

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization UNITED WAY FOR GREATER AUSTIN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2000 E. MLK JR. BLVD. City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78702	D Employer identification number 74-1193439
	E Telephone number (512) 472-6267	G Gross receipts \$ 21,668,086.
	F Name and address of principal officer: DAVID SMITH SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(c) Group exemption number ▶
	J Website: ▶ WWW.UNITEDWAYAUSTIN.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1952 M State of legal domicile: TX

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY FOR GREATER AUSTIN BRINGS PEOPLE, IDEAS, AND RESOURCES TOGETHER TO FIGHT POVERTY IN OUR		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	123
	6	Total number of volunteers (estimate if necessary)	6	2664
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	12,542,553.
9		Program service revenue (Part VIII, line 2g)	611,798.	883,491.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,687.	194,536.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-94,317.	71,926.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,173,721.	21,540,394.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,783,235.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,603,877.	5,544,753.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 399,620.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,257,392.	6,020,801.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,644,504.	16,812,066.
	19	Revenue less expenses. Subtract line 18 from line 12	-470,783.	4,728,328.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,908,002.	13,975,155.
	21	Total liabilities (Part X, line 26)	3,545,083.	4,929,617.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,362,919.	9,045,538.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DAVID SMITH, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SEAN HOLCOMB	Preparer's signature
	Firm's name ▶ MAXWELL LOCKE & RITTER LLP	Date 06/07/21
	Firm's address ▶ 401 CONGRESS AVENUE, SUITE 1100 AUSTIN, TX 78701-9682	Check if self-employed <input type="checkbox"/> PTIN P01249221
		Firm's EIN ▶ 74-2900215
		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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,391,147. including grants of \$ 3,303,552.) (Revenue \$ 884,841.) 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

4b (Code:) (Expenses \$ 4,429,392. 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 \$ 3,087,789. 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

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,942,960. including grants of \$ 1,942,960.) (Revenue \$)

4e Total program service expenses 15,851,288.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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
2a	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		123
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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
1a	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	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 **MANESSA GRADY - 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) MASON AYER CHAIR	2.00	X		X				0.	0.	0.
(2) JENNIFER POPPE SECRETARY	2.00	X		X				0.	0.	0.
(3) RODNEY NORTHERN TREASURER	2.00	X		X				0.	0.	0.
(4) JEREMIAH BENTLEY DIRECTOR	2.00	X						0.	0.	0.
(5) JUDY DONIGAN DIRECTOR	2.00	X						0.	0.	0.
(6) JENNIFER FOSTER DIRECTOR	2.00	X						0.	0.	0.
(7) MYNDI GARRETT DIRECTOR	2.00	X						0.	0.	0.
(8) SHAFEEQA GIARRATANI DIRECTOR	2.00	X						0.	0.	0.
(9) PATRICK HADLOCK DIRECTOR	2.00	X						0.	0.	0.
(10) DR. ALETHA HUSTON DIRECTOR	2.00	X						0.	0.	0.
(11) KRISTIE GONZALES DIRECTOR	2.00	X						0.	0.	0.
(12) SHAWN KOTOSKE DIRECTOR	2.00	X						0.	0.	0.
(13) RINA VONFRISCH DIRECTOR	2.00	X						0.	0.	0.
(14) KRISTIN MARCUM DIRECTOR	2.00	X						0.	0.	0.
(15) MALINI RAJPUT DIRECTOR	2.00	X						0.	0.	0.
(16) DR. RICHARD RHODES DIRECTOR	2.00	X						0.	0.	0.
(17) MARK STRAMA 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) JEFF THOMAS DIRECTOR	2.00	X						0.	0.	0.
(19) SCOTT RUST DIRECTOR	2.00	X						0.	0.	0.
(20) AMY SIMMONS DIRECTOR	2.00	X						0.	0.	0.
(21) CHARLES THORNBURGH DIRECTOR	2.00	X						0.	0.	0.
(22) JEFF VERNOR DIRECTOR	2.00	X						0.	0.	0.
(23) JOSHUA CHILDS DIRECTOR	2.00	X						0.	0.	0.
(24) MOLLIE DUCKWORTH DIRECTOR	2.00	X						0.	0.	0.
(25) GEORGE FLOYD DIRECTOR	2.00	X						0.	0.	0.
(26) ABBI MILLER DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								365,877.	0.	25,791.
d Total (add lines 1b and 1c)								365,877.	0.	25,791.

