

PUBLIC INSPECTION COPY

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2019**Open to Public Inspection****A** For the 2019 calendar year, or tax year beginning 4/01, 2019, and ending 3/31, 2020**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C United Way of Greater Houston
 50 Waugh Drive
 Houston, TX 77007-5813

D Employer identification number

74-1167964

E Telephone number

713-685-2300

G Gross receipts \$ 72,592,831.

F Name and address of principal officer: Amanda McMillian
 Same As C Above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: www.unitedwayhouston.org**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1922**M** State of legal domicile: TX**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)	3	45		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	264		
	6	Total number of volunteers (estimate if necessary)	6	19,740		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b		Net unrelated business taxable income from Form 990-T, line 39	7b	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	67,684,814.	Current Year	68,255,334.
	9	Program service revenue (Part VIII, line 2g)	3,596,485.	3,367,280.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	744,557.	901,344.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,671.	-19,866.		
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,029,527.	72,504,092.		
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77,908,107.	56,060,786.	
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)	15,851,633.	16,454,965.		
16a		Professional fundraising fees (Part IX, column (A), line 11e)				
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,870,345.				
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,067,933.	9,054,519.		
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	102,827,673.	81,570,270.		
19		Revenue less expenses. Subtract line 18 from line 12	-30,798,146.	-9,066,178.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	112,779,161.	End of Year	99,081,407.
	21	Total liabilities (Part X, line 26)	35,281,857.	32,723,210.		
	22	Net assets or fund balances. Subtract line 21 from line 20	77,497,304.	66,358,197.		

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	
Paid Preparer Use Only	▶ <u>Michael K. Stewart</u>		Exec VP, COO	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Barbara Murphy	Barbara Murphy	10/6/20	P01386215
	Firm's name	▶ Blazek & Vetterling		Firm's EIN ▶ 76-0269860
	Firm's address	▶ 2900 Wesleyan, Suite 200		Phone no. (713) 439-5739
	Houston, TX 77027-5132			

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 01/21/20

Form **990** (2019)

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 \$ 44,015,574. including grants of \$ 34,677,037.) (Revenue \$ 2,405,795.)See Schedule O**4b** (Code:) (Expenses \$ 17,590,984. including grants of \$ 13,194,605.) (Revenue \$ 961,485.)

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 61,131 families establish a path to
financial stability.

4c (Code:) (Expenses \$ 8,189,144. including grants of \$ 8,189,144.) (Revenue \$)See Schedule O**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **▶** 69,795,702.

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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.	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.		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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		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.	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.		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.	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.		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.		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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		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.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	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.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		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.		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.		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).		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.	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.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	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>	35b	
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>	36	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>	37	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.	38	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 a	48
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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 264		
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 45 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 45		
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 President & CEO	50 0			X				402,702.	0.	43,756.
(2) Michael K. Stewart Exec VP, COO	50 0			X				255,172.	0.	22,344.
(3) Delphia Y. Ridley Chief Development Officer	50 0				X			243,859.	0.	21,332.
(4) Donna Lynne Cook VP Brand	50 0				X			181,304.	0.	32,004.
(5) Maria Vazquez VP Comm/Outreach	50 0					X		148,263.	0.	43,146.
(6) Wendy Johnson VP Human Resources	50 0				X			174,992.	0.	14,749.
(7) Margaret M. Oser VP Mission & Strat	50 0				X			157,069.	0.	23,696.
(8) Jeffrey Nash Sr Dir-IT	50 0					X		139,949.	0.	40,723.
(9) Veronica Hagerty AVP NP Connection	50 0					X		140,848.	0.	22,826.
(10) Deborah Span-Bailey Sr Dir-Donor Relat	50 0					X		130,016.	0.	21,982.
(11) William Jobe Asst VP-Comm Outr	50 0					X		121,165.	0.	29,091.
(12) Jamey Rootes Chairman	2 0	X		X				0.	0.	0.
(13) Alie Pruner Secretary	2 0	X		X				0.	0.	0.
(14) Dorothy Ables Trustee	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) David Baker Trustee	2 0	X						0.	0.	0.
(16) Steve Bergstrom Trustee	2 0	X						0.	0.	0.
(17) Marc Boom Trustee	2 0	X						0.	0.	0.
(18) Chris Champion Trustee	2 0	X						0.	0.	0.
(19) Willie Chiang Trustee	2 0	X						0.	0.	0.
(20) Amy Chronis Trustee	2 0	X						0.	0.	0.
(21) Cynthia Colbert Trustee	2 0	X						0.	0.	0.
(22) Marcus Davis Trustee	2 0	X						0.	0.	0.
(23) Irma Diaz-Gonzalez Trustee	2 0	X						0.	0.	0.
(24) Daniel Cardinal DiNardo Trustee	2 0	X						0.	0.	0.
(25) Neil Duffin Trustee	2 0	X						0.	0.	0.
1 b Subtotal								2,095,339.	0.	315,649.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,095,339.	0.	315,649.
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 19										

