

## PUBLIC INSPECTION COPY

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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023****B** Check if applicable:

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

**C** Name of organization**United Way of Greater Houston**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**50 Waugh Drive**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**Houston, TX 77007-5813****F** Name and address of principal officer: **Amanda McMillian**  
**same as C above****D** Employer identification number**74-1167964****E** Telephone number**713-685-2300****G** Gross receipts \$**66,586,653.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.unitedwayhouston.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1922****M** State of legal domicile: **TX****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities:	<b>See Schedule O</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>51</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>51</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>207</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7000</b>
	Revenue	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>		Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>61,358,826.</b>	<b>61,540,572.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,170,513.</b>	<b>620,094.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>514,844.</b>	<b>382,645.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-11,606.</b>	<b>-93,370.</b>
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>64,032,577.</b>	<b>62,449,941.</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	<b>65,034,887.</b>	<b>36,593,309.</b>
Expenses		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>15,720,804.</b>	<b>15,446,916.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>159,000.</b>	<b>162,000.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,191,282.</b>	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,546,157.</b>	<b>9,700,663.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>90,460,848.</b>	<b>61,902,888.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>-26,428,271.</b>	<b>547,053.</b>
Net Assets or Fund Balances	<b>21</b>	Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>90,238,589.</b>	<b>87,814,609.</b>
			<b>40,658,786.</b>	<b>39,510,757.</b>
			<b>49,579,803.</b>	<b>48,303,852.</b>

**Part II Signature Block**

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

Sign Here	<b>Electronically Filed</b>		Date	
	Signature of officer			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	<b>Barbara Murphy</b>		<b>Barbara Murphy</b>	<b>09/26/23</b>
Paid Preparer Use Only	Firm's name		Check if self-employed <input type="checkbox"/>	PTIN
	<b>Blazek &amp; Vetterling</b>		<input type="checkbox"/>	<b>P01386215</b>
Paid Preparer Use Only	Firm's address		Firm's EIN	Phone no.
	<b>2900 Wesleyan, Suite 200 Houston, TX 77027</b>		<b>76-0269860</b>	<b>713-439-5739</b>

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:United Way works together to improve lives, build a stronger  
community, and create meaningful opportunities for people to prosper.**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 \$ 40,654,782. including grants of \$ 34,252,501. ) (Revenue \$ 218,478. )  
See Schedule O**4b** (Code: ) (Expenses \$ 9,061,251. including grants of \$ 1,057,200. ) (Revenue \$ 401,616. )  
See Schedule O**4c** (Code: ) (Expenses \$ 1,322,755. including grants of \$ 1,283,608. ) (Revenue \$ )  
See Schedule O**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 51,038,788.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 30	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 207		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	51			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		51		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**Jaideep Hebbar, VP & CSFO - 713-685-2300**  
**50 Waugh Drive, Houston, TX 77007-5813**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Amanda McMillian President & CEO	50.00 0.00			X				394,355.	0.	50,884.
(2) Angel Harris VP & Chief Adv. Officer	50.00 0.00				X			283,891.	0.	26,199.
(3) Jaideep Hebbar VP & CSFO	50.00 0.00			X				234,025.	0.	29,620.
(4) Mary Vazquez VP, Community Outreach	50.00 0.00				X			179,007.	0.	44,563.
(5) Margaret M. Oser VP, Mission & Strategy	50.00 0.00				X			193,879.	0.	23,923.
(6) Barbara L. Walker AVP, Donor Relations	50.00 0.00					X		184,208.	0.	27,816.
(7) Wendy M. Johnson VP, HR & Chief Admin. Officer	50.00 0.00				X			189,416.	0.	15,740.
(8) Jeffrey Nash AVP, Innovation & Data Mgt	50.00 0.00					X		152,704.	0.	40,469.
(9) Virginia Breau AVP, Acctg & Campaign Processing	50.00 0.00					X		153,786.	0.	24,516.
(10) Veronica Hagerty AVP, Community Relations	50.00 0.00					X		150,808.	0.	23,097.
(11) Deborah Span-Bailey AVP, Donor Relations	50.00 0.00					X		139,756.	0.	22,773.
(12) Willie Chiang Chair	2.00 0.00	X		X				0.	0.	0.
(13) Amy Chronis Secretary	2.00 0.00	X		X				0.	0.	0.
(14) Dorothy Ables Trustee	2.00 0.00	X						0.	0.	0.
(15) Esi Akinosho Trustee	2.00 0.00	X						0.	0.	0.
(16) David Baker Trustee	2.00 0.00	X						0.	0.	0.
(17) Steve Bergstrom Trustee	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Marc Boom Trustee	2.00 0.00	X						0.	0.	0.
(19) David L. Callender Trustee	2.00 0.00	X						0.	0.	0.
(20) Antonio (Tony) Canales Trustee	2.00 0.00	X						0.	0.	0.
(21) Chris Champion Trustee	2.00 0.00	X						0.	0.	0.
(22) Cynthia Colbert Trustee	2.00 0.00	X						0.	0.	0.
(23) Lesia Crumpton-Young Trustee	2.00 0.00	X						0.	0.	0.
(24) Paula DesRoches Trustee	2.00 0.00	X						0.	0.	0.
(25) Daniel Cardinal DiNardo Trustee	2.00 0.00	X						0.	0.	0.
(26) Leslie Duke Trustee	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,255,835.	0.	329,600.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,255,835.	0.	329,600.