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 former 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
CHARLEY SCARBOROUGH & ASSOCIATES, LLC 6701 N. PARK DRIVE, AUSTIN, TX 78757	FAMILY CONNECTS CONSULTING	108,107.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) JOHN HOLMES DIRECTOR	2.00	X						0.	0.	0.
(28) SARAH SCHICK THOMPSON DIRECTOR	2.00	X						0.	0.	0.
(29) HOWARD ZAROFF DIRECTOR	2.00	X						0.	0.	0.
(30) DAVID SMITH CEO	40.00			X				145,427.	0.	8,689.
(31) RAY BLUE CDO	40.00			X				113,339.	0.	8,667.
(32) SUE CARPENTER CPO	40.00			X				107,111.	0.	8,435.
Total to Part VII, Section A, line 1c								365,877.		25,791.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	168,211.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,634,772.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,587,458.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			20,390,441.			
Program Service Revenue	2 a SERVICE FEE REVENUE	Business Code					
		900099	883,491.	883,491.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			883,491.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		111,735.			111,735.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	111,211.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	28,410.				
	c Gain or (loss)	7c	82,801.				
	d Net gain or (loss)			82,801.		82,801.	
8 a Gross income from fundraising events (not including \$ 168,211. of contributions reported on line 1c). See Part IV, line 18	8a		169,858.				
			99,282.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			70,576.		70,576.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code					
		900099	1,350.	1,350.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			1,350.				
12 Total revenue. See instructions			21,540,394.	884,841.	0.	265,112.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,246,512.	5,246,512.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	391,668.	344,926.	27,159.	19,583.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,238,507.	3,729,886.	296,695.	211,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	494,251.	439,883.	29,656.	24,712.
10 Payroll taxes	420,327.	369,888.	29,423.	21,016.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,299.	10,532.	5,620.	7,147.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	841,787.	749,569.	55,416.	36,802.
12 Advertising and promotion	121,927.	107,551.	8,157.	6,219.
13 Office expenses	168,704.	151,487.	10,109.	7,108.
14 Information technology	198,774.	175,217.	14,370.	9,187.
15 Royalties				
16 Occupancy	100,557.	82,681.	10,904.	6,972.
17 Travel	114,715.	98,141.	9,297.	7,277.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,562.	41,814.	5,946.	3,802.
20 Interest	61,822.	45,464.	9,978.	6,380.
21 Payments to affiliates	120,553.	88,655.	19,457.	12,441.
22 Depreciation, depletion, and amortization	110,470.	81,239.	17,830.	11,401.
23 Insurance	24,494.	17,880.	3,674.	2,940.
24 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.)				
a PROGRAM GRANT EXPENSES	3,967,803.	3,967,803.		
b MISCELLANEOUS EXPENSES	94,534.	87,547.	4,303.	2,684.
c PHOTOGRAPHY AND VIDEO	19,800.	14,613.	3,164.	2,023.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	16,812,066.	15,851,288.	561,158.	399,620.
26 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
Assets	1 Cash - non-interest-bearing	2,596,487.	1	7,591,437.
	2 Savings and temporary cash investments	99,271.	2	76,038.
	3 Pledges and grants receivable, net	1,870,901.	3	1,615,685.
	4 Accounts receivable, net	682,416.	4	1,962,469.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	54,233.	9	63,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,020,214.		
	b Less: accumulated depreciation	10b 3,280,536.		
	11 Investments - publicly traded securities	760,843.	10c	739,678.
	12 Investments - other securities. See Part IV, line 11	1,843,851.	11	1,926,623.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,908,002.	15		
		16	13,975,155.	
Liabilities	17 Accounts payable and accrued expenses	901,894.	17	1,688,740.
	18 Grants payable		18	
	19 Deferred revenue	597,929.	19	1,769,096.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,497,236.	23	1,414,085.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	548,024.	25	57,696.
	26 Total liabilities. Add lines 17 through 25	3,545,083.	26	4,929,617.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,379,299.	27	3,992,513.
	28 Net assets with donor restrictions	983,620.	28	5,053,025.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,362,919.	32	9,045,538.
	33 Total liabilities and net assets/fund balances	7,908,002.	33	13,975,155.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,540,394.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,812,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,728,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,362,919.
5	Net unrealized gains (losses) on investments	5	-45,709.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,045,538.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	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 for instructions and the latest information.

