

PUBLIC INSPECTION COPY

Form **990**

OMB No. 1545-0047

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.

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 4/01, 2020, and ending 3/31, 20 2021	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C United Way of Greater Houston 50 Waugh Drive Houston, TX 77007-5813 F Name and address of principal officer: Amanda McMillian Same As C Above
D Employer identification number 74-1167964 E Telephone number 713-685-2300 G Gross receipts \$ 99,716,232.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.unitedwayhouston.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1922 M State of legal domicile: TX	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>United Way of Greater Houston focuses on developing children and youth; creating strong families and safe neighborhoods; sustaining senior independence; and supporting people rebuilding their lives.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	44	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	44	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	241	
	6	Total number of volunteers (estimate if necessary)	6,250	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	68,255,334.	89,960,688.
	9	Program service revenue (Part VIII, line 2g)	3,367,280.	3,155,222.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	901,344.	2,170,059.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,866.	-18,066.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,504,092.	95,267,903.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,060,786.	66,381,475.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,454,965.	16,365,335.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,641,697.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,054,519.	7,605,113.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,570,270.	90,351,923.
19	Revenue less expenses. Subtract line 18 from line 12	-9,066,178.	4,915,980.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	99,081,407.	102,421,999.
	21	Total liabilities (Part X, line 26)	32,723,210.	26,645,898.
22	Net assets or fund balances. Subtract line 21 from line 20	66,358,197.	75,776,101.	

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	▶ <u>Electronically Filed</u>			
	Signature of officer		Date	
	▶ <u>Michael K. Stewart</u>		Exec VP, CFO	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Barbara Murphy	Barbara Murphy	9/29/21	P01386215
	Firm's name ▶ Blazek & Vetterling			Firm's EIN ▶ 76-0269860
	Firm's address ▶ 2900 Wesleyan, Suite 200 Houston, TX 77027			Phone no. (713) 439-5739

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck 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 of Greater Houston engages caring people to improve lives and build a
stronger community.**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 ☒ 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 ☒ 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 \$ 35,383,911. including grants of \$ 26,647,042.) (Revenue \$ 2,176,109.)See Schedule O**4b** (Code:) (Expenses \$ 27,938,293. including grants of \$ 27,938,293.) (Revenue \$)See Schedule O**4c** (Code:) (Expenses \$ 15,920,546. including grants of \$ 11,796,140.) (Revenue \$ 979,113.)See Schedule O**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **79,242,750.**

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)? If 'Yes,' complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	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? If 'Yes,' complete Schedule D, Part IV.	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	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? If 'Yes,' complete Schedule D, Part VIII.	11 c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	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)? If 'Yes,' complete Schedule D, Part X.	11 f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12 a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12 b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14 a	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? If 'Yes,' complete Schedule F, Parts I and IV.	14 b	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? If 'Yes,' complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20 a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 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 241		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	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? 3a		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. 3b		
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)? 4a		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? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
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? 7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		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? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
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? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
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? 13a		
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? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
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? 15		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? 16		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
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 44 If there are material differences in voting rights among members See Sch. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 44		
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? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? See Schedule O 6	X	
7 a 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? See Schedule O 7 a	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? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	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. 9		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		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? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	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. See Schedule O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	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. See Schedule O. 15 a	X	
b Other officers or key employees of the organization. See Schedule O. 15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		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? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 Michael K. Stewart 50 Waugh Drive Houston TX 77007 713-685-2300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** 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 dotted 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) Anna M. Babin Senior Advisor	50 0					X		405,372.	0.	42,578.
(2) Delphia Y. Ridley VP Donor Relations	50 0				X			287,348.	0.	12,648.
(3) Michael K. Stewart Exec VP, CFO	50 0			X				265,378.	0.	19,966.
(4) Amanda McMillian President & CEO	50 0			X				210,334.	0.	29,898.
(5) Donna L. Cook VP Branding	50 0				X			183,914.	0.	30,219.
(6) Mary Vazquez VP Community Outreach	50 0				X			154,086.	0.	41,990.
(7) Wendy Johnson VP Human Resources	50 0				X			178,830.	0.	12,926.
(8) Margaret M. Oser VP Mission & Strategy	50 0				X			164,543.	0.	22,380.
(9) Jeffrey Nash AVP Innov, Data Mgt	50 0					X		139,667.	0.	38,790.
(10) Barbara L. Walker AVP Donor Relation	50 0					X		158,231.	0.	17,512.
(11) Traci M. Jack Sr Dir Strategy	50 0					X		154,544.	0.	14,282.
(12) Veronica Hagerty AVP Comm Relations	50 0					X		141,230.	0.	20,788.
(13) Armando Perez Chairman	2 0	X		X				0.	0.	0.
(14) Amy Chronis Secretary	2 0	X		X				0.	0.	0.

BAA

TEEA0107L 10/07/20

Form 990 (2020)

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 dotted 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			
(15) Dorothy Ables Trustee	2 0	X						0.	0.	0.
(16) David Baker Trustee	2 0	X						0.	0.	0.
(17) Steve Bergstrom Trustee	2 0	X						0.	0.	0.
(18) Marc Boom Trustee	2 0	X						0.	0.	0.
(19) David L. Callender Trustee	2 0	X						0.	0.	0.
(20) Antonio (Tony) Canales Trustee	2 0	X						0.	0.	0.
(21) Chris Champion Trustee	2 0	X						0.	0.	0.
(22) Willie Chiang Trustee	2 0	X						0.	0.	0.
(23) Cynthia Colbert Trustee	2 0	X						0.	0.	0.
(24) Irma Diaz-Gonzalez Trustee	2 0	X						0.	0.	0.
(25) Daniel Cardinal DiNardo Trustee	2 0	X						0.	0.	0.
1 b Subtotal								2,443,477.	0.	303,977.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,443,477.	0.	303,977.
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 21										

	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
GardaWorld Security Services 13333 NW Freeway Houston, TX 77040	Security	274,579.
BrivicMedia Inc. 10200 Richmond Ave #110 Houston, TX 77042	Marketing	239,876.
Cleaning Associate Services PO Box 5752 Katy, TX 77491	Janitorial	160,370.
DataVox 6650 W Sam Houston Pkwy S Houston, TX 77072	IT services	124,156.
Carbonara Group 3408 Graustark St #1 Houston, TX 77006	Security	117,940.
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 6		

Continuation Sheet for Form 990

2020

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

United Way of Greater Houston

74-1167964

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Neil Duffin ----- Trustee	2 0	X						0.	0.	0.
Clint Follette ----- Trustee	2 0	X						0.	0.	0.
Jesse Gelsomini ----- Trustee	2 0	X						0.	0.	0.
John Grempe ----- Trustee	2 0	X						0.	0.	0.
Scott Hallam ----- Trustee	2 0	X						0.	0.	0.
John Johnson ----- Trustee	2 0	X						0.	0.	0.
Sandy Johnson ----- Trustee	2 0	X						0.	0.	0.
Ryan Lance ----- Trustee	2 0	X						0.	0.	0.
Rabbi David Lyon ----- Trustee	2 0	X						0.	0.	0.
Nataly Marks ----- Trustee	2 0	X						0.	0.	0.
Ralph Martinez ----- Trustee	2 0	X						0.	0.	0.
Lilyanne McClean ----- Trustee	2 0	X						0.	0.	0.
Wayne McConnell ----- Trustee	2 0	X						0.	0.	0.
Kenneth M. Mercado ----- Trustee	2 0	X						0.	0.	0.
Ron Oran ----- Trustee	2 0	X						0.	0.	0.
Sue Payne ----- Trustee	2 0	X						0.	0.	0.
Doug Pferdehirt ----- Trustee	2 0	X						0.	0.	0.
Jean-Francois Poupeau ----- Trustee	2 0	X						0.	0.	0.
Tracie J. Renfro ----- Trustee	2 0	X						0.	0.	0.
Jamey Rootes ----- Trustee	2 0	X						0.	0.	0.
Joe Rovig ----- Trustee	2 0	X						0.	0.	0.