**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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 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? If "Yes," complete Schedule J for such individual .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3		X
4	X	
5		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
Patient Care Intervention Center, 3701 Kirby Dr, Suite 1133, Houston, TX 77098	Consulting	711,686.
GardaWorld Security Services 13333 NW Freeway, Houston, TX 77040	Security	312,841.
Boston Children's Hospital 300 Longwood Avenue, Boston, MA 02115	Evaluation services	273,333.
LHH Recruitment Solutions 3900 Essex Ln, Houston, TX 77027	Employment services	228,476.
Deutser LLC, 5847 San Felipe St, Ste 2500, Houston, TX 77057	Consulting	197,159.

**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

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See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Tina Faraca	2.00									
Trustee	0.00	X						0.	0.	0.
(28) Clint Follette	2.00									
Trustee	0.00	X						0.	0.	0.
(29) Jesse Gelsomini	2.00									
Trustee	0.00	X						0.	0.	0.
(30) Marty Goossen	2.00									
Trustee	0.00	X						0.	0.	0.
(31) Mary Beth Gracy	2.00									
Trustee	0.00	X						0.	0.	0.
(32) Scott Hallam	2.00									
Trustee	0.00	X						0.	0.	0.
(33) Cynthia Hansen	2.00									
Trustee	0.00	X						0.	0.	0.
(34) John Johnson	2.00									
Trustee	0.00	X						0.	0.	0.
(35) Sandy Johnson	2.00									
Trustee	0.00	X						0.	0.	0.
(36) Daniel Kalms	2.00									
Trustee	0.00	X						0.	0.	0.
(37) Ryan Lance	2.00									
Trustee	0.00	X						0.	0.	0.
(38) Rabbi David Lyon	2.00									
Trustee	0.00	X						0.	0.	0.
(39) Liam Mallon	2.00									
Trustee	0.00	X						0.	0.	0.
(40) Nataly Marks	2.00									
Trustee	0.00	X						0.	0.	0.
(41) Ralph Martinez	2.00									
Trustee	0.00	X						0.	0.	0.
(42) Lilyanne McClean	2.00									
Trustee	0.00	X						0.	0.	0.
(43) Wayne McConnell	2.00									
Trustee	0.00	X						0.	0.	0.
(44) Nancy A. Meyer	2.00									
Trustee	0.00	X						0.	0.	0.
(45) Desrye Morgan	2.00									
Trustee	0.00	X						0.	0.	0.
(46) Ron Oran	2.00									
Trustee	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Armando Perez	2.00									
Trustee	0.00	X						0.	0.	0.
(48) Tandra Perkins	2.00									
Trustee	0.00	X						0.	0.	0.
(49) Doug Pferdehirt	2.00									
Trustee	0.00	X						0.	0.	0.
(50) Dianne Ralston	2.00									
Trustee	0.00	X						0.	0.	0.
(51) Tracie J. Renfroe	2.00									
Trustee	0.00	X						0.	0.	0.
(52) Jamey Rootes	2.00									
Trustee	0.00	X						0.	0.	0.
(53) Joe Rovig	2.00									
Trustee	0.00	X						0.	0.	0.
(54) Becky Rush	2.00									
Trustee	0.00	X						0.	0.	0.
(55) Steve Stephens	2.00									
Trustee	0.00	X						0.	0.	0.
(56) Eric Tanzberger	2.00									
Trustee	0.00	X						0.	0.	0.
(57) Christi Thoms-Knox	2.00									
Trustee	0.00	X						0.	0.	0.
(58) Sam Tucker	2.00									
Trustee	0.00	X						0.	0.	0.
(59) Marc Watts	2.00									
Trustee	0.00	X						0.	0.	0.
(60) Donna Sims Wilson	2.00									
Trustee	0.00	X						0.	0.	0.
(61) Don Woo	2.00									
Trustee	0.00	X						0.	0.	0.
(62) Melissa Young	2.00									
Trustee	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	48,628,317.			
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	299,884.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,967,568.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,644,803.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,234,612.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		61,540,572.			
<b>Program Service Revenue</b>	<b>2 a</b>	Support services	Business Code	561000	322,847.	322,847.	
	<b>b</b>	Referral services/other	561000	218,478.	218,478.		
	<b>c</b>	MAP registration	561000	78,769.	78,769.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		620,094.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		533,786.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	(ii) Personal			
<b>b</b>		Less: rental expenses ...					
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b>		Less: cost or other basis and sales expenses .....					
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....					
<b>8 a</b>		Gross income from fundraising events (not including \$ 299,884. of contributions reported on line 1c). See Part IV, line 18 .....		49,863.			
<b>b</b>		Less: direct expenses .....		143,233.			
<b>c</b>		Net income or (loss) from fundraising events .....		-93,370.			-93,370.
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		62,449,941.	620,094.	0.	289,275.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,348,557.	35,348,557.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,244,752.	1,244,752.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,665,502.	919,155.	332,880.	413,467.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	10,722,785.	5,917,675.	2,143,132.	2,661,978.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	790,803.	436,426.	158,056.	196,321.
<b>9</b> Other employee benefits	1,408,550.	777,348.	281,523.	349,679.
<b>10</b> Payroll taxes	859,276.	474,216.	171,741.	213,319.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,543.	855.	688.	
<b>c</b> Accounting	72,378.		72,378.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	162,000.			162,000.
<b>f</b> Investment management fees	39,832.		39,832.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,861,421.	1,741,445.	555,725.	564,251.
<b>12</b> Advertising and promotion	388,390.	194,195.		194,195.
<b>13</b> Office expenses	556,238.	261,982.	154,984.	139,272.
<b>14</b> Information technology	1,024,494.	610,232.	78,303.	335,959.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,047,086.	1,683,242.	157,800.	206,044.
<b>17</b> Travel	110,988.	42,102.	46,308.	22,578.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	454,175.	123,720.	39,452.	291,003.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	690,628.	401,257.	149,948.	139,423.
<b>22</b> Depreciation, depletion, and amortization	1,354,063.	830,853.	223,014.	300,196.
<b>23</b> Insurance	72,353.	20,545.	50,495.	1,313.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a Dues &amp; subscriptions</b>	27,074.	10,231.	16,559.	284.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	61,902,888.	51,038,788.	4,672,818.	6,191,282.
<b>26 Joint costs.</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	10,195,086.	<b>2</b>	13,476,194.
	<b>3</b> Pledges and grants receivable, net .....	28,027,576.	<b>3</b>	25,535,021.
	<b>4</b> Accounts receivable, net .....	28,602.	<b>4</b>	43,859.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	29,200.	<b>8</b>	29,039.
	<b>9</b> Prepaid expenses and deferred charges .....	181,421.	<b>9</b>	455,381.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 48,003,550.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 19,668,164.		
		29,000,052.	<b>10c</b>	28,335,386.
	<b>11</b> Investments - publicly traded securities .....	22,589,830.	<b>11</b>	17,186,748.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	186,822.	<b>15</b>	2,752,981.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	90,238,589.	<b>16</b>	87,814,609.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,821,572.	<b>17</b>	2,220,748.
	<b>18</b> Grants payable .....	37,935,233.	<b>18</b>	33,316,084.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	901,981.	<b>21</b>	1,296,623.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	2,677,302.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	40,658,786.	<b>26</b>	39,510,757.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	45,095,653.	<b>27</b>	41,723,358.
	<b>28</b> Net assets with donor restrictions .....	4,484,150.	<b>28</b>	6,580,494.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	49,579,803.	<b>32</b>	48,303,852.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	90,238,589.	<b>33</b>	87,814,609.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	62,449,941.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,902,888.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	547,053.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	49,579,803.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,823,004.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	48,303,852.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	<b>X</b>