OMB No. 1545-0047

2019

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		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14806570.	11767176.	11495476.	12542553.	20390441.	71002216.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14806570.	11767176.	11495476.	12542553.	20390441.	71002216.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						71002216.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	14806570.	11767176.	11495476.	12542553.	20390441.	71002216.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,762.	44,633.	27,409.	90,589.	111,735.	342,128.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48,955.	106,862.	8,440.	-1,384.	1,350.	164,223.
11 Total support. Add lines 7 through 10						71508567.
12 Gross receipts from related activities, etc. (see instructions)					12	2,695,971.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.29 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.23 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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 stop here. 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 10% -facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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>Provide details in Part VI.</i>		
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>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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

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

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, 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 UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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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
1	<hr/> <hr/> <hr/>	\$ <u>1,957,818.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,158,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>952,129.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>502,881.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>419,372.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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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 UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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 for instructions and the latest information.**

OMB No. 1545-0047

2019
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	595,541.	573,098.	505,796.	552,457.	804,436.
b Contributions					
c Net investment earnings, gains, and losses	26,150.	22,443.	122,023.	47,328.	-31,910.
d Grants or scholarships					
e Other expenditures for facilities and programs			54,721.	93,989.	220,069.
f Administrative expenses					
g End of year balance	621,691.	595,541.	573,098.	505,796.	552,457.

- 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 80.00 %
 - c Term endowment 20.00 %
- 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.	1,956,274.	537,633.
c Leasehold improvements				
d Equipment		1,417,487.	1,324,262.	93,225.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				739,678.

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)		
Total. (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)		
Total. (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)	
Total. (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	57,696.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,696.

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	19,678,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-45,709.
b	Donated services and use of facilities	2b	50,562.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	99,282.
e	Add lines 2a through 2d	2e	104,135.
3	Subtract line 2e from line 1	3	19,574,135.
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	23,299.
b	Other (Describe in Part XIII.)	4b	1,942,960.
c	Add lines 4a and 4b	4c	1,966,259.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,540,394.

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	14,995,651.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	50,562.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	99,282.
e	Add lines 2a through 2d	2e	149,844.
3	Subtract line 2e from line 1	3	14,845,807.
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	23,299.
b	Other (Describe in Part XIII.)	4b	1,942,960.
c	Add lines 4a and 4b	4c	1,966,259.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,812,066.

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 99,282.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 1,942,960.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FUNDRAISING EVENT EXPENSES 99,282.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC

ORGANIZATIONS 1,942,960.

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	1 Gross receipts	338,069.			338,069.
	2 Less: Contributions	168,211.			168,211.
	3 Gross income (line 1 minus line 2)	169,858.			169,858.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,029.			19,029.
	6 Rent/facility costs	4,808.			4,808.
	7 Food and beverages	28,194.			28,194.
	8 Entertainment	4,087.			4,087.
	9 Other direct expenses	43,164.			43,164.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				99,282.
11 Net income summary. Subtract line 10 from line 3, column (d)				70,576.	