2020

Name of the Organization

Employer Identification number	
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United Way of Greater Houston

74-1167964

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a 52,515,227.					
	b Membership dues	1 b					
	c Fundraising events	1 c 100,953.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 4,985,900.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 32,358,608.					
	g Noncash contributions included in lines 1a-1f.	1 g 1,916,261.					
	h Total. Add lines 1a-1f						89,960,688.
	Program Service Revenue	Business Code					
2 a Government contracts/fees		900099	2,793,741.	2,793,741.			
b Referral services/other		519100	203,278.	203,278.			
c Support services		561000	137,672.	137,672.			
d MAP registration		561000	20,531.	20,531.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			3,155,222.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		419,203.			419,203.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		6 a					
		6 b Less: rental expenses					
	c Rental income or (loss)	6 c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7 a 6,175,667.					
		b Less: cost or other basis and sales expenses	7 b 4,424,811.				
	c Gain or (loss)	7 c 1,750,856.					
	d Net gain or (loss)		1,750,856.			1,750,856.	
	8 a Gross income from fundraising events (not including \$ 100,953. of contributions reported on line 1c). See Part IV, line 18						
		8 a 5,452.					
		b Less: direct expenses	8 b 23,518.				
	c Net income or (loss) from fundraising events		-18,066.			-18,066.	
9 a Gross income from gaming activities. See Part IV, line 19							
	9 a						
	b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances.							
	10 a						
	b Less: cost of goods sold.	10 b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		95,267,903.	3,155,222.	0.	2,151,993.		

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.	66,381,475.	66,381,475.		
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.	1,681,897.	692,263.	602,996.	386,638.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	11,371,978.	6,380,988.	2,005,888.	2,985,102.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	575,263.	325,749.	97,480.	152,034.
9 Other employee benefits.	1,806,732.	986,795.	354,554.	465,383.
10 Payroll taxes.	929,465.	504,948.	184,313.	240,204.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	30,178.	98.	30,080.	
c Accounting.	80,165.		80,165.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	31,102.		31,102.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,174,352.	522,128.	442,875.	1,209,349.
12 Advertising and promotion.	286,277.	143,138.		143,139.
13 Office expenses.	1,263,718.	710,955.	197,557.	355,206.
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,449,360.	1,225,314.	83,547.	140,499.
17 Travel.	34,522.	9,264.	16,740.	8,518.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	110,025.		1,738.	108,287.
20 Interest.				
21 Payments to affiliates.	657,583.	374,925.	138,058.	144,600.
22 Depreciation, depletion, and amortization.	1,311,322.	847,508.	176,111.	287,703.
23 Insurance.	153,100.	129,434.	8,825.	14,841.
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 <u>Dues & subscriptions</u>	23,409.	7,768.	15,447.	194.
b _____				
c _____				
d _____				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	90,351,923.	79,242,750.	4,467,476.	6,641,697.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		1	
	2 Savings and temporary cash investments	13,287,099.	2	18,127,003.
	3 Pledges and grants receivable, net	35,423,874.	3	31,165,930.
	4 Accounts receivable, net	642,794.	4	579,855.
	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	23,994.	8	24,904.
	9 Prepaid expenses and deferred charges	460,158.	9	566,121.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,139,270.		
	b Less: accumulated depreciation	10b 17,054,158.		
	11 Investments — publicly traded securities	30,975,154.	10c	30,085,112.
	12 Investments — other securities. See Part IV, line 11	18,268,334.	11	21,873,074.
	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)	99,081,407.	15		
Liabilities	17 Accounts payable and accrued expenses	99,081,407.	16	102,421,999.
	18 Grants payable	2,136,937.	17	1,892,483.
	19 Deferred revenue	29,552,045.	18	23,745,763.
	20 Tax-exempt bond liabilities	173,766.	19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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	860,462.	21	1,007,652.
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	32,723,210.	25	
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			
	28 Net assets with donor restrictions	54,983,119.	27	62,272,825.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.	11,375,078.	28	13,503,276.
	29 Capital stock or trust principal, or current funds			
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances.		31	
	33 Total liabilities and net assets/fund balances.	66,358,197.	32	75,776,101.
	99,081,407.	33	102,421,999.	

Part XI Reconciliation of Net AssetsCheck 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	95,267,903.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,351,923.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,915,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,358,197.
5	Net unrealized gains (losses) on investments	5	4,501,924.
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	75,776,101.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

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TEEA0112L 10/19/20

Form 990 (2020)

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

2020

**Open to Public
Inspection**

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	72756723.	121065264.	67684814.	68255334.	89966140.	419728275.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	72756723.	121065264.	67684814.	68255334.	89966140.	419728275.
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).						1,235,277.
6 Public support. Subtract line 5 from line 4.						418492998.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	72756723.	121065264.	67684814.	68255334.	89966140.	419728275.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	389,766.	804,548.	1,290,408.	878,635.	419,203.	3,782,560.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						423510835.
12 Gross receipts from related activities, etc. (see instructions).					12	15,990,431.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	98.82 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	98.17 %
16a 33-1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
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? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
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)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

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)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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).		

BAA

Schedule A (Form 990 or 990-EZ) 2020

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

Section E – Distribution Allocations (see instructions)

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

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**PUBLIC DISCLOSURE COPY
Schedule of Contributors****► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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 foundationCheck 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 (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

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

Name of organization United Way of Greater Houston	Employer identification number 74-1167964
--------------------------------------------------------------	-----------------------------------------------------

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		\$ 6,751,582.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,702,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,219,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,807,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,985,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

United Way of Greater Houston

74-1167964

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

United Way of Greater Houston

Employer identification number

74-1167964

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 information once. See instructions.) ▶ \$ _____ *N/A*
 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
	N/A		
	(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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

United Way of Greater Houston

Employer identification number

74-1167964

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
(See instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4 a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0.	0.												
d Other exempt purpose expenditures		90,320,821.													
e Total exempt purpose expenditures (add lines 1c and 1d)		90,320,821.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2 a	
b Carryover from last year.	2 b	
c Total.	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions).	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020**Open to Public
Inspection**

Employer identification number

United Way of Greater Houston

74-1167964

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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.

1 a 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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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.

1 a 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.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f 0.

2 a 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. ☒

See 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
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

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 ▶ _____ %

c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations.....

(ii) Related organizations.....

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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
1 a Land.....	13,800.	6,840,220.		6,854,020.
b Buildings.....		31,183,308.	9,135,549.	22,047,759.
c Leasehold improvements.....				
d Equipment.....		9,101,942.	7,918,609.	1,183,333.
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				30,085,112.

BAA

Schedule D (Form 990) 2020

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	

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	100,958,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,501,924.
b	Donated services and use of facilities	2b	1,196,001.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,697,925.
3	Subtract line 2e from line 1	3	95,260,319.
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	31,102.
b	Other (Describe in Part XIII.) See Part XIII	4b	-23,518.
c	Add lines 4a and 4b	4c	7,584.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	95,267,903.

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	91,540,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,196,001.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,196,001.
3	Subtract line 2e from line 1	3	90,344,339.
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	31,102.
b	Other (Describe in Part XIII.) See Part XIII	4b	-23,518.
c	Add lines 4a and 4b	4c	7,584.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	90,351,923.

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 IV, Line 2b - Explanation Of Escrow Account Liability

Each year, United Way facilitates workplace campaigns with numerous national and multi-national corporations whose employees are located throughout the United States. Some of these employees designate their gifts to United Ways (and affiliated agencies) outside of the Houston area. These gifts are not recorded as revenue, rather, a liability is created and funds are distributed to those other United Ways as received.

