934173	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
SMITHVILLE FOOD PANTRY 301 LEE STREET SMITHVILLE, TX 78957	74-2885979	501(C)(3)	15,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL DIOCESAN COUNCIL OF AUSTIN - PO BOX 81511 - AUSTIN, TX 78708	74-2763690	501(C)(3)	119,750.	0.			ALL TOGETHER ATX
SRV2THRV FOUNDATION PO BOX 202306 AUSTIN, TX 78720	47-3856506	501(C)(3)	170,000.	0.			ALL TOGETHER ATX
STREET YOUTH MINISTRY 408 W. 23RD ST. BASEMENT AUSTIN, TX 78705	46-1449556	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
SUSTAINABLE FOOD CENTER 2921 E 17TH ST, BLDG C AUSTIN, TX 78702	74-2441468	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
TEXANS CAN ACADEMY AUSTIN 325 W. 12TH STREET DALLAS, TX 75208	75-2251099	501(C)(3)	70,000.	0.			ALL TOGETHER ATX
TEXAS ADVOCACY PROJECT INC. 1524 S I35 STE 350 AUSTIN, TX 78704	74-2237306	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
TEXAS BOOK FESTIVAL 1023 SPRINGDALE ROAD, 14B AUSTIN, TX 78721	74-2776425	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
TEXAS CULTURAL TRUST 901 S MOPAC EXPR, BARTON OAKS PLAZA II, STE 410 - AUSTIN, TX 78746	74-2778878	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
TEXAS EMPOWERMENT ACADEMY 6414 NORTH HAMPTON DR. AUSTIN, TX 78723	74-2782958	501(C)(3)	150,000.	0.			ALL TOGETHER ATX

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS FOLKLIFE RESOURCES 1317 S CONGRESS AVENUE AUSTIN, TX 78704	74-2360058	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
TEXAS RISK AND INSURANCE 12222 MERIT DR STE 1450 DALLAS, TX 75251	26-2409842	501(C)(3)	7,535.	0.			PROGRAM GRANT
THE ABIDING GLORY TABERNACLE 107 E LEGEND OAKS DR GEORGETOWN, TX 78628	87-0811770	501(C)(3)	40,000.	0.			ALL TOGETHER ATX
THE MUSEUM OF HUMAN ACHIEVEMENT 3600 LYONS RD. AUSTIN, TX 78702	30-0999640	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
THE SEEDLING FOUNDATION 8001 CENTRE PARK DR STE 140 AUSTIN, TX 78754	74-2841791	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
THE SETTLEMENT HOME 1600 PAYTON GIN RD AUSTIN, TX 78758	74-1200133	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
THE UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7159 AUSTIN, TX 78713	74-6000203	GOVT	29,750.	0.			PROGRAM GRANT & COMMUNITY INVESTMENT GRANT
THINKERY 1830 SIMOND AVE. AUSTIN, TX 78723	74-2288789	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
TODOS JUNTOS LEARNING CENTER 200 BRUSHY ST AUSTIN, TX 78702	46-3028927	501(C)(3)	170,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOGETHER WE RISE CORPORATION 560 W LAMBERT RD STE A BREA, CA 92821	26-3043727	501(C)(3)	120,000.	0.			ALL TOGETHER ATX
TRINITY CHILD DEVELOPMENT CENTER 5801 WESTMINSTER DRIVE AUSTIN, TX 78723	74-1494756	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
TRUTH BE TOLD PO BOX 40221 AUSTIN, TX 78704	42-1558329	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
UNITED WAY OF GREATER HOUSTON P.O BOX 3247 HOUSTON, TX 77253	74-1167964	501(C)(3)	6,845.	0.			PROGRAM GRANT
UNITED WAY OF METROPOLITAN DALLAS 1800 N. LAMAR DALLAS, TX 75202	75-6005352	501(C)(3)	6,246.	0.			PROGRAM GRANT
UPBRING, THE NEW LSS 8305 CROSS PARK DRIVE AUSTIN, TX 78754	32-0515615	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
VELA 4900 GONZALES ST AUSTIN, TX 78702	27-2451077	501(C)(3)	30,000.	0.			ALL TOGETHER ATX
VIBRANT WOMAN MAMA SANA PO BOX 301018 AUSTIN, TX 78703	45-5638520	501(C)(3)	120,000.	0.			ALL TOGETHER ATX
VOLUNTEER HEALTHCARE CLINIC, INC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	40,000.	0.			ALL TOGETHER ATX