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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 for the latest information.**

OMB No. 1545-0047

2019

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGE OF CENTRAL TEXAS 3710 CEDAR STREET, BOX 2 AUSTIN, TX 78705	74-2431028	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
AIDS SERVICES OF AUSTIN PO BOX 4874 AUSTIN, TX 78765	74-2440845	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AMERICAN YOUTHWORKS 1901 E. BEN WHITE BLVD. AUSTIN, TX 78741	74-2197942	501(C)(3)	67,500.	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
ANY BABY CAN, INC. 6207 SHERIDAN AVE AUSTIN, TX 78723	74-2684335	501(C)(3)	553,167.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
ASIAN PACIFIC ISLANDER AMERICAN PUBLIC AFFAIRS ASSOCIATION - 6200 BRODIE LN - AUSTIN, TX 78745	55-0849384	501(C)(3)	20,000.	0.			PROGRAM GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **120.**

3 Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ASSISTANCE LEAGUE OF AUSTIN 4901 BURNET ROAD AUSTIN, TX 78756	23-7307276	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN ACHIEVE PUBLIC SCHOOLS 5908 MANOR RD AUSTIN, TX 78723	27-3700807	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN AREA URBAN LEAGUE 8011 CAMERON RD., STE. 100 AUSTIN, TX 78754	74-1890518	501(C)(3)	72,500.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
AUSTIN CHILD GUIDANCE CENTER 810 W. 45TH STREET AUSTIN, TX 78751	74-1166783	501(C)(3)	98,000.	0.			COMMUNITY INVESTMENT GRANT
AUSTIN CHINESE-AMERICAN NETWORK 7316 FABION DR. AUSTIN, TX 78759	82-0847511	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN COMMUNITY COLLEGE FOUNDATION - 5930 MIDDLE FISKVILLE ROAD - AUSTIN, TX 78752	74-2639966	501(C)(3)	33,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE ST AUSTIN, TX 78751	74-1934031	501(C)(3)	67,273.	0.			PROGRAM GRANTS
AUSTIN CREATIVE ALLIANCE 81 SAN MARCOS ST SUITE C1 AUSTIN, TX 78702	74-2140348	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
AUSTIN DIAPER BANK 8711 BURNET ROAD SUITE B34 AUSTIN, TX 78757	80-0931841	501(C)(3)	20,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 PUBLIC EDUCATION FOUNDATION 1111 W 6TH ST. C150 AUSTIN, TX 78703	74-2654168	501(C)(3)	70,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
AUSTIN TENANTS COUNCIL P.O. BOX 6511 AUSTIN, TX 78762	23-7312901	501(C)(3)	20,000.	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)	5,000.	0.			ALL TOGETHER ATX
AUSTIN VOICES FOR EDUCATION & YOUTH - 5221 LEDESMA ROAD - AUSTIN, TX 78721	74-3017284	501(C)(3)	50,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
AVANCE-AUSTIN, INC. 4818 E. BEN WHITE BLVD, #205 AUSTIN, TX 78741	74-1969114	501(C)(3)	160,000.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
BASTROP CO. EMERGENCY FOOD PANTRY & SUPPORT CENTER - 806 FAYETTE STREET - BASTROP, TX 78602	74-2485884	501(C)(3)	30,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
BASTROP COUNTY CARES 804 PECAN STREET BASTROP, TX 78602	47-3250104	501(C)(3)	52,500.	0.			ALL TOGETHER ATX & PROGRAM GRANT
BOOKSPRING 2006 GREENBROOK PKWY AUSTIN, TX 78723	74-2542664	501(C)(3)	55,000.	0.			COMMUNITY INVESTMENT GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
BOYS AND GIRLS CLUBS OF AUSTIN 6448 ED BLUESTEIN BLVD. AUSTIN, TX 78723	74-6087356	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
CALDWELL COUNTY 110 S. MAIN RM 303 LOCKHART, TX 78644	74-6001631	GOVT	25,000.	0.			PROGRAM GRANT
CALDWELL COUNTY CHRISTIAN MINISTRIES FOOD PANTRY - 901 BOIS D'ARC - LOCKHART, TX 78644	74-1930729	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
CARITAS OF AUSTIN PO BOX 1947 AUSTIN, TX 78767	74-1909670	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
CASA MARIANELLA 821 GUNTER ST. AUSTIN, TX 78702	74-2377341	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)	10,000.	0.			ALL TOGETHER ATX
CENTER FOR CHILD PROTECTION - TRAVIS COUNTY - 8509 FM 969 BLDG 2 - AUSTIN, TX 78724	74-2562585	501(C)(3)	5,000.	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)	50,000.	0.			ALL TOGETHER ATX