Form 990 (2022)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public Inspection**

Name of the organization

United Way of Greater Houston

Employer identification number	
--------------------------------	--

74-1167964

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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).)
- 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 on 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).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	67684814.	68255334.	89960688.	61358826.	61540572.	348800234
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	67684814.	68255334.	89960688.	61358826.	61540572.	348800234
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4334976.
<b>6 Public support.</b> Subtract line 5 from line 4.						344465258

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	67684814.	68255334.	89960688.	61358826.	61540572.	348800234
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1290408.	878,635.	419,203.	495,299.	533,786.	3617331.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						352417565
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,909,594.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.74 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	98.70 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

## Supplemental Information.

**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)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

Employer identification number

United Way of Greater Houston

74-1167964

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,600,316.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,046,075.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,030,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,009,788.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,347,532.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization

Employer identification number

United Way of Greater Houston

74-1167964

**Part III**

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

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

OMB No. 1545-0047

**2022**

**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.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

**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 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a 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-.

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

**Schedule C (Form 990) 2022**

LHA

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....	61,863,056.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	61,863,056.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**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
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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 expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

United Way of Greater Houston

Employer identification number

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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located .....

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

☐ 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.

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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%.

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

(i) Unrelated organizations

(ii) Related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	13,800.	6,840,220.		6,854,020.
b Buildings		31,302,504.	10,865,816.	20,436,688.
c Leasehold improvements				
d Equipment		9,847,026.	8,802,348.	1,044,678.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,335,386.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Lease liability	2,677,302.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2,677,302.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	61,912,612.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,823,004.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,182,274.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-640,730.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	62,553,342.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	39,832.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-143,233.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-103,401.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	62,449,941.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	63,188,563.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,182,274.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,182,274.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	62,006,289.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	39,832.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-143,233.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-103,401.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	61,902,888.

**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:**

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 Way organizations (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 Way entities as received.

**Part XI, Line 4b - Other Adjustments:**

Special event expenses -143,233.

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

## Part XII, Line 4b - Other Adjustments:

Special event expenses	-143,233.
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Department of the Treasury  
Internal Revenue Service

**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.**

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

# 2022

**Open to Public Inspection**

74-1167964

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

**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 Women Who Rock (event type)	(b) Event #2 Rappel for a Reason (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	226,288.	123,459.		349,747.
	2 Less: Contributions .....	176,822.	123,062.		299,884.
	3 Gross income (line 1 minus line 2) .....	49,466.	397.		49,863.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	71,775.	71,458.		143,233.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				143,233.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-93,370.	

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

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

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

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

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

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: Dini Spheris

(i) Address of Fundraiser: 2727 Allen Pkwy #1650, Houston, TX 77019

[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

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.