Part XIII Supplemental Information *(continued)***Schedule D, Part XI, Line 4b****Other Revenue Included On Form 990 But Not Included In F/S**

Special event expenses.....	\$	-23,518.
Total	\$	<u>-23,518.</u>

Schedule D, Part XII, Line 4b**Other Expenses Included On Form 990 But Not Included In F/S**

Special event expenses.....	\$	-23,518.
Total	\$	<u>-23,518.</u>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

Part I

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

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

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total.....▶						0.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Women Who Rock</u> (event type)	(event type)	<u>None</u> (total number)	(add column (a) through column (c))
Revenue	1 Gross receipts	106,405.			106,405.
	2 Less: Contributions	100,953.			100,953.
	3 Gross income (line 1 minus line 2)	5,452.			5,452.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,518.			23,518.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,518.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-18,066.

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 column (a) through column (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: _____

10 a 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 | 13 a | % |
| b An outside facility | 13 b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** 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

2020

**Open to Public
Inspection**

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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. See Part IV

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
(1) AccessHealth 400 Austin Street Richmond, TX 77469	74-1951476	501 (c) (3)	546,940.	0.			General Support
(2) After Military Service 16506 FM 529 Houston, TX 77095	82-2280328	501 (c) (3)	9,250.	0.			Veteran Support
(3) A-I-R Project (Abuse Is Real) PO Box 143463 Austin, TX 78714	47-3224634	501 (c) (3)	6,370.	0.			Education
(4) ALAR Institute 6420 Richmond Ave Houston, TX 77057	76-0658990	N/A	32,000.	0.			CI Initiatives
(5) Aldine ISD 2520 W Thorne Blvd Houston, TX 77073		Govt.	35,000.	0.			Houston's Kids
(6) Alliance for Multicultural Co 6440 Hillcroft Ste 411 Houston, TX 77081	76-0171217	501 (c) (3)	373,826.	0.			THRIVE & General Support
(7) Alliance for Multicultural Co 6440 Hillcroft Ste 411 Houston, TX 77081	76-0171217	501 (c) (3)	540,000.	0.			COVID & Disaster Relief
(8) Alliance of Comm Assist Minis 710 N Post Oak Rd #210 Houston, TX 77024	27-5410988	501 (c) (3)	105,000.	0.			Basic Needs

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 176
- 3 Enter total number of other organizations listed in the line 1 table 10

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

TEEA3901L 07/15/20

Schedule I (Form 990) 2020

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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 - Procedures for Monitoring Use of Grants Funds in U.S.**

United Way of Greater Houston (United Way) and the organizations in which it invests are committed to improving lives, tackling human service needs and making a lasting difference in the community. Organizations in which the United Way invests must meet standards and adhere to the policies established by the United Way. The written standards and policies require agencies to submit financial, governance and program information for regular review by United Way Community Investment volunteers and staff.

Organizational Review - The purpose of this process is to ensure that United Way agencies and grantees are administratively and financially secure and in compliance

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

with United Way's Standards and Policies. Volunteers and staff members analyze agency information, follow up with agencies experiencing financial or governance challenges and determine whether the agency passes review. Volunteers may make recommendations for improvement and serious concerns are shared with the Community Investment and/or Community Impact Committees. The organizational review team also assists agencies with understanding each requirement and provides training when necessary. The organizational review requirements from United Way funded agencies include:

Administrative/Governance Review Checklist: Grant candidates provide audited financial statements, auditor's management letter and board response, including action plans, board acceptance of audit and management letter, IRS Form 990 and Form 8868 if an extension was requested, monthly interim internal financial statements and a United Way operating reserve calculation and explanation form as required by United Way Standards and Policies Financial Review Requirements.

An agency's independent audit report must be submitted within six months after the agency fiscal year-end.

Program Review: All programs are categorized within the United Way's four goal areas. Similar programs are grouped together for volunteer review under the leadership of the United Way Community Investment Committee.

Programs are assessed through an evaluation process culminating in investment recommendations prepared by the United Way Community Investment Committee, endorsed by the United Way Community Impact Committee and approved by the United Way Board. On a regular basis, agencies are required to submit a request for program funding that

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

includes agency and program data. Volunteers thoroughly study the information submitted by an agency then visit the agency to see it in operation. Following the site visits, the volunteers meet and develop program investment recommendations which are submitted to the Community Investment and Community Impact Committees and then to the United Way Board of Trustees for review and approval.

Report Deadlines: Agency and program update reports are submitted March 15 each year. Beneficiary, outcomes and financial data are required components of the report.

Monitoring Procedure: Programs are monitored on an ongoing basis by United Way staff and volunteers.

Special Reports: Occasionally an agency may be required to provide reports for annual fundraising and community assessment activities or on particular matters of concern to United Way, such as meeting service objectives.

Noncompliance Policy: The United Way has a written process for noncompliance which has established progressive penalties which include detailed written warnings, suspension and cessation. There is also an established appeal process for the agencies to follow.

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 23

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
American Cancer Society PO Box 570127 Houston, TX 77257	13-1788491	501(c) (3)	429,729.				General Support
Angel Reach Inc. 206A South Loop 336W #203 Conroe, TX 77340	20-5665097	501(c) (3)	216,672.				General Support
Arms Wide Adoption Services 6925 Portwest Dr Houston, TX 77024	74-2116380	501(c) (3)	100,934.				General Support
Attack Poverty 230 Collins Rd Richmond, TX 77469	45-2401548	501(c) (3)	925,000.				COVID & Disaster Relief
AVANCE-Houston Inc. 4281 Dacoma Houston, TX 77092	91-1780562	501(c) (3)	230,960.				General Support
AVDA (Aid to Victims of Domest 1001 Texas Ave Ste 600 Houston, TX 77002	74-2141981	501(c) (3)	82,267.				General Support
Avenue Community Dev Corp 2505 Washington Ste 400 Houston, TX 77007	76-0380602	501(c) (3)	250,000.				COVID Relief
Avondale House 3737 O'Meara Dr Houston, TX 77025	74-1865489	501(c) (3)	135,369.				General Support
BACODA-Bay Area Council Drugs 1300 A Bay Area Blvd #102 Houston, TX 77058	74-1842507	501(c) (3)	47,728.				General Support
BakerRipley PO Box 271389 Houston, TX 77277	23-7062976	501(c) (3)	3,367,600.				COVID & Disaster Relief

Continuation Sheet for Schedule I (Form 990)

2020

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Continuation Page 2 of 23

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BakerRipley PO Box 271389 Houston, TX 77277	23-7062976	501(c) (3)	4,397,460.				THRIVE & General Support
Bay Area Rehabilitation Ctr 5313 Decker Dr Baytown, TX 77520	74-1303721	501(c) (3)	93,035.				General Support
Bay Area Turning Point Inc. PO Box 890929 Houston, TX 77289	76-0353058	501(c) (3)	135,139.				General Support
Beacon of Downtown Houston 1117 Texas Avenue Houston, TX 77002	71-0933434	501(c) (3)	25,000.				COVID Relief
Betterment Proj. Al-Noor Soc. 5773 Woodway Dr #1207 Houston, TX 77057	83-3055768	501(c) (3)	50,000.				Disaster Relief
Big Brothers Big Sisters Lone 1003 Washington Ave Houston, TX 77002	75-0800632	501(c) (3)	562,591.				General Support
Boat People SOS Inc. 11360 Bellaire Blvd #910 Houston, TX 77072	45-4040991	501(c) (3)	248,400.				COVID & Disaster Relief
Bo's Place 10050 Buffalo Speedway Houston, TX 77054	76-0326979	501(c) (3)	25,000.				COVID Relief
Boy Scouts of America PO Box 924528 Houston, TX 77292	76-0239833	501(c) (3)	785,683.				General Support
Boys&Girls Clubs Greater Hstn 815 Crosby St Houston, TX 77019	76-0270942	501(c) (3)	150,000.				COVID Relief

Continuation Sheet for Schedule I (Form 990)