	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
Ward & Ames 7500 San Felipe #350 Houston, TX 77063	Event production	400,131.
Cleaning Associate Services PO Box 5752 Katy, TX 77491	Janitorial services	191,596.
GardaWorld Security Services 13333 NW Freeway Houston, TX 77040	Security services	182,300.
Beyond the Horizon 3200 Main St #1 Dallas, TX 75226	IT consulting	182,019.
Texas Armed Security Services PO Box 204 Wallis, TX 77485	Security services	175,637.
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 14		

2019

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			
Stephen M. Fraga	2									
Trustee	0	X						0.	0.	0.
Jesse Gelsomini	2									
Trustee	0	X						0.	0.	0.
Dan Gilbane	2									
Trustee	0	X						0.	0.	0.
John Grempe	2									
Trustee	0	X						0.	0.	0.
Robert W. Harvey	2									
Trustee	0	X						0.	0.	0.
Sandy Johnson	2									
Trustee	0	X						0.	0.	0.
Ryan Lance	2									
Trustee	0	X						0.	0.	0.
Rabbi David Lyon	2									
Trustee	0	X						0.	0.	0.
Nataly Marks	2									
Trustee	0	X						0.	0.	0.
Ralph Martinez	2									
Trustee	0	X						0.	0.	0.
Lilyanne McClean	2									
Trustee	0	X						0.	0.	0.
Wayne McConnell	2									
Trustee	0	X						0.	0.	0.
Jack B. Moore	2									
Trustee	0	X						0.	0.	0.
Ron Oran	2									
Trustee	0	X						0.	0.	0.
Sue Payne	2									
Trustee	0	X						0.	0.	0.
Armando Perez	2									
Trustee	0	X						0.	0.	0.
Blake A. Pounds	2									
Trustee	0	X						0.	0.	0.
Jean-Francois Poupeau	2									
Trustee	0	X						0.	0.	0.
Scott Prochazka	2									
Trustee	0	X						0.	0.	0.
Joe Rovig	2									
Trustee	0	X						0.	0.	0.
Becky Rush	2									
Trustee	0	X						0.	0.	0.

Form 990 Cont 2019

2019

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

[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 62,503,121.					
	b Membership dues	1 b					
	c Fundraising events	1 c 107,164.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 5,645,049.					
	g Noncash contributions included in lines 1a-1f.	1 g 2,201,998.					
	h Total. Add lines 1a-1f						68,255,334.
	Program Service Revenue	Business Code					
2 a Government contracts/fees		900099	2,750,482.	2,750,482.			
b Support services		561000	412,526.	412,526.			
c MAP registration		561000	130,844.	130,844.			
d Referral services/other		519100	73,428.	73,428.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			3,367,280.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		878,635.			878,635.	
	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 40,632.					
		b Less: cost or other basis and sales expenses	7 b 17,923.				
	c Gain or (loss)	7 c 22,709.					
	d Net gain or (loss)		22,709.			22,709.	
	8 a Gross income from fundraising events (not including \$ 107,164. of contributions reported on line 1c). See Part IV, line 18						
		8 a 50,950.					
		b Less: direct expenses	8 b 70,816.				
	c Net income or (loss) from fundraising events		-19,866.			-19,866.	
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							
	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		72,504,092.	3,367,280.	0.	881,478.		

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.	56,060,786.	56,060,786.		
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.	1,545,540.	614,254.	550,545.	380,741.
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.	11,376,566.	6,537,462.	1,564,195.	3,274,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	852,817.	490,839.	115,361.	246,617.
9 Other employee benefits.	1,773,937.	989,556.	282,411.	501,970.
10 Payroll taxes.	906,105.	503,034.	146,416.	256,655.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	18,449.	840.	17,609.	
c Accounting.	62,520.		62,520.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	31,864.		31,864.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,568,987.	699,265.	450,299.	1,419,423.
12 Advertising and promotion.	410,317.	205,158.		205,159.
13 Office expenses.	1,307,367.	673,217.	150,504.	483,646.
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,885,972.	1,565,811.	115,992.	204,169.
17 Travel.	281,042.	118,701.	94,491.	67,850.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	488,955.	75,663.	23,029.	390,263.
20 Interest.				
21 Payments to affiliates.	651,951.	370,858.	118,645.	162,448.
22 Depreciation, depletion, and amortization.	1,184,528.	765,560.	157,424.	261,544.
23 Insurance.	135,959.	112,879.	8,362.	14,718.
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 Dues & subscriptions	26,608.	11,819.	14,556.	233.
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	81,570,270.	69,795,702.	3,904,223.	7,870,345.
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	23,508,353.	2	13,287,099.
	3 Pledges and grants receivable, net	36,648,316.	3	35,423,874.
	4 Accounts receivable, net	685,295.	4	642,794.
	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	47,976.	8	23,994.
	9 Prepaid expenses and deferred charges	398,965.	9	460,158.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,717,990.		
	b Less: accumulated depreciation	10b 15,742,836.		
		31,697,568.	10c	30,975,154.
	11 Investments — publicly traded securities	19,792,688.	11	18,268,334.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	112,779,161.	16	99,081,407.	
Liabilities	17 Accounts payable and accrued expenses	2,060,857.	17	2,136,937.
	18 Grants payable	31,750,293.	18	29,552,045.
	19 Deferred revenue	173,766.	19	173,766.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,296,941.	21	860,462.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	35,281,857.	26	32,723,210.
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	61,824,835.	27	54,983,119.
	28 Net assets with donor restrictions	15,672,469.	28	11,375,078.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	77,497,304.	32	66,358,197.
	33 Total liabilities and net assets/fund balances	112,779,161.	33	99,081,407.