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alliance for Multicultural Community Services - 6440 Hillcroft, Ste 411 - Houston, TX 77081	76-0171217	501(c)(3)	365,734.	0.			Financial Stability
Alliance for Multicultural Community Services - 6440 Hillcroft, Ste 411 - Houston, TX 77081	76-0171217	501(c)(3)	19,998.	0.			Early childhood and youth education
Alliance for Multicultural Community Services - 6440 Hillcroft, Ste 411 - Houston, TX 77081	76-0171217	501(c)(3)	29,990.	0.			Health care
Alliance for Multicultural Community Services - 6440 Hillcroft, Ste 411 - Houston, TX 77081	76-0171217	501(c)(3)	127,266.	0.			Escape from Violence
Alliance for Multicultural Community Services - 6440 Hillcroft, Ste 411 - Houston, TX 77081	76-0171217	501(c)(3)	200,000.	0.			Navigation
Alliance for Multicultural Community Services - 6440 Hillcroft, Ste 411 - Houston, TX 77081	76-0171217	501(c)(3)	30,000.	0.			Strategic Opportunity

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **108.**

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

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance of Community Assistance Ministries (ACAM) - 710 N Post Oak Rd #210 - Houston, TX 77024	27-5410988	501(c)(3)	75,000.	0.			Strategic Opportunity
Alpha Academy #2 7722 Van Ness Houston, TX 77037	92-0193188	N/A	7,090.	0.			Early childhood and youth education
Angel Reach, Inc. 206A South Loop 336W #203 Conroe, TX 77304	20-5665097	501(c)(3)	221,826.	0.			Financial Stability
AVANCE-Houston, Inc. 4281 Dacoma Houston, TX 77092	91-1780562	501(c)(3)	88,710.	0.			Financial Stability
AVANCE-Houston, Inc. 4281 Dacoma Houston, TX 77092	91-1780562	501(c)(3)	294,909.	0.			Early childhood and youth education
AVDA (Aid to Victims of Domestic Abuse) - 1001 Texas Ave, Ste 600 - Houston, TX 77002	74-2141981	501(c)(3)	181,814.	0.			Escape from Violence
AVDA (Aid to Victims of Domestic Abuse) - 1001 Texas Ave, Ste 600 - Houston, TX 77002	74-2141981	501(c)(3)	7,000.	0.			Basic Needs
Avenue Community Development Corporation - 3517 Irvington Blvd, Ste 300 - Houston, TX 77009	76-0380602	501(c)(3)	100,000.	0.			Early childhood and youth education
Avondale House 3737 O'Meara Dr Houston, TX 77025	74-1865489	501(c)(3)	100,000.	0.			Financial Stability

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BakerRipley P.O. Box 271389 Houston, TX 77277	23-7062976	501(c)(3)	1,471,941.	0.			Financial Stability
BakerRipley P.O. Box 271389 Houston, TX 77277	23-7062976	501(c)(3)	238,504.	0.			Basic Needs
BakerRipley P.O. Box 271389 Houston, TX 77277	23-7062976	501(c)(3)	200,000.	0.			Navigation
BakerRipley P.O. Box 271389 Houston, TX 77277	23-7062976	501(c)(3)	30,000.	0.			Strategic Opportunity
BakerRipley P.O. Box 271389 Houston, TX 77277	23-7062976	501(c)(3)	250,000.	0.			Disaster relief
Bay Area Council on Drugs & Alcohol dba BACODA - 2947 E Broadway, Ste 400 - Pearland, TX 77581	74-1842507	501(c)(3)	100,000.	0.			Health care
Bay Area Turning Point Inc. P.O. Box 890929 Houston, TX 77289	76-0353058	501(c)(3)	176,477.	0.			Escape from Violence
Bay Area Turning Point Inc. P.O. Box 890929 Houston, TX 77289	76-0353058	501(c)(3)	15,000.	0.			Basic Needs
Big Brothers Big Sisters Lone Star 1003 Washington Ave Houston, TX 77002	75-0800632	501(c)(3)	701,951.	0.			Early childhood and youth education

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boy Scouts of America - Sam Houston Area Council - P.O. Box 924528 - Houston, TX 77292	76-0239833	501(c)(3)	500,000.	0.			Strategic Opportunity
Boys and Girls Clubs of Greater Houston, Inc. - 815 Crosby St - Houston, TX 77019	76-0270942	501(c)(3)	706,257.	0.			Early childhood and youth education
Bread of Life Inc. 2019 Crawford St Houston, TX 77002	76-0386510	501(c)(3)	75,000.	0.			Health care
Capital Good Fund 333 Smith St Providence, RI 02908	80-0348382	501(c)(3)	175,000.	0.			Financial Stability
Career and Recovery Resources, Inc. - 2525 San Jacinto - Houston, TX 77002	74-1161942	501(c)(3)	300,000.	0.			Financial Stability
Career and Recovery Resources, Inc. - 2525 San Jacinto - Houston, TX 77002	74-1161942	501(c)(3)	200,000.	0.			Health care
Catholic Charities of the Archdiocese of Galveston-Houston - P.O. Box 66508 - Houston, TX 77266	74-1109733	501(c)(3)	175,000.	0.			Financial Stability
Catholic Charities of the Archdiocese of Galveston-Houston - P.O. Box 66508 - Houston, TX 77266	74-1109733	501(c)(3)	220,000.	0.			Health care
Catholic Charities of the Archdiocese of Galveston-Houston - P.O. Box 66508 - Houston, TX 77266	74-1109733	501(c)(3)	10,000.	0.			Escape from Violence