2020

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Continuation Page 3 of 23

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Boys&Girls Clubs Greater Hstn 815 Crosby St Houston, TX 77019	76-0270942	501(c)(3)	269,919.				General Support
Bridgewood Farms 11680 Rose Rd Conroe, TX 77303	74-1595096	501(c)(3)	25,662.				General Support
Brighter Bites PO Box 25456 Houston, TX 77265	47-4070026	501(c)(3)	55,000.				COVID Relief
BYCE-Baby Youth Children Empo 2106 Cartwright Rd #D320 Missouri City, TX 77489	27-1634251	501(c)(3)	10,000.				Education
Capital Idea Houston 2101 Crawford St #211 Houston, TX 77002	47-2462360	501(c)(3)	106,535.				THRIVE
Career and Recovery Resources 2525 San Jacinto Houston, TX 77002	74-1161942	501(c)(3)	546,171.				General Support
Career Gear 750 Sharpstown Ctr Houston, TX 77036	20-0383035	501(c)(3)	10,250.				Veteran Grants
Catholic Charities Arch. Galv PO Box 66508 Houston, TX 77266	74-1109733	501(c)(3)	225,000.				COVID & Disaster Relief
Catholic Charities Arch. Galv PO Box 66508 Houston, TX 77266	74-1109733	501(c)(3)	777,472.				General Support
Center for Hearing and Speech 1417 Houston Ave Houston, TX 77007	74-6003178	501(c)(3)	359,091.				General Support

Continuation Sheet for Schedule I (Form 990)

2020

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Continuation Page 4 of 23

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Change Happens 3353 Elgin St Houston, TX 77004	76-0297531	501(c)(3)	250,000.				COVID & Disaster Relief
Chinese Community Center Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	275,000.				COVID & Disaster Relief
Chinese Community Center Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	345,650.				THRIVE & General Support
Christian Comm. Service Ctr PO Box 27924 Houston, TX 77227	74-2128141	501(c)(3)	141,000.				COVID Relief
Christian Comm. Service Ctr PO Box 27924 Houston, TX 77227	74-2128141	501(c)(3)	70,000.				THRIVE
City of Hstn-Bank on Hstn 901 Bagby St 8th Floor Houston, TX 77002		Govt.	35,000.				THRIVE
City of Hstn-Mayor's Office 5320 N Shepherd Dr Houston, TX 77091		Govt.	75,994.				Education
Coalition for the Homeless 600 Jefferson St #2050 Houston, TX 77002	76-0257018	501(c)(3)	1,139,493.				COVID Relief & General Support
Collaborative for Children 1111 N Loop W #600 Houston, TX 77008	76-0228065	501(c)(3)	622,523.				CI Initiatives
CollegeCommunityCareer 15 Sovereign Circle Richmond, TX 77469	46-0623034	501(c)(3)	23,034.				Summer Grants

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Colorado Valley Transit Inc. PO Box 940 Columbus, TX 78934	74-2415478	501(c)(3)	93,895.				General Support
Comm Fndn of TX-Get Shift Don 5500 Caruth Haven Ln Dallas, TX 75225	75-0964565	501(c)(3)	1,650,000.				COVID Relief
Communities In Schools Hstn 1235 N Loop W Houston, TX 77008	26-2053733	501(c)(3)	200,000.				COVID & Disaster Relief
Communities In Schools Hstn 1235 N Loop W Houston, TX 77008	26-2053733	501(c)(3)	505,420.				CI Initiatives & Houston's Kids
Community Assistance Center 1022 McCall Ave Conroe, TX 77301	76-0000798	501(c)(3)	324,147.				General Support
Community Assistance Center 1022 McCall Ave Conroe, TX 77301	76-0000798	501(c)(3)	81,000.				COVID Relief
Community Family Centers Inc. 7524 Avenue E Houston, TX 77012	74-1691632	501(c)(3)	200,000.				COVID & Disaster Relief
Community Family Centers Inc. 7524 Avenue E Houston, TX 77012	74-1691632	501(c)(3)	444,674.				General Support
Connective 515 Post Oak Blvd #1000 Houston, TX 77027	84-3567749	501(c)(3)	434,000.				Harvey Home Connect
Covenant Community Capital PO Box 15398 Houston, TX 77220	76-0573676	501(c)(3)	301,500.				THRIVE

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

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74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Covenant House Texas 1111 Lovett Blvd Houston, TX 77006	76-0050882	501(c)(3)	70,000.				COVID Relief
Cy-Hope Inc. (Hope Disaster R 12715 Telge Rd Cypress, TX 77429	45-2346150	501(c)(3)	180,000.				COVID & Disaster Relief
Cypress Comm Assist Ministr 11202 Huffmeister Rd Houston, TX 77065	76-0313478	501(c)(3)	75,000.				COVID Relief
Daya Inc. PO Box 770773 Houston, TX 77215	76-0513273	501(c)(3)	25,000.				Disaster Relief
DePelchin Children's Center 4950 Memorial Houston, TX 77007	76-0318867	501(c)(3)	1,139,519.				General Support
DiscoverU PO Box 4059 Houston, TX 77210	26-2053733	501(c)(3)	9,860.				Education
East Harris Cty Empowerment C PO Box 346 Crosby, TX 77532	27-0377576	501(c)(3)	350,000.				COVID & Disaster Relief
Easter Seals Greater Houston 4888 Loop Central Dr #200 Houston, TX 77081	74-1238418	501(c)(3)	118,000.				THRIVE
Easter Seals Greater Houston 4888 Loop Central Dr #200 Houston, TX 77081	74-1238418	501(c)(3)	716,119.				General Support
Easter Seals Greater Houston 4888 Loop Central Dr #200 Houston, TX 77081	74-1238418	501(c)(3)	400,000.				COVID & Disaster Relief

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>ECHOS-Epiphany Comm Health Ou</u> <u>9600 S Gessner Bldg E</u> Houston, TX 77071	76-0645238	501(c) (3)	150,000.				COVID & Disaster Relief
<u>ECHOS-Epiphany Comm Health Ou</u> <u>9600 S Gessner Bldg E</u> Houston, TX 77071	76-0645238	501(c) (3)	52,250.				General Support
<u>Evelyn Rubenstein Jewish Comm</u> <u>5601 South Braeswood</u> Houston, TX 77096	74-1198298	501(c) (3)	50,000.				COVID Relief
<u>Evelyn Rubenstein Jewish Comm</u> <u>5601 South Braeswood</u> Houston, TX 77096	74-1198298	501(c) (3)	612,895.				General Support
<u>Every Texan (CPP)</u> <u>7020 Easy Wind Dr #200</u> Austin, TX 78752	74-2898197	501(c) (3)	25,000.				COVID Relief
<u>Family Houston</u> <u>4625 Lillian St</u> Houston, TX 77007	74-1152613	501(c) (3)	180,000.				COVID Relief
<u>Family Houston</u> <u>4625 Lillian St</u> Houston, TX 77007	74-1152613	501(c) (3)	2,591,488.				THRIVE & General Support
<u>Fe y Justicia Worker Center H</u> <u>1209 James St</u> Houston, TX 77009	45-3855515	501(c) (3)	340,000.				COVID & Disaster Relief
<u>Fifth Ward Comm Redevelopment</u> <u>4300 Lyons Ave Ste 300</u> Houston, TX 77020	76-0288037	501(c) (3)	1,650,000.				COVID & Disaster Relief
<u>Fort Bend County Women's Ctr</u> <u>PO Box 183</u> Richmond, TX 77406	76-0032451	501(c) (3)	145,763.				General Support