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	72,504,092.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,570,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,066,178.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,497,304.
5	Net unrealized gains (losses) on investments	5	-2,072,929.
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	66,358,197.

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		

BAA

TEEA0112L 01/21/20

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

United Way 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	73167768.	72756723.	121065264.	67684814.	68255334.	402929903.
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.	73167768.	72756723.	121065264.	67684814.	68255334.	402929903.
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).						2,763,081.
6 Public support. Subtract line 5 from line 4.						400166822.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	73167768.	72756723.	121065264.	67684814.	68255334.	402929903.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,342,817.	389,766.	804,548.	1,290,408.	878,635.	4,706,174.
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.						407636077.
12 Gross receipts from related activities, etc. (see instructions).						15,725,448.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	98.17 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	98.31 %
16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section E – Distribution Allocations (see instructions)

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

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

2019

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

Form 990-PF

☐ 527 political organization☐ 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, 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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,624,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 12,016,293.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,781,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,019,611.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,600,529.	Person <input type="checkbox"/> Payroll <input checked="" 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

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

2019

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) 2019

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		81,538,406.													
e Total exempt purpose expenditures (add lines 1c and 1d)		81,538,406.	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) 2016	(b) 2017	(c) 2018	(d) 2019	(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) 2019

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.			
2a 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.	2a	
b Carryover from last year.	2b	
c Total.	2c	
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

2019**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..... **3a(i)** ☐ Yes ☐ No

(ii) Related organizations..... **3a(ii)** ☐ Yes ☐ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ 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.....		30,826,950.	8,254,006.	22,572,944.
c Leasehold improvements.....				
d Equipment.....		9,037,020.	7,488,830.	1,548,190.
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				30,975,154.

BAA

Schedule D (Form 990) 2019

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	71,564,322.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,072,929.
b	Donated services and use of facilities	2b	1,103,658.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-969,271.
3	Subtract line 2e from line 1	3	72,533,593.
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	31,864.
b	Other (Describe in Part XIII.) See Part XIII	4b	-61,365.
c	Add lines 4a and 4b	4c	-29,501.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	72,504,092.

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	82,703,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,103,658.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,103,658.
3	Subtract line 2e from line 1	3	81,599,771.
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	31,864.
b	Other (Describe in Part XIII.) See Part XIII	4b	-61,365.
c	Add lines 4a and 4b	4c	-29,501.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	81,570,270.

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.....	\$	-61,365.
Total	\$	<u>-61,365.</u>

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

Special event expenses.....	\$	-61,365.
Total	\$	<u>-61,365.</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

2019

**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 ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

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	158,114.			158,114.
	2 Less: Contributions	107,164.			107,164.
	3 Gross income (line 1 minus line 2)	50,950.			50,950.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	43,224.			43,224.
	7 Food and beverages				
	8 Entertainment	4,800.			4,800.
	9 Other direct expenses	22,792.			22,792.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				70,816.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-19,866.

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

2019

**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) A.V.D.A. 1001 Texas Avenue Ste 600 Houston, TX 77002	74-2141981	501 (c) (3)	113,358.	0.			Rebuilding Lives
(2) Accesshealth 400 Austin St Richmond, TX 77469	74-1951476	501 (c) (3)	674,892.	0.			Strong Families
(3) After Military Service 16506 FM 529 Houston, TX 77095	82-2280328	501 (c) (3)	8,000.	0.			Rebuilding Lives
(4) Alliance Comm Asst Ministries 710 N. Post Oak Rd. #210 Houston, TX 77024	27-5410988	501 (c) (3)	50,000.	0.			Rebuilding Lives
(5) Alliance Multicultrl Srvs 6440 Hillcroft Suite 411 Houston, TX 77081	76-0171217	501 (c) (3)	723,066.	0.			Disaster
(6) Alliance Multicultrl Srvs 6440 Hillcroft Ste 411 Houston, TX 77081	76-0171217	501 (c) (3)	332,670.	0.			THRIVE / Basic needs
(7) American Cancer Society PO Box 570127 Houston, TX 77257	13-1788491	501 (c) (3)	592,135.	0.			Strong Families
(8) American Red Cross PO Box 397 Houston, TX 77001	53-0196605	501 (c) (3)	824,308.	0.			Rebuilding Lives

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 154
- 3 Enter total number of other organizations listed in the line 1 table 1

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

TEEA3901L 07/10/19

Schedule I (Form 990) (2019)

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 is to 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)