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CHILD INC 818 E 53RD ST, AUSTIN, TX 78751	74-1722420	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
CITY OF AUSTIN PUBLIC HEALTH PO BOX 1088 AUSTIN, TX 78767	74-2992877	501(C)(3)	821,517.	0.			PROGRAM GRANT
COLLEGE FORWARD (ADMISSION CONTROL) - PO BOX 142308 - AUSTIN, TX 78714	43-2003552	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
COMBINED COMMUNITY ACTION, INC. 165 W AUSTIN STREET GIDDINGS, TX 78942	74-1548511	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
COMMUNICARE HEALTH CENTERS 1340 WONDER WORLD DRIVE, STE. 4201 SAN MARCOS, TX 78666	74-1724391	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS, INC. - 3000 S. IH-35, SUITE #200 - AUSTIN, TX 78704	74-2369020	501(C)(3)	161,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
DEPELCHIN CHILDREN'S CENTER 1812 CENTRE CREEK DR. STE. 200 AUSTIN, TX 78754	76-0318867	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
E3 ALLIANCE 5930 MIDDLE FISKVILLE RD AUSTIN, TX 78752	64-0963235	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
EL BUEN SAMARITANO EPISCOPAL CENTER - 7000 WOODHUE - AUSTIN, TX 78745	74-2488682	501(C)(3)	45,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
FAMILY ELDERCARE INC. 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
FAMILY INDEPENDENCE INITIATIVE 663 13TH ST SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
FOSTER ANGELS OF CENTRAL TEXAS FOUNDATION - PO BOX 152575 - AUSTIN, TX 78715	27-1024497	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
FOUNDATION COMMUNITIES, INC. 3036 SOUTH FIRST STREET, STE 200 AUSTIN, TX 78704	74-2563260	501(C)(3)	142,500.	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)	15,000.	0.			ALL TOGETHER ATX
FRONT STEPS 500 EAST SEVENTH ST. AUSTIN, TX 78701	74-2824054	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
GEORGETOWN BACKPACK BUDDIES PO BOX 2104 GEORGETOWN, TX 78627	47-1439664	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
GO AUSTIN/VAMOS AUSTIN 3710 CEDAR STREET AUSTIN, TX 78705	83-0915321	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
GOODWILL INDUSTRIES OF CENTRAL TEXAS - 1015 NORWOOD PARK BLVD - AUSTIN, TX 78727	74-1322808	501(C)(3)	32,500.	0.			COMMUNITY INVESTMENT & PROGRAM GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
GRAMEEN FOUNDATION USA 50 F STREET NW 8TH FLOOR WASHINGTON, DC 20001	20-8497991	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE - 3601 FAR WEST BLVD SUITE 204 - AUSTIN, TX 78731	74-2555060	501(C)(3)	25,000.	0.			PROGRAM GRANT
HACA SCHOLARSHIP FOUNDATION DBA AUSTIN PATHWAYS - 1124 S IH 35 - AUSTIN, TX 78704	27-2133452	501(C)(3)	95,000.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS
HAYS COUNTY 712 S. STAGECOACH TRAIL STE 1071 SAN MARCOS, TX 78666	74-6002241	GOVT	15,500.	0.			PROGRAM GRANT
HAYS COUNTY FOOD BANK 220 HERNDON ST. SAN MARCOS, TX 78666	74-2331781	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
HEALTH ALLIANCE FOR AUSTIN MUSICIANS - 3010 S LAMAR BLVD STE 200 - AUSTIN, TX 78704	80-0147620	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
HILL COUNTRY COMMUNITY MINISTRIES P. O. BOX 1064 LEANDER, TX 78646	74-2309435	501(C)(3)	19,000.	0.			ALL TOGETHER ATX
HILL COUNTRY MENTAL HEALTH AND DEVELOPMENT DISABILITIES - 1200 N. BISHOP ST. BLD 200 - SAN MARCOS, TX 78666	74-2822017	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
HOPE FOOD PANTRY AUSTIN 4001 SPEEDWAY AUSTIN, TX 78751	46-3688200	501(C)(3)	20,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
HOSPICE AUSTIN 4107 SPICEWOOD SPRINGS, STE 100 AUSTIN, TX 78759	74-2200596	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
HUSTON-TILLOTSON UNIVERSITY 900 CHICON ST AUSTIN, TX 78702	74-1180151	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
HUTTO RESOURCE CENTER PO BOX 65 HUTTO, TX 78634	46-3580653	501(C)(3)	25,000.	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)	10,000.	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
JUST COMMUNITY 1000 RIO GRANDE AUSTIN, TX 78701	81-1447315	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
KIPP AUSTIN PUBLIC SCHOOLS 8509 FM 969 BLDG 513 AUSTIN, TX 78724	01-0639602	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
KLRU PO BOX 7158 AUSTIN, TX 78713	74-7126012	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
LITERACY COALITION OF CENTRAL TEXAS - 724 EBERHART LN., SUITE 500 - AUSTIN, TX 78745	74-2288789	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
LONE STAR CIRCLE OF CARE 205 EAST UNIVERSITY AVE STE 200 GEORGETOWN, TX 78628	74-3001674	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
MAINSRING SCHOOLS 1100 W. LIVE OAK AUSTIN, TX 78704	74-1143055	501(C)(3)	155,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
MANO AMIGA 216 S WILSON STREET SAN MARCOS, TX 78666	83-2030465	501(C)(3)	10,000.	0.			PROGRAM GRANT
MANOS DE CRISTO 4911 HARMON AVENUE AUSTIN, TX 78751	74-2511974	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
MARBRIDGE FOUNDATION 2310 BLISS SPILLAR ROAD MANCHACA, TX 78652	74-1183095	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
MEALS ON WHEELS CENTRAL TEXAS IN-HOME CARE - 3227 E. 5TH STREET - AUSTIN, TX 78702	74-1888198	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