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities of the Archdiocese of Galveston-Houston - P.O. Box 66508 - Houston, TX 77266	74-1109733	501(c)(3)	400,000.	0.			Basic Needs
Catholic Charities of the Archdiocese of Galveston-Houston - P.O. Box 66508 - Houston, TX 77266	74-1109733	501(c)(3)	200,000.	0.			Navigation
Catholic Charities of the Archdiocese of Galveston-Houston - P.O. Box 66508 - Houston, TX 77266	74-1109733	501(c)(3)	30,000.	0.			Strategic Opportunity
Center for Hearing and Speech 1417 Houston Ave Houston, TX 77007	74-6003178	501(c)(3)	55,000.	0.			Early childhood and youth education
Center for Hearing and Speech 1417 Houston Ave Houston, TX 77007	74-6003178	501(c)(3)	89,088.	0.			Health care
Children's Assessment Center Foundation - 2500 Bolsover - Houston, TX 77005	76-0458780	501(c)(3)	135,722.	0.			Health care
Chinese Community Center, Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	168,000.	0.			Financial Stability
Chinese Community Center, Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	100,000.	0.			Early childhood and youth education
Chinese Community Center, Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	67,500.	0.			Health care

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chinese Community Center, Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	50,000.	0.			Strategic Opportunity
Chinese Community Center, Inc. 9800 Town Park Dr Houston, TX 77036	76-0067885	501(c)(3)	7,500.	0.			Early childhood and youth education
Coalition for the Homeless 600 Jefferson St, Ste 2050 Houston, TX 77002	76-0257018	501(c)(3)	275,000.	0.			Strategic Opportunity
CollegeCommunityCareer 15 Sovereign Circle Richmond, TX 77469	46-0623034	501(c)(3)	50,000.	0.			Early childhood and youth education
Communities In Schools of Houston, Inc. - 1235 N Loop W - Houston, TX 77008	26-2053733	501(c)(3)	240,500.	0.			Basic Needs
Communities In Schools of Houston, Inc. - 1235 N Loop W - Houston, TX 77008	26-2053733	501(c)(3)	120,000.	0.			Early childhood and youth education
Community Assistance Center 1022 McCall Ave Conroe, TX 77301	76-0000798	501(c)(3)	42,000.	0.			Financial Stability
Community Assistance Center 1022 McCall Ave Conroe, TX 77301	76-0000798	501(c)(3)	228,611.	0.			Basic Needs
Community Family Centers, Inc. 7524 Avenue E Houston, TX 77012	74-1691632	501(c)(3)	250,000.	0.			Basic Needs

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

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Covenant Community Capital P.O. Box 15398 Houston, TX 77220	76-0573676	501(c)(3)	289,844.	0.			Financial Stability
Covenant House Texas 1111 Lovett Blvd Houston, TX 77006	76-0050882	501(c)(3)	39,000.	0.			Financial Stability
Covenant House Texas 1111 Lovett Blvd Houston, TX 77006	76-0050882	501(c)(3)	167,000.	0.			Health care
Covenant House Texas 1111 Lovett Blvd Houston, TX 77006	76-0050882	501(c)(3)	25,000.	0.			Basic Needs
Cy-Hope Inc. 12715 Telge Rd Cypress, TX 77429	45-2346150	501(c)(3)	205,050.	0.			Early childhood and youth education
Cy-Hope Inc. 12715 Telge Rd Cypress, TX 77429	45-2346150	501(c)(3)	28,350.	0.			Basic Needs
Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	300,000.	0.			Financial Stability
Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	145,000.	0.			Early childhood and youth education
Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	185,000.	0.			Health care

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

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Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	40,000.	0.			Basic Needs
Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	100,000.	0.			Navigation
Easter Seals of Greater Houston 4888 Loop Central Dr, Ste 200 Houston, TX 77081	74-1238418	501(c)(3)	15,000.	0.			Strategic Opportunity
ECHOS-Epiphany Community Health Outreach Services - 9600 South Gessner, Bldg E - Houston, TX 77071	76-0645238	501(c)(3)	100,000.	0.			Basic Needs
Evelyn Rubenstein Jewish Community Center - 5601 South Braeswood - Houston, TX 77096	74-1198298	501(c)(3)	100,000.	0.			Basic Needs
Family Service Center at Houston and Harris County - 4625 Lillian St - Houston, TX 77007	74-1152613	501(c)(3)	90,000.	0.			Basic Needs
Family Service Center at Houston and Harris County - 4625 Lillian St - Houston, TX 77007	74-1152613	501(c)(3)	618,034.	0.			Financial Stability
Family Service Center at Houston and Harris County - 4625 Lillian St - Houston, TX 77007	74-1152613	501(c)(3)	512,510.	0.			Health care
Family Ties, Family Resource Services - P.O. Box 175 - Waller, TX 77484	20-8560835	501(c)(3)	121,375.	0.			Financial Stability