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

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Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Fort Bend Reg Council Substan 10435 Greenbough Dr #250 Stafford, TX 77477	74-1873333	501(c) (3)	115,734.				General Support
Fort Bend Seniors Meals on Wh PO Box 1488 Rosenberg, TX 77471	74-1918313	501(c) (3)	140,000.				COVID Relief
Fort Bend Seniors Meals on Wh PO Box 1488 Rosenberg, TX 77471	74-1918313	501(c) (3)	327,504.				Veterans & General Support
Free Indeed Community Works C 7111 Homestead Rd Houston, TX 77028	72-1557535	501(c) (3)	275,000.				COVID & Disaster Relief
GENAustin PO Box 3122 Austin, TX 78764	74-2837732	501(c) (3)	43,000.				Summer Grants
Girl Scouts-San Jacinto Counc 3110 Southwest Freeway Houston, TX 77098	74-6001254	501(c) (3)	819,576.				General Support & Summer Grants
Girls Inc. 2190 North Loop W Ste 105 Houston, TX 77018	76-0483812	501(c) (3)	43,000.				Summer Grants
Goodwill Industries 1140 West Loop N Houston, TX 77055	74-1285095	501(c) (3)	141,800.				THRIVE
Grace After Fire 2929 McKinney St Houston, TX 77003	46-3653209	501(c) (3)	11,250.				Veteran Grants
Greater Houston Community Fdn 515 Post Oak Blvd #1000 Houston, TX 77027	23-7160400	501(c) (3)	150,000.				Healthy Women Houston

Continuation Sheet for Schedule I (Form 990)

2020

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Greater Houston Partnership 701 Avenida De Las Americas # Houston, TX 77010	76-0267896	501(c) (3)	150,000.				THRIVE
Gulf Coast Trades Center 143 Forest Service Rd #233 New Waverly, TX 77358	74-1694949	501(c) (3)	62,700.				General Support
Habitat for Humanity Northwes PO Box 682785 Houston, TX 77268	76-0273510	501(c) (3)	100,000.				Disaster Relief
Julia C. Hester House Inc. 2020 Solo Houston, TX 77020	74-1714283	501(c) (3)	158,850.				General Support
Harris Cty Area Agency on Agi 8000 N Stadium Dr Houston, TX 77054		Govt.	100,000.				Senior Meals
Harris Cty Dept of Education 6005 Westview Dr Houston, TX 77055		Govt.	30,000.				CI Initiatives
Harris Cty Domestic Violence 2990 Richmond Ave Ste 550 Houston, TX 77098	76-0533828	501(c) (3)	500,000.				COVID Relief
Healthcare for the Homeless 1934 Caroline St Houston, TX 77002	76-0647934	501(c) (3)	35,000.				COVID Relief
Houston Area Urban League 1301 Texas Ave Houston, TX 77002	74-1611455	501(c) (3)	225,000.				COVID & Disaster Relief
Houston Area Urban League 1301 Texas Ave Houston, TX 77002	74-1611455	501(c) (3)	490,166.				THRIVE, Summer Grants, General

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Houston Area Women's Center 1010 Waugh Dr Houston, TX 77019	74-2029166	501(c) (3)	503,213.				General Support
Houston Responds 18214 Upper Bay Rd #580651 Houston, TX 77058	82-4354555	501(c) (3)	200,000.				Disaster Relief
Houston reVision 6856 Bellaire Blvd Houston, TX 77074	45-5138803	501(c) (3)	50,000.				COVID Relief
Hstn Immigr Legal Services Co 515 Post Oak Blvd Houston, TX 77027	30-0098254	501(c) (3)	625,000.				COVID & Disaster Relief
Humble Area Assist Ministries 1302 First St East Humble, TX 77338	76-0298820	501(c) (3)	330,000.				COVID & Disaster Relief
Humble Area Assist Ministries 1302 First St East Humble, TX 77338	76-0298820	501(c) (3)	66,500.				General Support
HYPE Freedom School Inc. 1801 Brighton Brook Ln Pearland, TX 77581	46-5133254	501(c) (3)	38,675.				Summer Grants & Education
Interfaith Caring Ministries 151 Park Avenue League City, TX 77573	76-0143694	501(c) (3)	215,000.				COVID & Disaster Relief
Interfaith Caring Ministries 151 Park Avenue League City, TX 77573	76-0143694	501(c) (3)	74,400.				General Support
Interfaith Ministries Gtr Hou 3303 Main St Houston, TX 77002	74-1488102	501(c) (3)	668,840.				General Support

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► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Interfaith Ministries Gtr Hou 3303 Main St Houston, TX 77002	74-1488102	501(c) (3)	280,500.				COVID & Disaster Relief
Islamic Society Greater Hou 3110 Eastside Houston, TX 77098	23-7065716	501(c) (3)	150,000.				COVID Relief
Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c) (3)	390,874.				General Support
Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c) (3)	275,000.				COVID & Disaster Relief
Juana Barcarenas Day Care 802 N Oak Dr Houston, TX 77073	61-7504097	N/A	11,730.				WWR - Childcare scholarship
Kaplan Early Learning Company 1310 Lewisville Clemmons Rd Lewisville, NC 27023		N/A	38,492.				Bright Beginnings
Katy Christian Ministries PO Box 986 Katy, TX 77492	76-0157123	501(c) (3)	270,000.				COVID & Disaster Relief
Katy Christian Ministries PO Box 986 Katy, TX 77492	76-0157123	501(c) (3)	49,000.				General Support
Kid's Meals Inc 330 Garden Oaks Blvd Houston, TX 77018	76-0330447	501(c) (3)	50,000.				COVID Relief
Kids World Learning Center 10083 FM 1097 Willis, TX 77318	84-1668723	N/A	42,333.				Bright Beginnings

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▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Koala Cubs 1033 Fairmont Pkwy Pasadena, TX 77504		N/A	14,402.				Bright Beginnings
Legacy Community Health Svcs PO Box 66308 Houston, TX 77266	76-0009637	501(c)(3)	15,000.				COVID Relief
Legacy Community Health Svcs PO Box 66308 Houston, TX 77266	76-0009637	501(c)(3)	180,777.				General Support
Little Genius Academy 10714 W Bellfort Ave Houston, TX 77099		N/A	13,570.				WWR - Childcare scholarship
Living Hope Wheelchair Assoc. PO Box 55907 Houston, TX 77255	61-1491319	501(c)(3)	145,000.				COVID & Disaster Relief
Local Infant Formula for Emer 2002 S Wayside Dr Ste 113 Houston, TX 77023	76-0296548	501(c)(3)	35,000.				COVID Relief
Local Initiatives Support Cor 1111 North Loop W #740 Houston, TX 77008	13-3030229	501(c)(3)	300,000.				COVID Relief
Local Initiatives Support Cor 1111 North Loop W #740 Houston, TX 77008	13-3030229	501(c)(3)	262,500.				Harvey Task Force
Local Initiatives Support Cor 1111 North Loop W #740 Houston, TX 77008	13-3030229	501(c)(3)	286,230.				THRIVE & General Support
Lone Star Legal Aid 1415 Fannin Ave 3rd Floor Houston, TX 77002	74-1537787	501(c)(3)	97,954.				Veterans & General Support

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 13 of 23

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Lone Star Legal Aid 1415 Fannin Ave 3rd Floor Houston, TX 77002	74-1537787	501(c) (3)	140,000.				COVID Relief
Meals on Wheels Montgomery Ct 1202 Callahan Ave Conroe, TX 77301	23-7310650	501(c) (3)	240,000.				COVID Relief
Meals on Wheels Montgomery Ct 1202 Callahan Ave Conroe, TX 77301	23-7310650	501(c) (3)	98,965.				General Support
Memorial Assistance Ministrie 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c) (3)	1,950,000.				COVID & Disaster Relief
Memorial Assistance Ministrie 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c) (3)	660,962.				THRIVE & General Support
Mental Health America-Greater 2211 Norfolk Ste 810 Houston, TX 77098	74-1272394	501(c) (3)	105,515.				Veterans & General Support
Ministry Assist of Near NW 1806 W 43rd St Houston, TX 77018	76-0282653	501(c) (3)	30,000.				COVID Relief
Mission Northeast Inc. PO Box 1207 New Caney, TX 77357	76-0608128	501(c) (3)	80,500.				COVID Relief
Montgomery County Food Bank 1 Food for Life Way Conroe, TX 77385	76-0153892	501(c) (3)	79,600.				COVID Relief
Montgomery County Women's Ctr 1401 Airport Rd Conroe, TX 77301	76-0061208	501(c) (3)	330,382.				General Support