2019

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

Continuation Page 1 of 15

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
Angel Reach Inc. 206A S Loop 336W #203 Conroe, TX 77340	20-5665097	501(c) (3)	5,713.				Community Building
Angel Reach Inc. 206A S Loop 336W #203 Conroe, TX 77340	20-5665097	501(c) (3)	266,318.				Rebuilding Lives
Arms Wide Adoption Svcs 6925 Portwest Dr Houston, TX 77024	74-2116380	501(c) (3)	180,504.				Strong Families
Attack Poverty 3727 Greenbriar Dr #100 Stafford, TX 77477	45-2401548	501(c) (3)	1,812,394.				Disaster
Avance-Houston Inc. 4281 Dacoma Houston, TX 77092	91-1780562	501(c) (3)	282,879.				Strong Families
Avondale House 3737 O'Meara Dr Houston, TX 77025	74-1865489	501(c) (3)	165,799.				Strong Families
BakerRipley PO Box 271389 Houston, TX 77277	23-7062976	501(c) (3)	86,570.				Community Response
BakerRipley PO Box 271389 Houston, TX 77277	23-7062976	501(c) (3)	4,222,872.				Disaster
BakerRipley PO Box 271389 Houston, TX 77277	23-7062976	501(c) (3)	49,267.				MC Community Response
BakerRipley PO Box 271389 Houston, TX 77277	23-7062976	501(c) (3)	5,585,137.				THRIVE

Continuation Sheet for Schedule I (Form 990)

2019

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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
Bay Area Council (Bacoda) 2947 East Broadway Ste 400 Pearland, TX 77581	74-1842507	501(c) (3)	60,957.				Rebuilding Lives
Bay Area Rehab Center 5313 Decker Dr Baytown, TX 77520	74-1303721	501(c) (3)	113,949.				Rebuilding Lives
Bay Area Turning Point Inc. PO Box 58537 Webster, TX 77598	76-0353058	501(c) (3)	168,018.				Rebuilding Lives
Big Brothers Big Sisters 1003 Washington Ave Houston, TX 77002	75-0800632	501(c) (3)	677,558.				Developing Children
Boy Scouts Of America PO Box 924528 Houston, TX 77292	76-0239833	501(c) (3)	1,061,622.				Developing Children
Boys & Girls Clubs - Houston 815 Crosby St Houston, TX 77019	76-0270942	501(c) (3)	318,348.				Developing Children
Bridge Over Troubled Waters PO Box 3488 Pasadena, TX 77501	74-1989590	501(c) (3)	210,655.				Rebuilding Lives
Bridgewood Farms 11680 Rose Rd Conroe, TX 77303	74-1595096	501(c) (3)	31,431.				Rebuilding Lives
Capital Ideal Houston 2101 Crawford St. #211 Houston, TX 77002	47-2462360	501(c) (3)	90,000.				THRIVE
Career & Recovery Houston 2525 San Jacinto Houston, TX 77002	74-1161942	501(c) (3)	678,951.				Rebuilding Lives

Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 3 of 15

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
Career Gear 750 Sharpstown Ctr Houston, TX 77036	20-0383035	501(c) (3)	9,000.				Rebuilding Lives
Catholic Charities Galv/Hou PO Box 66508 Houston, TX 77266	74-1109733	501(c) (3)	1,015,340.				Care for Elders
Center For Hearing And Speech 1417 Houston Ave Houston, TX 77007	74-6003178	501(c) (3)	439,814.				Developing Children
Children At Risk 2900 Wesleyan St #400 Houston, TX 77027	76-0360533	501(c) (3)	25,000.				Community Response
Children's Museum Houston 1500 Binz Houston, TX 77004	74-2178563	501(c) (3)	51,210.				Education Initiative
Children's Safe Harbor 1519 Oddfellow St Conroe, TX 77301	76-0388402	501(c) (3)	215,230.				Developing Children
Chinese Community Center 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c) (3)	435,532.				THRIVE
Christian Comm Srv Cntr PO Box 27924 Houston, TX 77227	74-2128141	501(c) (3)	141,250.				THRIVE / Basic needs
City Of Houston 901 Bagby St 8th Floor Houston, TX 77002	74-6001164	GOV	35,000.				THRIVE
Coalition For The Homeless 600 Jefferson St Ste 2050 Houston, TX 77002	76-0257018	501(c) (3)	235,000.				Community Response

Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 4 of 15

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>Colorado Valley Transit</u> <u>PO Box 940</u> <u>Coumbus, TX 78934</u>	74-2415478	501(c) (3)	116,002.				Senior Independence
<u>Community Assistance Center</u> <u>1022 McCall Ave</u> <u>Conroe, TX 77301</u>	76-0000798	501(c) (3)	940,090.				Rebuilding Lives
<u>Covenant Community Capital</u> <u>PO Box 15398</u> <u>Houston, TX 77220</u>	76-0573676	501(c) (3)	125,000.				Disaster
<u>Covenant Community Capital</u> <u>PO Box 15398</u> <u>Houston, TX 77220</u>	76-0573676	501(c) (3)	154,500.				THRIVE
<u>Cy-Hope Inc.</u> <u>12715 Telge Rd</u> <u>Cypress, TX 77429</u>	45-2346150	501(c) (3)	10,000.				Community Building
<u>Depelchin Children's Center</u> <u>4950 Memorial</u> <u>Houston, TX 77007</u>	76-0318867	501(c) (3)	1,650,928.				Developing Children
<u>E Ft Bend Human Needs Ministr</u> <u>PO Box 1611</u> <u>Stafford, TX 77497</u>	76-0327598	501(c) (3)	15,000.				Rebuilding Lives
<u>E Harris Cnty Empowmnt Counci</u> <u>PO Box 346</u> <u>Crosby, TX 77532</u>	27-0377576	501(c) (3)	10,000.				Community Building
<u>Easter Seals Greater Houston</u> <u>4888 Loop Central Drive Suite</u> <u>Houston, TX 77081</u>	74-1238418	501(c) (3)	100,000.				Disaster
<u>Easter Seals Greater Houston</u> <u>4889 Loop Central Dr #200</u> <u>Houston, TX 77081</u>	74-1238418	501(c) (3)	990,103.				THRIVE

Continuation Sheet for Schedule I (Form 990)

2019

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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
El Centro De Corazon PO Box 230209 Houston, TX 77223	76-0442781	501(c)(3)	9,254.				Community Building
Emergency Aid Coalition 5401 Fannin Houston, TX 77004	76-0060267	501(c)(3)	44,000.				Rebuilding Lives
Epiphany Comm Outrch (ECHOS) 9600 South Gessner Bldg E Houston, TX 77071	76-0645238	501(c)(3)	200,000.				Disaster
Epiphany Comm Outrch (ECHOS) 9600 South Gessner Bldg E Houston, TX 77071	76-0645238	501(c)(3)	52,250.				Rebuilding Lives
Evelyn Rubenstein Jew Comm 5601 South Braeswood Houston, TX 77096	74-1198298	501(c)(3)	750,675.				Rebuilding Lives
Family Houston 4625 Lillian St Houston, TX 77007	74-1152613	501(c)(3)	3,134,733.				THRIVE / Strong Families
Fort Bend Meals On Wheels PO Box 1488 Rosenberg, TX 77471	74-1918313	501(c)(3)	393,301.				Rebuilding Lives
Ft Bend Reg. Council On Sub A 10435 Greenbough Dr #250 Stafford, TX 77477	74-1873333	501(c)(3)	144,579.				Rebuilding Lives
Ft. Bend County Women'S Ctr PO Box 183 Richmond, TX 77406	76-0032451	501(c)(3)	218,531.				THRIVE / Strong Families
Genaustin PO Box 3122 Austin, TX 78764-3122	74-2837732	501(c)(3)	43,000.				Education Initiative

Continuation Sheet for Schedule I (Form 990)

2019

▶ 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

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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
Girl Scouts San Jacinto Council 3110 Southwest Freeway Houston, TX 77098	74-6001254	501(c)(3)	1,119,584.				Education Initiative
Girls Inc. 2190 N Loop W Houston, TX 77018	76-0483812	501(c)(3)	43,000.				Education Initiative
Goodwill Industries 1140 West Loop North Houston, TX 77055	74-1285095	501(c)(3)	140,000.				THRIVE
Grace After Fire 2929 McKinney St Houston, TX 77003	46-3653209	501(c)(3)	10,000.				Rebuilding Lives
Greater Houston Community Fdn 515 Post Oak Blvd Houston, TX 77027	23-7160400	501(c)(3)	500,000.				Disaster
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)	76,794.				Rebuilding Lives
Habitat For Humanity 3750 North McCarty Houston, TX 77029	76-0207084	501(c)(3)	10,000.				Community Building
Harris County Precinct 1 2020 Solo Houston, TX 77020	74-1714283	501(c)(3)	194,560.				Rebuilding Lives
HC Area Agency On Aging (HHF) 8000 N Stadium Dr Houston, TX 77054	27-2920745	501(c)(3)	100,000.				Community Response

Continuation Sheet for Schedule I (Form 990)

2019

► 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
HC Civic Engagement Initiat 942 Hillstar Houston, TX 77009	83-0940984	501(c) (3)	50,000.				Community Response
Houston Area Urban League 1301 Texas Avenue Houston, TX 77002	74-1611455	501(c) (3)	501,736.				THRIVE
Houston Area Women's Center 1010 Waugh Dr Houston, TX 77019	74-2029166	501(c) (3)	651,336.				THRIVE
Houston Community Toolbank 1215 Gazin Houston, TX 77020	46-1152387	501(c) (3)	6,690.				Community Building
Houston Food Bank 535 Portwall St Houston, TX 77029	74-2181456	501(c) (3)	100,000.				Community Response
Houston Habitat For Humanity 3750 North McCarty Houston, TX 77029	76-0207084	501(c) (3)	1,800,000.				Disaster
Humble Area Assis. Ministries 1302 First St East Humble, TX 77338	76-0298820	501(c) (3)	200,000.				Disaster
Humble Area Assis. Ministries 1302 First St East Humble, TX 77338	76-0298820	501(c) (3)	66,500.				Basic needs
Hype Freedom School 1801 Brighton Brook L Pearland, TX 77581	46-5133254	501(c) (3)	30,675.				Education Initiative
Innovative Alternatives Inc. 1335 Regents Park Dr Ste 240 Houston, TX 77058	76-0284343	501(c) (3)	61,745.				Strong Families