MICAH 6 OF AUSTIN 2130 GUADALUPE STREET AUSTIN, TX 78705	20-1388151	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
MOBILE LOAVES AND FISHES 9301 HOG EYE RD SUITE 950 AUSTIN, TX 78724	74-2956081	501(C)(3)	25,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
MUSLIM COMMUNITY SUPPORT SERVICES 13492 RESEARCH BLVD; STE 120 #662 AUSTIN, TX 78750	74-2977031	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
NORTHWEST AUSTIN UNIVERSAL HEALTH CLINIC - 13740 RESEARCH BLVD. SUITE 2, BLDG. M - AUSTIN, TX 78750	46-2209787	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
OPERATION LIBERTY HILL 1401 HWY 183N LEANDER, TX 78641	80-0788990	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
PARTNERSHIPS FOR CHILDREN 14000 SUMMIT DR. AUSTIN, TX 78728	43-2004770	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
PELTONU 500 E. ST. JOHNS AVE. SUITE 1460 AUSTIN, TX 78752	46-0920019	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
PEOPLE'S COMMUNITY CLINIC 1101 CAMINO LA COSTA AUSTIN, TX 78752	23-7087608	501(C)(3)	45,000.	0.			ALL TOGETHER ATX & PROGRAM GRANT
PROJECT NORMALIZATION INC DBA OPEN DOOR PRESCHOOLS - 3804 CHERRYWOOD ROAD - AUSTIN, TX 78722	74-1834374	501(C)(3)	110,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
PROSPERA HOUSING COMMUNITY SERVICES - 3419 NACOGDOCHES ROAD - SAN ANTONIO, TX 78217	74-2685268	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
RBI AUSTIN 500 E ST JOHNS AVE, SUITE 1.420 AUSTIN, TX 78752	82-3961043	501(C)(3)	9,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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)	25,000.	0.			ALL TOGETHER ATX
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLDG. 8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	5,000.	0.			ALL TOGETHER ATX
SAFE ALLIANCE 4800 MANOR AUSTIN, TX 78702	74-2320657	501(C)(3)	58,700.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
SAHELI PO BOX IS 16254 AUSTIN, TX 78761	74-2675273	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
SAINT LOUISE HOUSE/VINCARE SERVICES OF AUSTIN FOUNDATION - PO BOX 150637 - AUSTIN, TX 78715	74-2968167	501(C)(3)	60,000.	0.			COMMUNITY INVESTMENT GRANT
SAMARITAN HEALTH MINISTRIES 700 W. WHITESTONE BLVD. CEDAR PARK, TX 78630	74-2570190	501(C)(3)	25,000.	0.			ALL TOGETHER ATX
SAMMY'S HOUSE 2415 TWIN OAKS DR. AUSTIN, TX 78757	74-2985152	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
SAN MARCOS HOUSING AUTHORITY 1201 THORPE LANE SAN MARCOS, TX 78666	74-6003388	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
SENIOR ACCESS 2498 EAST PALM VALLEY BLVD. ROUND ROCK, TX 78664	74-2692484	501(C)(3)	20,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
SMITHVILLE COMMUNITY CLINIC PO BOX 38 SMITHVILLE, TX 78957	20-4515999	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
SMITHVILLE FOOD PANTRY 301 LEE STREET SMITHVILLE, TX 78957	74-2885979	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
SSP LEARNING CENTER/TODOS JUNTOS LEARNING CENTER - 200 BRUSHY ST - AUSTIN, TX 78702	46-3028927	501(C)(3)	45,000.	0.			COMMUNITY INVESTMENT & PROGRAM GRANTS
ST. GEORGE'S EPISCOPAL SCHOOL 4301 NORTH IH 35 AUSTIN, TX 78722	74-6000064	501(C)(3)	5,000.	0.			COMMUNITY INVESTMENT GRANT
ST. IGNATIUS MARTYR FOOD PANTRY 2309 EUCLID AUSTIN, TX 78704	74-1313906	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
SUNRISE HOMELESS NAVIGATION CENTER 4430 MENCHACA RD. AUSTIN, TX 78745	31-1249618	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
SWEET BRIAR CHILD DEVELOPMENT CENTER - 205 SANDRA - AUSTIN, TX 78745	82-3338419	INDIV/SOLE PROP	5,000.	0.			PROGRAM GRANT
TEXAS ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 13740 RESEARCH BOULEVARD SUITE A2 - AUSTIN, TX 78750	34-2055401	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
TEXAS EMPOWERMENT ACADEMY 6414 NORTH HAMPTON DR. AUSTIN, TX 78723	74-2782958	501(C)(3)	10,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 HEALTH ACTION 8140 N MOPAC EXPWY, BLDG 2 STE 130A AUSTIN, TX 78759	47-3809253	501(C)(3)	16,000.	0.			ALL TOGETHER ATX
TEXAS STATE UNIVERSITY - SAN MARCOS DEVELOPMENT FOUNDATION - 601 UNIVERSITY DR - SAN MARCOS, TX 78666	74-1982979	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
THE SALVATION ARMY - AUSTIN AREA COMMAND - 4700 MANOR ROAD - AUSTIN, TX 78723	58-0660607	501(C)(3)	20,000.	0.			ALL TOGETHER ATX
THE SOURCE 8401 N IH 35 AUSTIN, TX 78753	74-2333473	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
TRANSFORMATIONS BY AUSTIN ANGELS 9901 BRODIE LANE, SUITE 160, PMB #2 AUSTIN, TX 78748	27-2087142	501(C)(3)	10,000.	0.			ALL TOGETHER ATX
TRAVIS COUNTY HEALTH & HUMAN SERVICES - 100 N INTERSTATE 35 FRONTAGE RD #2000 - AUSTIN, TX 78701	74-6000192	GOVT	160,987.	0.			PROGRAM GRANT
TRINITY CHILD DEVELOPMENT CENTER 5801 WESTMINSTER DRIVE AUSTIN, TX 78723	74-1494756	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
UT AUSTIN/LYNDON B. JOHNSON SCHOOL OF PUBLIC AFFAIRS - 2315 RED RIVER ST - AUSTIN, TX 78712	74-6000203	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
VIBRANT WOMAN MAMA SANA PO BOX 301018 AUSTIN, TX 78703	45-5638520	501(C)(3)	10,000.	0.			ALL TOGETHER ATX