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

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Family Ties, Family Resource Services - P.O. Box 175 - Waller, TX 77484	20-8560835	501(c)(3)	23,625.	0.			Escape from Violence
Family Ties, Family Resource Services - P.O. Box 175 - Waller, TX 77484	20-8560835	501(c)(3)	116,094.	0.			Basic Needs
Focusing Families P.O. Box 1053 Hempstead, TX 77445	76-0631349	501(c)(3)	10,000.	0.			Financial Stability
Focusing Families P.O. Box 1053 Hempstead, TX 77445	76-0631349	501(c)(3)	25,000.	0.			Escape from Violence
Fort Bend County Women's Center, Inc. - P.O. Box 183 - Richmond, TX 77406	76-0032451	501(c)(3)	56,249.	0.			Financial Stability
Fort Bend County Women's Center, Inc. - P.O. Box 183 - Richmond, TX 77406	76-0032451	501(c)(3)	56,192.	0.			Early childhood and youth education
Fort Bend County Women's Center, Inc. - P.O. Box 183 - Richmond, TX 77406	76-0032451	501(c)(3)	28,189.	0.			Health care
Fort Bend County Women's Center, Inc. - P.O. Box 183 - Richmond, TX 77406	76-0032451	501(c)(3)	22,478.	0.			Escape from Violence
Fort Bend County Women's Center, Inc. - P.O. Box 183 - Richmond, TX 77406	76-0032451	501(c)(3)	39,983.	0.			Basic Needs

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

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Fort Bend Family Health Center Inc. dba AccessHealth - 400 Austin St - Richmond, TX 77469	74-1951476	501(c)(3)	384,022.	0.			Health care
Fort Bend Family Health Center Inc. dba AccessHealth - 400 Austin St - Richmond, TX 77469	74-1951476	501(c)(3)	75,000.	0.			Basic Needs
Fort Bend Family Health Center Inc. dba AccessHealth - 400 Austin St - Richmond, TX 77469	74-1951476	501(c)(3)	100,000.	0.			Navigation
Fort Bend Family Health Center Inc. dba AccessHealth - 400 Austin St - Richmond, TX 77469	74-1951476	501(c)(3)	15,000.	0.			Strategic Opportunity
Fort Bend Regional Council on Substance Abuse, Inc. - 10435 Greenbough Dr #250 - Stafford, TX 77477	74-1873333	501(c)(3)	110,000.	0.			Health care
Fort Bend Seniors Meals on Wheels P.O. Box 1488 Rosenberg, TX 77471	74-1918313	501(c)(3)	246,486.	0.			Basic Needs
GENAustin P.O. Box 3122 Austin, TX 78764	74-2837732	501(c)(3)	134,416.	0.			Early childhood and youth education
Girl Scouts of San Jacinto Council 3110 Southwest Freeway Houston, TX 77098	74-6001254	501(c)(3)	591,376.	0.			Early childhood and youth education
Girls Inc. 2190 North Loop W, Ste 10 Houston, TX 77018	76-0483812	501(c)(3)	165,000.	0.			Early childhood and youth education

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

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Goodwill Industries 1140 West Loop North Fwy Houston, TX 77055	74-1285095	501(c)(3)	401,122.	0.			Financial Stability
Greater Houston Community Foundation - 515 Post Oak Blvd #1000 - Houston, TX 77027	23-7160400	501(c)(3)	1,008,608.	0.			Disaster relief
Greater Houston Partnership Inc. 701 Avenida de las Americas, Ste 90 Houston, TX 77010	76-0267896	501(c)(6)	150,000.	0.			Funds for Upskill Houston
Harris County Domestic Violence Coordinating Council - 2990 Richmond Ave, Ste 550 - Houston, TX 77098	76-0533828	501(c)(3)	50,000.	0.			Strategic Opportunity
H-GAC Corporation for Regional Excellence - P.O. Box 2277 - Houston, TX 77227	56-2380180	501(c)(3)	200,000.	0.			Strategic Opportunity
Hope and Healing Center & Institute - 717 Sage Rd - Houston, TX 77056	45-3305276	501(c)(3)	100,000.	0.			Strategic Opportunity
Hope Disaster Recovery 12715 Telge Rd Cypress, TX 77429	82-5013278	501(c)(3)	100,000.	0.			Basic Needs
Hope Disaster Recovery 12715 Telge Rd Cypress, TX 77429	82-5013278	501(c)(3)	100,000.	0.			Navigation
Hope Disaster Recovery 12715 Telge Rd Cypress, TX 77429	82-5013278	501(c)(3)	15,000.	0.			Strategic Opportunity

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Houston Area Community Services dba Avenue 360 Health and Wellness - 150 West 18th St, Ste 300 - Houston, TX 77008	76-0549240	501(c)(3)	150,000.	0.			Health care
Houston Area Urban League, Inc. 1301 Texas Ave Houston, TX 77002	74-1611455	501(c)(3)	359,135.	0.			Financial Stability
Houston Area Urban League, Inc. 1301 Texas Ave Houston, TX 77002	74-1611455	501(c)(3)	125,000.	0.			Early childhood and youth education
Houston Area Women's Center 1010 Waugh Dr Houston, TX 77019	74-2029166	501(c)(3)	160,000.	0.			Financial Stability
Houston Area Women's Center 1010 Waugh Dr Houston, TX 77019	74-2029166	501(c)(3)	65,000.	0.			Health care
Houston Area Women's Center 1010 Waugh Dr Houston, TX 77019	74-2029166	501(c)(3)	186,000.	0.			Escape from Violence
Houston Area Women's Center 1010 Waugh Dr Houston, TX 77019	74-2029166	501(c)(3)	122,013.	0.			Basic Needs
Houston Texans Foundation Two NRG Park Houston, TX 77054	01-0572814	501(c)(3)	11,625.	0.			Early childhood and youth education
Houston's Capital Investing in Development & Employment of Adults Inc. - 2101 Crawford St #211 - Houston, TX 77002	47-2462360	501(c)(3)	112,250.	0.			Financial Stability