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER LEGAL SERVICES 8001 CENTRE PARK DR #120 AUSTIN, TX 78754	74-2168895	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
VOLUNTEERS OF AMERICA TEXAS 300 E. MIDWAY ROAD EULESS, TX 76039	75-0827469	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
WAYSIDE SCHOOLS 6405 S IH 35 AUSTIN, TX 78744	74-2869144	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
WHATSINTHEMIRROR 1221 NEW MEISTER LANE UNIT 1622 PFLUGERVILLE, TX 78660	81-1417075	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
WILLIAMSON - BURNET COUNTY OPPORTUNITIES, INC. - 604 HIGH TECH DRIVE - GEORGETOWN, TX 78626	74-6075213	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT - 355 TEXAS AVENUE - ROUND ROCK, TX 78664	74-2896906	GOVT	20,000.	0.			ALL TOGETHER ATX
WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER - 1811 SE INNER LOOP - GEORGETOWN, TX 78626	74-2834639	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
WORKFORCE SOLUTIONS 9001 N. IH 35 STE. 110 AUSTIN, TX 78753	74-2327454	501(C)(3)	40,000.	0.			COMMUNITY INVESTMENT GRANT
YMCA 3208 RED RIVER ST, STE200 AUSTIN, TX 78705	74-1193464	501(C)(3)	32,500.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ONCE A GRANT IS AWARDED, RECIPIENT ORGANIZATIONS SUBMIT QUARTERLY EXPENSE REPORTS AND ARE REIMBURSED FROM THEIR GRANT ACCOUNT.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

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

COMMUNITY.

FORM 990, PART III, LINE 1, BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION:

EDUCATION, HEALTH, AND FINANCIAL STABILITY.

UNITED WAY COLLABORATES WITH HUNDREDS OF LOCAL NONPROFIT ORGANIZATIONS  
AND CORPORATE AND PUBLIC SECTOR PARTNERS TO PROVIDE FINANCIAL,  
VOLUNTEER, AND ADVOCACY SUPPORT FOR THE COMMUNITY. DONATIONS STAY LOCAL  
TO DIRECTLY IMPACT PEOPLE LIVING IN GREATER AUSTIN.

UNITED WAY TAKES A MULTI-GENERATIONAL APPROACH IN THE FIGHT AGAINST  
POVERTY. POVERTY IS COMPLEX, AND SO IS UPROOTING ITS GENERATIONAL  
PATTERNS. BAND-AIDS SIMPLY WON'T DO IT, WHICH IS WHY OUR FOCUS IS  
CREATING LONG-TERM SOLUTIONS AND CHANGING SYSTEMS THAT KEEP PEOPLE FROM  
THE OPPORTUNITIES MANY OF US ENJOY. WE FOCUS ON INITIATIVES THAT ARE  
DESIGNED TO JUMP-START AND MAINTAIN SUSTAINABLE SOLUTIONS FOR FAMILIES  
WITH LOW INCOME AND DRIVE COLLECTIVE CHANGE BY ALIGNING PUBLIC AND  
PRIVATE SUPPORT. WE BELIEVE IN INVESTING IN SOLUTIONS THAT PROVIDE  
PEOPLE WITH THE SKILLS AND RESOURCES THEY NEED TO TAKE AN ACTIVE ROLE  
IN THEIR OWN SUCCESS.

UNITED WAY IS RESPONSIBLE FOR THE STRATEGIC STEWARDSHIP AND INVESTMENT  
OF MILLIONS OF DOLLARS IN THE COMMUNITY.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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CHILDHOOD EDUCATION IN AUSTIN/TRAVIS COUNTY. THE COMMUNITY COALITION WAS LAUNCHED IN 2012. SINCE THEN, THE SUCCESS BY 6 COALITION HAS GROWN, STRENGTHENED, AND CONTINUES TO BUILD UPON ITS ACHIEVEMENTS. PROGRESS TOWARD THE IDENTIFIED COMMUNITY GOALS, STRATEGIES, AND PERFORMANCE TARGETS IN THE SUCCESS BY 6 STRATEGIC PLAN ARE MONITORED THROUGHOUT THE YEAR, AND WE PUBLISH DATA TO SHARE BRIGHT SPOTS AND IDENTIFY ONGOING CHALLENGES.