Continuation Sheet for Schedule I (Form 990)

2019

► 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

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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
Interfaith Caring Ministries 151 Park Avenue League City, TX 77573	76-0143694	501(c)(3)	200,000.				Disaster
Interfaith Caring Ministries 151 Park Avenue League City, TX 77573	76-0143694	501(c)(3)	72,400.				Rebuilding Lives
Interfaith Ministries-Houston 3303 Main St Houston, TX 77002	74-1488102	501(c)(3)	10,000.				Community Building
Interfaith Ministries-Houston 3303 Main St Houston, TX 77002	74-1488102	501(c)(3)	825,463.				Strong Families
Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c)(3)	483,465.				Strong Families
Katy Christian Ministries PO Box 986 Katy, TX 77492	76-0157123	501(c)(3)	200,000.				Disaster
Katy Christian Ministries PO Box 986 Katy, TX 77492	76-0157123	501(c)(3)	49,000.				Disaster/ Basic needs
Legacy Community Health Svcs PO Box 66308 Houston, TX 77266	76-0009637	501(c)(3)	221,416.				Strong Families
Local Initiatives Support Cor 1111 North Loop West #740 Houston, TX 77008	13-3030229	501(c)(3)	1,162,500.				Disaster
Local Initiatives Support Cor 1111 North Loop West #740 Houston, TX 77008	13-3030229	501(c)(3)	368,995.				THRIVE

Continuation Sheet for Schedule I (Form 990)

2019

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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
<u>Lone Star Legal Aid</u> <u>1415 Fannin Ave 3rd Floor</u> <u>Houston, TX 77002</u>	74-1537787	501(c) (3)	119,078.				Rebuilding Lives
<u>M.A.N.N.A</u> <u>1806 W 43rd St</u> <u>Houston, TX 77018</u>	76-0282653	501(c) (3)	12,000.				Disaster/ Basic needs
<u>Meals On Wheels - Montgomery</u> <u>1202 Callahan Avenue</u> <u>Conroe, TX 77301</u>	23-7310650	501(c) (3)	121,213.				Senior Independence
<u>MECA</u> <u>1900 Kane St</u> <u>Houston, TX 77007</u>	74-2044904	501(c) (3)	253,931.				Education Initiative
<u>Memorial Assistance Ministrie</u> <u>1625 Blalock Rd</u> <u>Houston, TX 77080</u>	76-0044172	501(c) (3)	200,000.				Disaster
<u>Memorial Assistance Ministrie</u> <u>1625 Blalock Rd</u> <u>Houston, TX 77080</u>	76-0044172	501(c) (3)	758,133.				THRIVE / Basic needs
<u>Mental Health America Houston</u> <u>2211 Norfolk Ste 810</u> <u>Houston, TX 77098</u>	74-1272394	501(c) (3)	139,890.				Rebuilding Lives
<u>Mobile Housing of Texas Inc</u> <u>1160 Aldine Bender Rd</u> <u>Houston, TX 77032</u>	26-2006882		140,446.				Disaster
<u>Montgomery Co. Women'S Cntr</u> <u>1401 Airport Rd</u> <u>Conroe, TX 77301</u>	76-0061208	501(c) (3)	407,427.				Rebuilding Lives
<u>Motivation Education & Traini</u> <u>PO Box 1838</u> <u>New Caney, TX 77357</u>	74-1604560	501(c) (3)	82,447.				Rebuilding Lives

Continuation Sheet for Schedule I (Form 990)

2019

► 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

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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
My Brother'S Keeper Outreach PO Box 722385 Houston, TX 77272	20-1966843	501(c) (3)	42,750.				Basic needs
My Brother'S Keeper Outreach PO Box 722385 Houston, TX 77272	20-1966843	501(c) (3)	200,000.				Disaster
Network Of Behavioral Health 9401 Southwest Freeway Houston, TX 77074	75-3220882	501(c) (3)	70,000.				Community Response
New Caney New Horizons PO Box 711 New Caney, TX 77357	76-0377281	501(c) (3)	73,709.				Rebuilding Lives
New Danville 10951 Shepherd Hill Rd Willis, TX 77318	14-1935138	501(c) (3)	36,735.				Strong Families
North Channel Asst Ministries 13837 Bonham St Houston, TX 77015	76-0152675	501(c) (3)	16,500.				Basic needs
North Channel Asst Ministries 13837 Bonham St Houston, TX 77015	76-0152675	501(c) (3)	401,050.				THRIVE
Northwest Asst Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c) (3)	600,000.				Disaster
On The Road Lending 1500 North Loop 12 Irving, TX 75061	38-3910893	501(c) (3)	400,000.				Disaster
Pangea Network PO Box 9823 The Woodlands, TX 77387	56-2543962	501(c) (3)	9,000.				Education Initiative

Continuation Sheet for Schedule I (Form 990)