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Humble Area Assistance Ministries 1302 First St E Humble, TX 77338	76-0298820	501(c)(3)	129,853.	0.			Financial Stability
Humble Area Assistance Ministries 1302 First St E Humble, TX 77338	76-0298820	501(c)(3)	55,341.	0.			Health care
Humble Area Assistance Ministries 1302 First St E Humble, TX 77338	76-0298820	501(c)(3)	128,937.	0.			Basic Needs
Humble Area Assistance Ministries 1302 First St E Humble, TX 77338	76-0298820	501(c)(3)	100,000.	0.			Navigation
Humble Area Assistance Ministries 1302 First St E Humble, TX 77338	76-0298820	501(c)(3)	15,000.	0.			Strategic Opportunity
HYPE Freedom School, Inc. 1801 Brighton Brook Ln Pearland, TX 77581	46-5133254	501(c)(3)	45,000.	0.			Early childhood and youth education
Interfaith Caring Ministries, Inc. 151 Park Ave League City, TX 77573	76-0143694	501(c)(3)	200,000.	0.			Basic Needs
Interfaith Ministries for Greater Houston - 3303 Main St - Houston, TX 77002	74-1488102	501(c)(3)	437,127.	0.			Escape from Violence
Interfaith Ministries for Greater Houston - 3303 Main St - Houston, TX 77002	74-1488102	501(c)(3)	491,440.	0.			Basic Needs

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Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c)(3)	168,783.	0.			Financial Stability
Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c)(3)	39,950.	0.			Early childhood and youth education
Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c)(3)	250,047.	0.			Health care
Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	501(c)(3)	150,000.	0.			Basic Needs
Katy Christian Ministries P.O. Box 986 Katy, TX 77492	76-0157123	501(c)(3)	200,000.	0.			Financial Stability
Katy Christian Ministries P.O. Box 986 Katy, TX 77492	76-0157123	501(c)(3)	25,000.	0.			Early childhood and youth education
Katy Christian Ministries P.O. Box 986 Katy, TX 77492	76-0157123	501(c)(3)	34,413.	0.			Escape from Violence
Katy Christian Ministries P.O. Box 986 Katy, TX 77492	76-0157123	501(c)(3)	100,000.	0.			Basic Needs
Kinder Institute for Urban Research, Rice University - 6500 Main St #1020 - Houston, TX 77030	74-1109620	501(c)(3)	25,000.	0.			Strategic Opportunity

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Legacy Community Health Services, Inc. - P.O. Box 66308 - Houston, TX 77266	76-0009637	501(c)(3)	163,000.	0.			Health care
Local Infant Formula for Emergencies - 2002 S Wayside Dr, Ste 113 - Houston, TX 77023	76-0296548	501(c)(3)	97,441.	0.			Basic Needs
Local Initiatives Support Corporation - 1111 North Loop W, Ste 740 - Houston, TX 77008	13-3030229	501(c)(3)	175,000.	0.			Strategic Opportunity
Meals on Wheels Montgomery Country 1202 Callahan Ave Conroe, TX 77301	23-7310650	501(c)(3)	100,000.	0.			Basic Needs
Memorial Assistance Ministries 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c)(3)	400,000.	0.			Financial Stability
Memorial Assistance Ministries 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c)(3)	57,045.	0.			Health care
Memorial Assistance Ministries 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c)(3)	221,499.	0.			Basic Needs
Memorial Assistance Ministries 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c)(3)	100,000.	0.			Navigation
Memorial Assistance Ministries 1625 Blalock Rd Houston, TX 77080	76-0044172	501(c)(3)	15,000.	0.			Strategic Opportunity

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Mental Health America of Greater Houston, Inc. - 2211 Norfolk, Ste 810 - Houston, TX 77098	74-1272394	501(c)(3)	175,000.	0.			Strategic Opportunity
Montgomery County Women's Center 1401 Airport Rd Conroe, TX 77301	76-0061208	501(c)(3)	8,400.	0.			Financial Stability
Montgomery County Women's Center 1401 Airport Rd Conroe, TX 77301	76-0061208	501(c)(3)	24,877.	0.			Health care
Montgomery County Women's Center 1401 Airport Rd Conroe, TX 77301	76-0061208	501(c)(3)	191,000.	0.			Escape from Violence
Montgomery County Women's Center 1401 Airport Rd Conroe, TX 77301	76-0061208	501(c)(3)	40,000.	0.			Basic Needs
Multicultural Education and Counseling Through the Arts (MECA) - 1900 Kane St - Houston, TX 77007	74-2044904	501(c)(3)	100,000.	0.			Early childhood and youth education
Multicultural Education and Counseling Through the Arts (MECA) - 1900 Kane St - Houston, TX 77007	74-2044904	501(c)(3)	7,500.	0.			Early childhood and youth education
My Brother's Keeper Outreach Center - P.O. Box 722385 - Houston, TX 77272	20-1966843	501(c)(3)	20,000.	0.			Financial Stability
My Brother's Keeper Outreach Center - P.O. Box 722385 - Houston, TX 77272	20-1966843	501(c)(3)	64,800.	0.			Basic Needs