COMMUNITY SUCCESSES IN THE PAST YEAR INCLUDE: INCREASES IN CITY AND COUNTY FUNDING FOR EARLY CHILDHOOD EDUCATION; INCREASE IN THE NUMBER OF HIGH-QUALITY CHILD CARE PROVIDERS IN AUSTIN/TRAVIS COUNTY; EXPANSION OF FAMILY CONNECTS, A FREE NURSE HOME VISITING PROGRAM; NEW PHILANTHROPIC INVESTMENTS IN HOME VISITING AND PARENT EDUCATION PROGRAMS IN CENTRAL TEXAS; ADVANCES IN THE POLICY RECOMMENDATIONS FROM THE EARLY CHILDHOOD COUNCIL WORKING GROUP AT THE CITY; LAUNCH OF THE FAMILY-FRIENDLY WORKPLACE TOOLKIT.

UNITED WAY RUNS SEVERAL PROGRAMS TO ACHIEVE THE GOALS IN THE SUCCESS BY UNITED WAY FOR GREATER AUSTIN STRATEGIC PLAN. A FEW INCLUDE:

- OUR PRE-K PARTNERSHIPS PROGRAM WITH AUSTIN ISD EXPANDS ACCESS TO HIGH-QUALITY PRE-K. BY PARTNERING WITH CHILD DEVELOPMENT CENTERS IN AUSTIN, WE INCREASE THE AVAILABILITY OF PRE-K AND PROVIDE CENTERS WITH RESOURCES THAT HELP IMPROVE AND SUSTAIN QUALITY SERVICES FOR CHILDREN. THIS PROGRAM IMPACTS MORE THAN 500 FAMILIES ANNUALLY.

- OUR CLASS COACHING PROGRAM MAKES THE MOST OUT OF CLASSROOM INTERACTIONS. THROUGH A GRANT FROM THE TEXAS EDUCATION AGENCY, WE PROVIDE INDIVIDUAL AND GROUP COACHING TO TEACHERS IN MORE THAN 40 PRE-K

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

CLASSROOMS ACROSS FOUR SCHOOL DISTRICTS IN THE CENTRAL TEXAS REGION,  
USING THE CLASS COACHING MODEL TO IMPROVE THE QUALITY OF  
TEACHER-STUDENT INTERACTIONS.

- FAMILY CONNECTS TEXAS IS A NURSE HOME VISITING PROGRAM OFFERED TO  
EVERY FAMILY WITH A NEWBORN IN TRAVIS COUNTY TO GIVE BABIES THE BEST  
POSSIBLE START IN LIFE. IN PARTNERSHIP WITH AUSTIN PUBLIC HEALTH, WE  
PROVIDE FAMILIES WITH A VISIT FROM A REGISTERED NURSE, WHO PROVIDES A  
COMPLETE FAMILY ASSESSMENT IN THE HOME, GIVES IMMEDIATE MATERNAL AND  
FAMILY SUPPORT IN AREAS SUCH AS BREASTFEEDING OR SAFE SLEEP, AND IS  
ABLE TO PROVIDE REFERRALS TO COMMUNITY RESOURCES. THIS PROGRAM IMPACTS  
MORE THAN 800 FAMILIES ANNUALLY.

- BRIGHT BY TEXT IS A FREE TEXTING SERVICE FOR CAREGIVERS OF CHILDREN  
AGES PRENATAL-8, PROMOTING CHILD DEVELOPMENT AND ACCESS TO LOCAL  
PROGRAMS AND EVENTS. INFORMATION IS PROVIDED IN ENGLISH OR SPANISH.  
THIS PROGRAM IMPACTS MORE THAN 4,000 CAREGIVERS ANNUALLY.