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Montrose Grace Place 2515 Waugh Dr Houston, TX 77006	27-2773965	501(c)(3)	50,000.				COVID & Disaster Relief
Motivation Education & Training PO Box 1838 New Caney, TX 77357	74-1604560	501(c)(3)	59,834.				General Support
Multicultural Edu & Counselin 1900 Kane St Houston, TX 77007	74-2044904	501(c)(3)	215,198.				General Support
My Brother's Keeper Outreach PO Box 722385 Houston, TX 77272	20-1966843	501(c)(3)	275,000.				COVID & Disaster Relief
My Brother's Keeper Outreach PO Box 722385 Houston, TX 77272	20-1966843	501(c)(3)	42,750.				General Support
N Pasadena Comm Outreach Org 705 1/2 Williams St Pasadena, TX 77506	76-0560813	501(c)(3)	40,000.				COVID Relief
NASA Kids Academy Too 911 Gemini St Houston, TX 77058	83-1714225	N/A	41,420.				Bright Beginnings
Neighbors in Action Inc. 1320 Main Street Houston, TX 77002	20-1279113	501(c)(3)	125,000.				COVID & Disaster Relief
New Caney New Horizons PO Box 711 New Caney, TX 77357	76-0377281	501(c)(3)	60,180.				General Support
New Hope Housing 3315 Harrisburg Blvd Ste 400 Houston, TX 77003	73-1419279	501(c)(3)	145,000.				COVID Relief

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
North East Partners in Power 642 Feamster Dr Houston, TX 77022	47-1290706	501(c) (3)	125,000.				COVID Relief
Northwest Assistance Ministri 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c) (3)	2,075,000.				COVID & Disaster Relief
Northwest Assistance Ministri 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c) (3)	386,050.				THRIVE & General Support
Olive Branch - Muslim Family 2727 Allen Pkwy #1300 Houston, TX 77019	83-1490408	501(c) (3)	50,000.				Disaster Relief
On The Road Lending 1500 North Loop 12 Irving, TX 75061	38-3910893	501(c) (3)	75,000.				THRIVE
Panther Creek Inspiration Ran PO Box 130001 The Woodlands, TX 77393	20-5323335	501(c) (3)	34,339.				General Support
Partnership for Adv & Immersi 3300 Chimney Rock #105 Houston, TX 77056	75-3239990	501(c) (3)	10,000.				Education
Pathfinder Mission 4808 Fairmont Pkwy #302 Pasadena, TX 77505	20-5368653	501(c) (3)	100,000.				Disaster Relief
Primrose School of the Woodla 6909 Lake Woodlands Dr The Woodlands, TX 77382		N/A	9,000.				WWR - Childcare scholarship
Prison Entrepreneurship Prgm PO Box 926274 Houston, TX 77292	20-1384253	501(c) (3)	40,000.				COVID Relief

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Project Row Houses PO Box 1011 Houston, TX 77251	76-0411778	501(c) (3)	45,000.				COVID Relief
Rice Univ. Kinder Inst. 6500 Main St #1020 Houston, TX 77030	74-1109620	501(c) (3)	25,000.				Community Response Fund
Rosenberg Richmond Helping Ha PO Box 1268 Richmond, TX 77406	76-0157352	501(c) (3)	25,000.				COVID Relief
San Jose Clinic PO Box 2808 Houston, TX 77252	76-0373703	501(c) (3)	585,803.				General Support
Santa Maria Hostel Inc. 2605 Parker Rd Houston, TX 77093	74-1669131	501(c) (3)	157,442.				General Support
Say Yes to Youth-Montgom Cty 105 W Lewis St Conroe, TX 77301	74-2035878	501(c) (3)	240,586.				General Support
Scribbles Academy 940 S Fry Road Katy, TX 77450	76-0502887	N/A	12,234.				Bright Beginnings
SEARCH Homeless Services 2505 Fannin Houston, TX 77002	76-0260403	501(c) (3)	291,239.				General Support
Second Mile Mission Center 1135 Highway 90A Missouri City, TX 77489	81-0556112	501(c) (3)	115,000.				COVID Relief
Second Mile Mission Center 1135 Highway 90A Missouri City, TX 77489	81-0556112	501(c) (3)	30,000.				Basic Needs

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SER-Jobs for Progress 1710 Telephone Road Houston, TX 77023	74-1590387	501(c) (3)	480,000.				THRIVE
SER-Jobs for Progress 1710 Telephone Road Houston, TX 77023	74-1590387	501(c) (3)	38,250.				Veterans & General Support
Society of St. Vincent de Pau 2403 Holcombe Blvd Houston, TX 77021	74-1464210	501(c) (3)	250,000.				COVID & Disaster Relief
Sojourn Landing 9894 Bissonnet St #605 Houston, TX 77036	47-4507618	501(c) (3)	120,000.				COVID Relief
South Texas College of Law 1303 San Jacinto Houston, TX 77002	74-1554976	501(c) (3)	38,750.				Veteran Support
Southeast Area Ministries 2102 Houston Blvd South Houston, TX 77587	76-0238315	501(c) (3)	70,000.				COVID & Disaster Relief
St Bernard Project Inc. 2645 Toulouse St New Orleans, LA 70119	26-2189665	501(c) (3)	250,000.				Disaster Relief
St. James Lutheran Family Lif 1602 W 43rd St Houston, TX 77018	74-1390040	501(c) (3)	58,865.				Summer Grants
Star of Hope Mission 6897 Ardmore St Houston, TX 77054	74-1152599	501(c) (3)	683,840.				General Support
Star of Hope Mission 6897 Ardmore St Houston, TX 77054	74-1152599	501(c) (3)	165,000.				COVID Relief

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Tahirih Justice Center 6402 Arlington Blvd #300 Falls Church, VA 22042	54-1858176	501(c) (3)	95,000.				COVID Relief
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501(c) (3)	261,983.				General Support
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501(c) (3)	16,000.				COVID Relief
Texas Center for Child & Fami 409 W 13th St Austin, TX 78701	74-2949902	501(c) (3)	350,000.				COVID Relief
Texas New Community Alliance 10951 Shepherd Hill Rd Willis, TX 77318	14-1925138	501(c) (3)	29,993.				General Support
The Bridge Over Troubled Wate PO Box 3488 Pasadena, TX 77501	74-1989590	501(c) (3)	171,991.				General Support
The Capital Good Fund 22 A Street Providence, RI 02907	80-0348382	501(c) (3)	50,000.				General Support
The Center for Pursuit PO Box 130564 Houston, TX 77219	74-1272417	501(c) (3)	35,000.				COVID Relief
The Center for Pursuit PO Box 130564 Houston, TX 77219	74-1272417	501(c) (3)	658,131.				General Support
The Children's Museum 1500 Binz Houston, TX 77004	74-2178563	501(c) (3)	229,210.				Houston's Kids & General Support

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Council on Recovery PO Box 2768 Houston, TX 77252	76-0252103	501(c) (3)	369,288.				General Support
The Forge for Families Inc. 3435 Dixie Dr Houston, TX 77021	76-0485959	501(c) (3)	9,000.				Education
The HAY Center Foundation 1216 West Clay St Houston, TX 77019	47-5122077	501(c) (3)	25,000.				COVID Relief
The Lighthouse of Houston PO Box 130435 Houston, TX 77219	74-1146781	501(c) (3)	200,013.				General Support
The Montgomery Cty Children's 1519 Oddfellow St Conroe, TX 77301	76-0388402	501(c) (3)	175,727.				General Support
The Montrose Center 401 Branard 2nd Floor Houston, TX 77006	74-2050245	501(c) (3)	300,000.				COVID & Disaster Relief
The Montrose Center 401 Branard 2nd Floor Houston, TX 77006	74-2050245	501(c) (3)	108,883.				General Support
The Pangea Network PO Box 9823 The Woodlands, TX 77387	56-2543962	501(c) (3)	9,000.				Summer Grants
The Restoration Team 3911 Campbell Rd Houston, TX 77080	83-2427982	501(c) (3)	100,000.				Disaster Relief
The Salvation Army-Greater Hs 1500 Austin Houston, TX 77002	75-0800678	501(c) (3)	180,000.				COVID & Disaster Relief