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
WELCOME TABLE INC. 1941 WEBBERVILLE RD AUSTIN, TX 78721	45-3860627	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)	25,000.	0.			ALL TOGETHER ATX
WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT - 355 TEXAS AVENUE - ROUND ROCK, TX 78664	74-2896906	GOVT	30,000.	0.			PROGRAM GRANT
WORKERS DEFENSE PROJECT 5604 MANOR RD AUSTIN, TX 78723	35-2296166	501(C)(3)	15,000.	0.			ALL TOGETHER ATX
WORKSOURCE GREATER AUSTIN AREA WORKFORCE BOARD - 6505 AIRPORT BLVD, SUITE 101-E - AUSTIN, TX 78752	74-2327454	501(C)(3)	42,500.	0.			COMMUNITY INVESTMENT & PROGRAM GRANTS
YMCA 3208 RED RIVER ST, STE200 AUSTIN, TX 78705	74-1193464	501(C)(3)	60,000.	0.			ALL TOGETHER ATX & COMMUNITY INVESTMENT GRANT
YOUTH AND FAMILY ALLIANCE DBA LIFEWORCS - 3700 SOUTH 1ST STREET - AUSTIN, TX 78704	74-2137189	501(C)(3)	62,500.	0.			ALL TOGETHER ATX, COMMUNITY INVESTMENT & PROGRAM GRANTS