ALL OF OUR EDUCATION EFFORTS ARE BACKED UP WITH COMMUNITY INVESTMENT  
GRANTS (CIGS) TO AMPLIFY OUR COLLECTIVE IMPACT. FUNDED PROGRAMS ARE  
ALIGNED WITH THE SUCCESS BY 6 STRATEGIC PLAN AND RANGE FROM  
EVIDENCE-BASED HOME VISITING, PARENT EDUCATION PROGRAMMING, BOOK  
DISTRIBUTIONS, AND MORE. MORE THAN 10,000 FAMILIES ARE IMPACTED BY THIS  
GRANT FUNDING ANNUALLY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
SPECIALISTS ARE THERE, PROVIDING IMMEDIATE HELP.

IN 2020, 2-1-1 RESPONDED TO 124,504 CALLS FOR HELP. IN ADDITION, OUR  
NAVIGATION CENTER PROVIDES THESE COMMUNITY RESOURCES:

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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- BLUEBONNET TRAILS: PROVIDES MENTAL HEALTH PROGRAM INFORMATION AND REFERRALS;

- ACA ENROLLMENT: PROVIDES PUBLIC INFORMATION ABOUT LOCAL RESOURCES AND APPLICATION ASSISTANCE FOR THE HEALTH INSURANCE MARKETPLACE;

- RIDE UNITED: IN PARTNERSHIP WITH LYFT AND UNITED WAY WORLDWIDE, PROVIDES FREE RIDES FOR THOSE WITH TRANSPORTATION BARRIERS;

- 2020 CENSUS: PROVIDED INFORMATION ABOUT THE CENSUS INCLUDING ACCURATE INFORMATION ABOUT THE PROCESS AND HOW DATA WILL BE USED, COMPLETION ASSISTANCE, EMPLOYMENT OPPORTUNITIES, AND MORE.

AS THE REGIONAL COORDINATING ORGANIZATION FOR THE CENTRAL TEXAS 2020 CENSUS GET-OUT-THE-COUNT EFFORTS, UNITED WAY COLLABORATED WITH COMPLETE COUNT COMMITTEES, GRASSROOTS NONPROFIT ORGANIZATIONS AND SERVICE PROVIDERS, FUNDERS, AND OTHER RELEVANT ENTITIES IN FIVE CENTRAL TEXAS COUNTIES (BASTROP, CALDWELL, HAYS, TRAVIS, AND WILLIAMSON) TO ENSURE AS COMPLETE A COUNT AS POSSIBLE. UNITED WAY ADMINISTERED ALMOST \$500K IN GRANT FUNDING, PROVIDED TECHNICAL SUPPORT, SHARED BEST PRACTICES, AND MAXIMIZED THE RETURN ON INVESTMENT TO ENSURE THE MOST VULNERABLE POPULATIONS IN OUR REGION WERE COUNTED.

IN AN EFFORT TO SUPPORT THE CENTRAL TEXAS COMMUNITY DURING THE COVID-19 PANDEMIC, UNITED WAY PARTNERED WITH AUSTIN COMMUNITY FOUNDATION TO CREATE ALL TOGETHER ATX IN MARCH 2020. THE ALL TOGETHER ATX FUND WAS DESIGNED TO COMPLEMENT THE WORK OF PUBLIC HEALTH OFFICIALS AND EXPAND LOCAL CAPACITY TO ADDRESS ALL ASPECTS OF THE COVID-19 OUTBREAK AS EFFECTIVELY AND EFFICIENTLY AS POSSIBLE. TO ENSURE THE COMMUNITIES MOST IMPACTED BY THE PANDEMIC WERE SUPPORTED AND FUNDED, EQUITY WAS A GUIDING PRINCIPLE IN THE ALL TOGETHER ATX GRANTMAKING PROCESS. LIVED

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

EXPERIENCE AS A PERSON OF COLOR SERVED AS A CRITICAL INPUT, BOTH AMONG THE COMMUNITY REVIEWERS AND IN THE LEADERSHIP OF NONPROFIT APPLICANTS. FROM MARCH TO DECEMBER 2020, THE FUND RAISED AND AWARDED APPROXIMATELY \$7.7 MILLION FROM 3,149 DONORS TO MORE THAN 210 LOCAL NONPROFITS.