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Salvation Army-Greater Hs 1500 Austin Houston, TX 77002	75-0800678	501(c) (3)	1,130,829.				Education & General Support
The Women's Home 607 Westheimer Houston, TX 77006	74-1467811	501(c) (3)	141,025.				General Support
The Women's Resource 730 N Post Oak Rd #204 Houston, TX 77024	76-0318261	501(c) (3)	151,310.				THRIVE & Education
The WorkFaith Connection 4555 Dacoma Ste 200 Houston, TX 77092	20-4295703	501(c) (3)	350,000.				THRIVE
Tiny Toes Academy 1743 Trammel Fresno Rd Fresno, TX 77545	80-0155931	N/A	32,774.				Bright Beginnings
Tomball Emergency Assistance 300 W Main St Tomball, TX 77375	76-0195526	501(c) (3)	37,500.				COVID Relief
Tomball Emergency Assistance 300 W Main St Tomball, TX 77375	76-0195526	501(c) (3)	68,400.				General Support
TxRx-Transmit Receive Labs 205 Roberts St Houston, TX 77003	46-5563614	501(c) (3)	121,600.				THRIVE & General Support
Tri-County Behavioral Healthc 233 Sgt Ed Holcomb Blvd S Conroe, TX 77304	76-0032662	501(c) (3)	98,701.				General Support
U.S. Dream Academy Inc. 3919 Ward St Houston, TX 77021	59-3514841	501(c) (3)	60,400.				Education & Summer Grants

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UH-Speech Language & Hearing 4455 Cullen Blvd Houston, TX 77004	74-6001399	501(c) (3)	135,393.				General Support
Urban Enrichment Institute 4014 Market Ste W145 Houston, TX 77020	76-0485778	501(c) (3)	247,548.				Education, Summer Grants, General
Urban Harvest Inc. 3302 Canal St Houston, TX 77003	76-0501430	501(c) (3)	75,000.				COVID Relief
Volunteers of America Texas 4808 Yale St Houston, TX 77018	75-0827469	501(c) (3)	409,167.				THRIVE
Volunteers of America Texas 4808 Yale St Houston, TX 77018	75-0827469	501(c) (3)	159,378.				General Support
Volunteers of America Texas 4808 Yale St Houston, TX 77018	75-0827469	501(c) (3)	450,000.				COVID & Disaster Relief
Waller Assistance & Restorati PO Box 1774 Waller, TX 77484	20-2649651	501(c) (3)	150,000.				COVID Relief
Wesley Community Center Hstn 1410 Lee St Houston, TX 77009	74-1132578	501(c) (3)	125,000.				COVID & Disaster Relief
Wesley Community Center Hstn 1410 Lee St Houston, TX 77009	74-1132578	501(c) (3)	453,021.				Summer Grants & Other
Wesley Community Center Hstn 1410 Lee St Houston, TX 77009	74-1132578	501(c) (3)	340,000.				THRIVE

Continuation Sheet for Schedule I (Form 990)

2020

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Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
West Hstn Assistance Ministri 10501 Meadowglen Ln Houston, TX 77042	76-0001309	501(c) (3)	310,000.				COVID & Disaster Relief
West Hstn Assistance Ministri 10501 Meadowglen Ln Houston, TX 77042	76-0001309	501(c) (3)	58,900.				General Support
West Street Recovery 2012 Emancipation Ave Houston, TX 77003	82-2708194	501(c) (3)	415,000.				COVID & Disaster Relief
Woodlands Religious Community 4242 Interfaith Way The Woodlands, TX 77381	74-1804123	501(c) (3)	106,000.				COVID Relief
Woodlands Religious Community 4242 Interfaith Way The Woodlands, TX 77381	74-1804123	501(c) (3)	66,500.				General Support
Workers Defense Project Inc. 5604 Manor Rd Austin, TX 78723	35-2296166	501(c) (3)	250,000.				COVID Relief
Writers in the Schools 1523 W Main St Houston, TX 77006	76-0338549	501(c) (3)	48,000.				Summer Grants
Y.M.C.A. Greater Houston Area 2600 North Loop W #300 Houston, TX 77092	74-1109737	501(c) (3)	2,413,614.				General Support
Y.M.C.A. Greater Houston Area 2600 North Loop W #300 Houston, TX 77092	74-1109737	501(c) (3)	185,000.				COVID & Disaster Relief
Y.W.C.A. of Houston 6309 Martin Luther King Jr. B Houston, TX 77021	74-1109658	501(c) (3)	100,000.				Disaster Relief

2020

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Employer identification number	
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74-1167964

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

United Way of Greater Houston

Employer identification number

74-1167964

Part I Questions Regarding Compensation

1 a 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.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ 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.

1 b

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.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ 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?

4 a

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?

4 b

X

c Participate in or receive payment from an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. **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?

5 a

X

b Any related organization?

5 b

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?

6 a

X

b Any related organization?

6 b

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

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

Schedule J (Form 990) 2020

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 Amanda McMillian President & CEO	(i)	202,764.	0.	7,570.	13,015.	16,883.	240,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Michael K. Stewart Exec VP, CFO	(i)	218,400.	35,000.	11,978.	19,630.	336.	285,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Delphia Y. Ridley VP Donor Relations	(i)	280,455.	0.	6,893.	12,452.	196.	299,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Donna L. Cook VP Branding	(i)	155,187.	17,000.	11,727.	11,402.	18,817.	214,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Wendy Johnson VP Human Resources	(i)	150,380.	17,000.	11,450.	12,590.	336.	191,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Mary Vazquez VP Community Outreach	(i)	121,432.	24,000.	8,654.	12,814.	29,176.	196,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Margaret M. Oser VP Mission & Strategy	(i)	135,674.	20,000.	8,869.	12,365.	10,015.	186,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Anna M. Babin Senior Advisor	(i)	340,680.	50,000.	14,692.	23,761.	18,817.	447,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Veronica Hagerty AVP Comm Relations	(i)	141,131.	0.	99.	10,919.	9,869.	162,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Jeffrey Nash AVP Innov, Data Mgt	(i)	135,381.	4,000.	286.	11,829.	26,961.	178,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Barbara L. Walker AVP Donor Relation	(i)	142,747.	8,000.	7,484.	10,139.	7,373.	175,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 Traci M. Jack Sr Dir Strategy	(i)	154,353.	0.	191.	11,639.	2,643.	168,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Supplemental Non-qualified Retirement Plan:

United Way has a discretionary 457(f) non-qualified plan subject to Title 1 of ERISA, established for the purpose of providing deferred compensation for certain members of the Senior Management Team. The Plan was approved by the Board of Trustees and discretionary amounts are awarded annually based on Executive Compensation Committee recommendations and subject to Board of Trustees approval. The Plan is effective for a predetermined period which varies for each participant, and each participant's account is credited with interest for each Plan year. A Participant's eligibility under the Plan shall terminate upon the earlier of (i) the termination of the Participant's employment with United Way for any reason, (ii) the termination of the Plan, or (iii) the termination of the Participant's eligibility in the Plan by the Executive Compensation Committee.