2019

► 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

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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
<u>Panther Creek Inspiration</u> <u>PO Box 130001</u> <u>The Woodlands, TX 77393</u>	20-5323335	501(c) (3)	42,058.				Education Initiative
<u>PS for Advancement & Immersio</u> <u>3300 Chimney Rock Ste 105</u> <u>Houston, TX 77056</u>	75-3239990	501(c) (3)	6,920.				Community Building
<u>Rice Univ. Kinder Inst.</u> <u>6500 Main St #1020</u> <u>Houston, TX 77030</u>	74-1109620	501(c) (3)	25,000.				Community Response
<u>San Jose Clinic</u> <u>PO Box 2808</u> <u>Houston, TX 77252</u>	76-0373703	501(c) (3)	717,491.				Strong Families
<u>Santa Maria Hostel Inc.</u> <u>2605 Parker Rd</u> <u>Houston, TX 77093</u>	74-1669131	501(c) (3)	196,741.				Rebuilding Lives
<u>Say Yes To Youth Montg Co</u> <u>105 W Lewis St</u> <u>Conroe, TX 77301</u>	74-2035878	501(c) (3)	294,669.				Rebuilding Lives
<u>Search Homeless Services</u> <u>2505 Fannin</u> <u>Houston, TX 77002</u>	76-0260403	501(c) (3)	356,710.				Rebuilding Lives
<u>Second Mile Mission Center</u> <u>1135 Highway 90A</u> <u>Missouri City, TX 77489</u>	81-0556112	501(c) (3)	30,000.				Rebuilding Lives
<u>Ser - Jobs For Progress</u> <u>1710 Telephone Rd</u> <u>Houston, TX 77023</u>	74-1590387	501(c) (3)	540,000.				THRIVE
<u>Society of St Vincent De Paul</u> <u>2403 Holcombe Blvd</u> <u>Houston, TX 77021</u>	74-1464210	501(c) (3)	100,000.				Disaster

Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 12 of 15

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
Society of St Vincent De Paul 2403 Holcombe Blvd Houston, TX 77021	74-1464210	501(c) (3)	12,000.				Basic needs
South Tx College Of Law Houst 1303 San Jacinto Houston, TX 77002	74-1554976	501(c) (3)	37,500.				Rebuilding Lives
South Union Comm Dev 2020 Hermann Dr Houston, TX 77004	76-0588536	501(c) (3)	7,500.				Community Building
Southeast Area Ministries 2102 Houston Blvd South Houston, TX 77587	76-0238315	501(c) (3)	20,000.				Disaster
Southeast Area Ministries 2102 Houston Blvd South Houston, TX 77587	76-0238315	501(c) (3)	9,000.				Basic needs
Spring Branch Comm Health 7777 Westgreen Blvd Cypress, TX 77433	30-0198705	501(c) (3)	6,292.				Community Building
St. James Family Life Cntr 1602 W 43rd St Houston, TX 77018	74-1390040	501(c) (3)	58,865.				Education Initiative
Star of Hope Mission 6897 Ardmore St Houston, TX 77054	74-1152599	501(c) (3)	837,568.				Rebuilding Lives
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501(c) (3)	320,877.				Rebuilding Lives
Texas New Comm Alliance 10951 Shepard Hill Rd Willis, TX 77318	14-1925138	501(c) (3)	8,984.				Community Building

Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 13 of 15

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>The Center For Pursuit</u> <u>PO Box 130564</u> <u>Houston, TX 77219</u>	74-1272417	501(c) (3)	9,335.				Community Building
<u>The Center For Pursuit</u> <u>PO Box 130564</u> <u>Houston, TX 77219</u>	74-1272417	501(c) (3)	837,237.				Rebuilding Lives
<u>The Council On Recovery</u> <u>PO Box 2768</u> <u>Houston, TX 77252</u>	76-0252103	501(c) (3)	426,523.				Rebuilding Lives
<u>The Lighthouse Of Houston</u> <u>PO Box 130435</u> <u>Houston, TX 77219</u>	74-1146781	501(c) (3)	354,890.				Rebuilding Lives
<u>The Montrose Center</u> <u>401 Branard 2nd Floor</u> <u>Houston, TX 77006</u>	74-2050245	501(c) (3)	136,061.				Strong Families
<u>The Salvation Army</u> <u>1500 Austin</u> <u>Houston, TX 77002</u>	75-0800678	501(c) (3)	1,376,793.				Rebuilding Lives
<u>The Women's Home</u> <u>607 Westheimer</u> <u>Houston, TX 77006</u>	74-1467811	501(c) (3)	172,727.				Rebuilding Lives
<u>The Women's Resource</u> <u>730 N Post Oak Rd #204</u> <u>Houston, TX 77024</u>	76-0318261	501(c) (3)	147,000.				THRIVE
<u>The Workfaith Connection</u> <u>4555 Dacoma Ste 200</u> <u>Houston, TX 77092</u>	20-4295703	501(c) (3)	350,000.				THRIVE
<u>Tomball Emergency Assis. Mnst</u> <u>300 W Main St</u> <u>Tomball, TX 77375</u>	76-0195526	501(c) (3)	68,400.				Rebuilding Lives

Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 14 of 15

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
Transmit Receive Labs 205 Roberts St Houston, TX 77003	46-5563614	501(c) (3)	70,000.				THRIVE
Tri-Co Behavioral Healthcare PO Box 3067 Conroe, TX 77305	76-0032662	501(c) (3)	124,889.				Strong Families
U.S. Dream Academy 3919 Ward St Houston, TX 77021	59-3514841	501(c) (3)	53,400.				Education Initiative
Univ Speech Language & Hearin 4455 Cullen Blvd Houston, TX 77004	74-6001399	501(c) (3)	165,829.				Rebuilding Lives
Urban Enrichment Institute 4014 Market Ste W145 Houston, TX 77020	76-0485778	501(c) (3)	291,019.				Education Initiative
Volunteers Of America Texas 4808 Yale St Houston, TX 77018	75-0827469	501(c) (3)	290,000.				Disaster
Volunteers Of America Texas 4808 Yale St Houston, TX 77018	75-0827469	501(c) (3)	167,500.				MC Community Response
Volunteers Of America Texas 4808 Yale St Houston, TX 77018	75-0827469	501(c) (3)	555,921.				THRIVE
Wesley Community Center 1410 Lee St Houston, TX 77009	74-1132578	501(c) (3)	29,560.				Community Response
Wesley Community Center 1410 Lee St Houston, TX 77009	74-1132578	501(c) (3)	115,500.				Disaster

Continuation Sheet for Schedule I (Form 990)

2019

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

Continuation Page 15 of 15

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
Wesley Community Center 1410 Lee St Houston, TX 77009	74-1132578	501(c) (3)	874,969.				THRIVE
West Houston Asst Mnstrs 10501 Meadowglen Lane Houston, TX 77042	76-0001309	501(c) (3)	200,000.				Disaster
West Houston Asst Mnstrs 10501 Meadowglen Lane Houston, TX 77042	76-0001309	501(c) (3)	58,900.				Basic needs
Woodlands Religious Comm 4242 Interfaith Way The Woodlands, TX 77381	74-1804123	501(c) (3)	200,000.				Disaster
Woodlands Religious Comm 4242 Interfaith Way The Woodlands, TX 77381	74-1804123	501(c) (3)	66,500.				Basic needs
Writers In The Schools 1523 W Main St Houston, TX 77006	76-0338549	501(c) (3)	48,000.				Education Initiative
Y.M.C.A. Of The Grtr Houston 2600 N Loop W Ste 300 Houston, TX 77092	74-1109737	501(c) (3)	2,481,342.				Education Initiative

**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

2019

**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) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Anna M. Babin President & CEO	(i)	338,010.	50,000.	14,692.	25,200.	18,556.	446,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Michael K. Stewart Exec VP, COO	(i)	213,233.	30,000.	11,939.	22,008.	336.	277,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Delphia Y. Ridley Chief Development Officer	(i)	225,000.	8,000.	10,859.	21,108.	224.	265,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Donna Lynne Cook VP Brand	(i)	152,597.	17,000.	11,707.	13,448.	18,556.	213,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Wendy Johnson VP Human Resources	(i)	148,555.	15,000.	11,437.	14,413.	336.	189,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Margaret M. Oser VP Mission & Strat	(i)	133,212.	15,000.	8,857.	13,825.	9,871.	180,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Maria Vazquez VP Comm/Outreach	(i)	118,703.	21,000.	8,560.	14,411.	28,735.	191,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Veronica Hagerty AVP NP Connection	(i)	139,273.	1,200.	375.	13,074.	9,752.	163,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Jeffrey Nash Sr Dir-IT	(i)	131,769.	8,000.	180.	14,157.	26,566.	180,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Deborah Span-Bailey Sr Dir-Donor Relat	(i)	124,291.	5,001.	724.	12,092.	9,890.	151,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 William Jobe Asst VP-Comm Outr	(i)	116,494.	3,500.	1,171.	11,794.	17,297.	150,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
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 Nonqualified 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 participates in the plan. No contributions or plan payments were made during the 2019-2020 tax year.

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

2019

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	103	2,190,962.	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 ▶ (Supplies)	X	1	1,585.	FMV
26 Other ▶ (Raffle items)	X	158	9,451.	FMV
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 IV, 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) 2019

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

2019

**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 2019, the 2-1-1 Texas/United Way HELPLINE answered more than 1,325,000 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. Project Blueprint prepares diverse leaders for board service.

Name of the organization

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

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 4c - 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 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 \$4 million for various disaster relief efforts during the current fiscal year. These funds were restricted by donors for use in disaster recovery efforts. Given United Way's experience with previous disasters, the expectation is for these funds to be expended within 2-3 years 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

Name of the organization

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United Way of Greater Houston

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

are not commingled with any other revenue or any other internal or external fund.

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

The Executive Committee has and exercises 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 of the Organization.
- 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.

Name of the organization

Employer identification number

United Way of Greater Houston

74-1167964

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

United Way of Greater Houston

Employer identification number

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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 \$11,355,600 (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 16.84%.

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 13.91%.