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

OVER THE COURSE OF 2018, UNITED WAY BROUGHT TOGETHER NEARLY 200 UNITED WAY FOR GREATER AUSTIN STAKEHOLDERS IN GREATER AUSTIN TO DEVELOP THE AUSTIN/TRAVIS COUNTY 2-GEN STRATEGIC PLAN, WITH A GOAL OF INTEGRATING THE 2-GEN APPROACH WITHIN OUR ENTIRE COMMUNITY. THIS PLAN, THE FIRST COMMUNITY-WIDE STRATEGIC PLAN FOR 2-GEN IN THE NATION, ARTICULATES COMMON GOALS AND STRATEGIES TO STRENGTHEN AND EXPAND 2-GEN SERVICES AND RESOURCES FOR AUSTIN-AREA FAMILIES.

ALL OF OUR 2-GEN EFFORTS ARE BACKED UP WITH COMMUNITY INVESTMENT GRANTS (CIGS) TO AMPLIFY OUR COLLECTIVE IMPACT. FUNDED PROGRAMS PROVIDE A RANGE OF SUPPORT FOR PARENTS AND THEIR CHILDREN SIMULTANEOUSLY AND INCLUDE ESL OR WORKFORCE TRAINING, COLLEGE CLASSES, AND HIGH-QUALITY EARLY EDUCATION FOR YOUNG CHILDREN IN THE FAMILY. MORE THAN 460 FAMILIES ARE IMPACTED BY THIS GRANT FUNDING ANNUALLY.

IN THE FALL OF 2019, UNITED WAY LAUNCHED THE FAMILY LEADERSHIP COUNCIL. THIS COUNCIL WAS FORMED TO:

- ELEVATE AND VALUE THE EXPERTISE OF PARENTS/CAREGIVERS WITH YOUNG CHILDREN, TO INFORM THE IMPLEMENTATION OF UNITED WAY'S STRATEGIC WORK;
- EXPAND ACCESS TO TOOLS AND RESOURCES FOR PARENT LEADERS PASSIONATE ABOUT INFLUENCING SYSTEMS AND WHO WANT TO DEVELOP THEIR PROFESSIONAL AND CIVIC LEADERSHIP SKILLS; AND

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

- FOSTER A FAMILY-CENTERED APPROACH THAT BETTER REFLECTS ACCOUNTABILITY  
TO THE COMMUNITIES UNITED WAY SERVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS.

EXPENSES \$ 592,214. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THERE IS A REVIEW AND APPROVAL OF THE FORM 990 BY THE FINANCE COMMITTEE,  
AND THE FORM 990 IS THEN PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO  
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A QUESTIONNAIRE IS CIRCULATED TO THE BOARD OF DIRECTORS, OFFICERS AND KEY  
EMPLOYEES ANNUALLY TO DETERMINE WHETHER THERE ARE ANY CONFLICTS OF  
INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD CHAIR CONDUCTS AN ANNUAL PERFORMANCE REVIEW FOR THE CEO AND  
REVIEWS THE CEO'S PERFORMANCE WITH THE FULL BOARD. COMPENSATION FOR THE  
CEO AND OTHER OFFICERS IS RESEARCHED AND BENCHMARKED ANNUALLY USING MARKET  
COMPENSATION DATA; ANY PAY CHANGES ARE APPROVED BY THE BOARD CHAIR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST. THE THREE MOST  
CURRENT ANNUAL AUDITS ARE POSTED ON THE UNITED WAY ATX WEBSITE.

FORM 990, PART XII, LINE 2C:

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YEAR.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY FOR GREATER AUSTIN</b>	Taxpayer identification number (TIN) <b>74-1193439</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2000 E. MLK JR. BLVD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>AUSTIN, TX 78702</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MAZNA ANDRABI**

- The books are in the care of ▶ **2000 EAST MLK, JR. BLD - AUSTIN, TX 78702**  
Telephone No. ▶ **512-472-6267** Fax No. ▶ \_\_\_\_\_
- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.