Anna M. Babin participated in the plan. No contributions were made during the 2020-2021 tax year. The plan was closed and paid out in January 2021.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art.....				
2 Art — Historical treasures.....				
3 Art — Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities — Publicly traded.....	X	94	1,916,261.	NYSE
10 Securities — Closely held stock.....				
11 Securities — Partnership, LLC, or trust interests.....				
12 Securities — Miscellaneous.....				
13 Qualified conservation contribution — Historic structures.....				
14 Qualified conservation contribution — Other.....				
15 Real estate — Residential.....				
16 Real estate — Commercial.....				
17 Real estate — Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ (.....).....				
26 Other ▶ (.....).....				
27 Other ▶ (.....).....				
28 Other ▶ (.....).....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020

**Open to Public
Inspection**

Employer identification number

United Way of Greater Houston

74-1167964

Form 990, Part III, Line 4a - Program Service Accomplishments

Supporting those rebuilding their lives - Last year, 952,000 individuals got the help they needed rebuilding their lives after crises through basic needs assistance, mental health services, housing and emergency shelter, domestic violence services, substance abuse services and assistance with needs such as transportation and life skills.

Sustaining Senior Independence - Over 72,000 seniors remained strong and independent through help with daily living, nutritious meals, home visits and care, social interaction and a citywide support network and advocacy for senior issues. The 2-1-1 Texas/United Way HELPLINE has senior specialists on call ready to assist seniors. More than 90% of seniors in United Way programs received the support they need to remain independent.

2-1-1 Texas/United Way HELPLINE - Open 24/7, 365 days per year, our 2-1-1 Texas/United Way HELPLINE is a free, confidential helpline staffed by trained and degreed HELPLINE specialists who speak a variety of languages and find real answers for callers as they work the most comprehensive social services database in the state. In 2020, the 2-1-1 Texas/United Way HELPLINE answered more than 1.4 million calls for help.

United Way Nonprofit Connection - Nonprofit Connection is the community's full-service capacity-building resource for area nonprofits, providing leadership development, consulting, training and technical assistance designed to increase organizational effectiveness. The Power Tools for Nonprofits conference included sessions on sustaining the viability of nonprofits in tough economic climates and

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

Form 990, Part III, Line 4a - Program Service Accomplishments

increasing staff and volunteer morale, productivity, and creativity, including a track on diversity, equity, and inclusion. Project Blueprint prepares emerging and current leaders in our multicultural community for leadership on nonprofit and public sector boards.

Community Resource Center - Facility space made available at no/low cost to nonprofits and community organizations.

Area Centers - Facilities located in the Bay Area of Harris County, Fort Bend County, Montgomery County and Waller County that house nonprofit organizations in order to bring services closer to where people live.

Form 990, Part III, Line 4b - Program Service Accomplishments

Disaster Recovery - United Way provides support to our first responders on a year-round basis, raising and investing funds for immediate aftermath as well as long-term recovery after a disaster. United Way also supports community-based efforts in disaster recovery through small grants and considers the changing needs of the community as the recovery phase continues. In late August 2017, Hurricane Harvey made landfall on the Texas Gulf Coast and impacted the lives of many southeast Texas residents. Since then, Tropical Storm Imelda and COVID-19 have further devastated the greater Houston area, and in February 2021, the Texas Severe Winter Storm paralyzed our community. Freezing temperatures, icy roads, and power and water outages created unforeseen hardship, especially as our community continued to grapple with an ongoing pandemic. Helping individuals and families recover from the devastation of these events is a key focus of United Way. Thanks to generous donors, United Way raised over \$30 million for various disaster relief efforts during the current fiscal year. These funds were restricted by donors for use in

Name of the organization

Employer identification number

United Way of Greater Houston

74-1167964

Form 990, Part III, Line 4b - Program Service Accomplishments

disaster recovery efforts. Given United Way's experience with previous disasters, these funds have been expended or will be expended within 12 months after a tragedy occurs. The categories of expenditures are provision of basic needs of food and shelter, case management to guide individuals through recovery, funding for minor home repair and assistance with behavioral health and unmet needs. These funds are not used for United Way internal staffing, infrastructure, technology operations or any other internal purpose. These funds are not considered campaign revenue and are not commingled with any other revenue or any other internal or external fund.

Form 990, Part III, Line 4c - Program Service Accomplishments

Strengthening families and neighborhoods - Strong families and safe neighborhoods are the backbone of our community. Almost 663,000 family members benefited from United Way services through job skills and career readiness, financial coaching and literacy courses, credit-building, parenting classes, family counseling, health care and basic needs assistance. Last year United Way of Greater Houston's family financial stability initiative, United Way THRIVE, helped 49,650 families establish a path to financial stability. United Way THRIVE supports families in their efforts to achieve financial stability.

Second Century Vision is our strategic plan that will guide our work and investments going forward. Our vision for our second century of service is to create the opportunity for individuals and families in the Greater Houston community to thrive. We will do this by leading, serving, influencing, and convening the nonprofit social services sector to deliver quality services with exceptional outcomes. Guided by research and data, United Way will focus on and invest in high-quality programs focused on serving ALICE (Asset Limited, Income Constrained, Employed) and those living below the Federal Poverty Level, a group which collectively makes up 47% of

Name of the organization

United Way of Greater Houston

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Form 990, Part III, Line 4c - Program Service Accomplishments

our population in the Greater Houston Area in 2018, an increase from 40% in 2016.

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The Executive Committee has the full authority of the Board of Trustees in the management of the Organization with some exceptions. The Executive Committee keeps regular minutes of its proceedings and reports the same to the Board of Trustees as required. Specific duties of the Executive Committee include but are not limited to the following:

- a. Overseeing the coordination of the work of the standing committees, and staying apprised of the activities of other committees and recommend Board action when needed.
- b. Approving and overseeing the execution of policies for oversight and governance.
- c. Coordinating the review of the performance of the President/CEO annually.
- d. Recommending to the Board of Trustees the annual operating budget, annual and strategic plans and major capital fundraising activities.
- e. The Executive Committee may not amend the Articles of Incorporation; adopt a plan of merger or of consolidation with another organization; authorize the sale, lease, exchange, or mortgage of all or substantially all of the Organization's property and assets; authorize voluntary dissolution of the Organization; revoke proceedings for voluntary dissolution of the Organization; adopt a plan for distributing the Organization's assets; amend, alter or repeal the Bylaws or adopt new Bylaws for the Organization; approve any transaction to which the Organization is a party and that involves a potential conflict of interest as defined in Section 4.19 of the Bylaws; or take any action outside the scope of authority delegated to it by the Board of Trustees.

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Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The members of the Organization consist of all those individuals and organizations that have made contributions or pledges to the United Way of Greater Houston in the previous 12 months.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Trustees are elected by action of the members of the Organization at its annual meeting and by the Board of Trustees at other times of the year as needed.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed in detail by the Audit Committee and distributed to each voting Trustee prior to filing with the IRS. The Form is included on the Board of Trustees meeting agenda for review and discussion.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

During the annual approval of community investments to agencies, each Trustee is required to declare their agency affiliation by signing a document indicating their affiliation, if any. Officers and key employees are also required to annually sign a conflict of interest statement.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Compensation Committee reviews the President/CEO's annual performance based on the performance goals set at the beginning of the year. The compensation is based on the salary and bonus history of the President/CEO and comparative compensation data for CEOs from local nonprofits and the top-ranked United Ways.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The annual compensation of the Vice Presidents is submitted by the President/CEO for review and approval by the Executive Compensation Committee using data for senior management as described for the President/CEO in Line 15a.

Name of the organization

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Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Financial Statements are made available to the public on the organization's website.

Other documents are made available upon request.

Non-Program Expense Ratio - Management, General and Fundraising:

The costs associated to provide stewardship, financial oversight, internal controls and donor relationship management total \$10,645,359 (total expenses per Part IX excluding depreciation). These costs are foundational to support the community impact and mission work of United Way of Greater Houston. These costs as a percentage of total revenue are 16.56%.

Because costs and revenue can fluctuate from year to year, a rolling 5-year average provides a normalization of this ratio. The rolling 5-year average of these costs, excluding revenue from disaster contributions, is 14.78%.