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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID SMITH CEO	(i)	145,427.	0.	0.	0.	8,689.	154,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2019

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) (2019)

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

LOCAL NONPROFITS, POLICYMAKERS, PHILANTHROPISTS, PARENTS WITH LIVED EXPERIENCE, AND COMMUNITY AND BUSINESS LEADERS TO IMPROVE EARLY 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. THE THIRD INSTALLMENT OF THE SUCCESS BY 6 STRATEGIC PLAN, LAUNCHED IN JANUARY 2019, LOOKS FORWARD TO THE NEXT 2,000 DAYS AND HOW THE COMMUNITY CAN CONTINUE TO COORDINATE ACTIONS TO HELP ENSURE EVERY CHILD IN THE AUSTIN AREA RECEIVES THE SUPPORT AND CARE THEY DESERVE DURING THEIR ESSENTIAL FIRST 2,000 DAYS.

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 6 STRATEGIC PLAN. A FEW INCLUDE:

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

-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 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

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

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 2019, 2-1-1 RESPONDED TO 369,296 CALLS FOR HELP.

IN ADDITION, OUR NAVIGATION CENTER PROVIDES THESE COMMUNITY RESOURCES:

-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

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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 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:

2-GEN APPROACH SERVES PARENTS AND CHILDREN SIMULTANEOUSLY AND LEADS TO BETTER FINANCIAL OUTCOMES FOR BOTH GENERATIONS.

OVER THE COURSE OF 2018, UNITED WAY BROUGHT TOGETHER NEARLY 200 STAKEHOLDERS IN GREATER AUSTIN TO DEVELOP THE AUSTIN/TRAVIS COUNTY 2-GEN STRATEGIC PLAN, WITH A GOAL OF INTEGRATING THE 2-GEN APPROACH

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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
- 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 \$ 1,942,960. INCLUDING GRANTS OF \$ 1,942,960. REVENUE \$ 0.

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

THERE IS A REVIEW AND APPROVAL OF THE FORM 990 BY THE FINANCE COMMITTEE,

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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:

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY FOR GREATER AUSTIN	Taxpayer identification number (TIN) 74-1193439
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. 2000 E. MLK JR. BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78702	

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

MANESSA GRADY

- 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 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.