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Neighbors in Action, Inc. 1320 Main St Houston, TX 77002	20-1279113	501(c)(3)	65,000.	0.			Basic Needs
Nestquest Houston Inc. 1907 Sabine St, Ste 121 Houston, TX 77007	81-5310771	501(c)(3)	75,000.	0.			Basic Needs
Network of Behavioral Health Providers - 9401 Southwest Freeway - Houston, TX 77074	75-3220882	501(c)(3)	100,000.	0.			Strategic Opportunity
New Caney New Horizons P.O. Box 711 New Caney, TX 77357	76-0377281	501(c)(3)	50,000.	0.			Financial Stability
Northwest Assistance Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c)(3)	125,000.	0.			Financial Stability
Northwest Assistance Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c)(3)	150,000.	0.			Health care
Northwest Assistance Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c)(3)	278,501.	0.			Basic Needs
Northwest Assistance Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c)(3)	100,000.	0.			Navigation
Northwest Assistance Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501(c)(3)	15,000.	0.			Strategic Opportunity

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On The Road Lending 1500 North Loop 12 Irving, TX 75061	38-3910893	501(c)(3)	100,000.	0.			Financial Stability
Partnership for the Advancement & Immersion of Refugees - 3300 Chimney Rock, Ste 105 - Houston, TX 77056	75-3239990	501(c)(3)	75,000.	0.			Early childhood and youth education
Prevent Blindness Texas 2180 North Loop W Houston, TX 77018	74-6075105	501(c)(3)	75,000.	0.			Health care
Primrose School of College Station 1021 Arrington Rd College Station, TX 77845	81-1594789	N/A	6,709.	0.			Early childhood and youth education
Prison Entrepreneurship Program Inc. - P.O. Box 2767 - Houston, TX 77252	20-1384253	501(c)(3)	120,000.	0.			Financial Stability
Prison Entrepreneurship Program Inc. - P.O. Box 2767 - Houston, TX 77252	20-1384253	501(c)(3)	82,176.	0.			Basic Needs
San Jose Clinic P.O. Box 2808 Houston, TX 77252	76-0373703	501(c)(3)	450,000.	0.			Health care
Santa Maria Hostel, Inc. 2605 Parker Rd Houston, TX 77093	74-1669131	501(c)(3)	356,403.	0.			Health care
Santa Maria Hostel, Inc. 2605 Parker Rd Houston, TX 77093	74-1669131	501(c)(3)	190,000.	0.			Basic Needs

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Say Yes to Youth, Montgomery County Youth Services - 105 W Lewis St - Conroe, TX 77301	74-2035878	501(c)(3)	100,000.	0.			Health care
SEARCH Homeless Services 2505 Fannin Houston, TX 77002	76-0260403	501(c)(3)	80,000.	0.			Early childhood and youth education
SEARCH Homeless Services 2505 Fannin Houston, TX 77002	76-0260403	501(c)(3)	164,355.	0.			Basic Needs
Second Mile Mission Center 1135 Highway 90A Missouri City, TX 77489	81-0556112	501(c)(3)	100,000.	0.			Financial Stability
Second Mile Mission Center 1135 Highway 90A Missouri City, TX 77489	81-0556112	501(c)(3)	170,000.	0.			Basic Needs
SER-Jobs for Progress 1710 Telephone Rd Houston, TX 77023	74-1590387	501(c)(3)	514,140.	0.			Financial Stability
Sojourn Landing dba The Landing 9894 Bissonnet St #605 Houston, TX 77036	47-4507618	501(c)(3)	35,872.	0.			Financial Stability
Sojourn Landing dba The Landing 9894 Bissonnet St #605 Houston, TX 77036	47-4507618	501(c)(3)	46,365.	0.			Escape from Violence
Sojourn Landing dba The Landing 9894 Bissonnet St #605 Houston, TX 77036	47-4507618	501(c)(3)	20,460.	0.			Basic Needs

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Southeast Area Ministries 2102 Houston Blvd South Houston, TX 77587	76-0238315	501(c)(3)	30,000.	0.			Basic Needs
Spring Branch Community Health Center - 800 W Sam Houston Pkwy S, Ste 200 - Houston, TX 77042	30-0198705	501(c)(3)	250,000.	0.			Health care
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501(c)(3)	250,000.	0.			Basic Needs
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501(c)(3)	100,000.	0.			Navigation
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501(c)(3)	15,000.	0.			Strategic Opportunity
The Bridge Over Troubled Waters P.O. Box 3488 Pasadena, TX 77501	74-1989590	501(c)(3)	44,737.	0.			Financial Stability
The Bridge Over Troubled Waters P.O. Box 3488 Pasadena, TX 77501	74-1989590	501(c)(3)	24,545.	0.			Early childhood and youth education
The Bridge Over Troubled Waters P.O. Box 3488 Pasadena, TX 77501	74-1989590	501(c)(3)	846.	0.			Health care
The Bridge Over Troubled Waters P.O. Box 3488 Pasadena, TX 77501	74-1989590	501(c)(3)	93,858.	0.			Escape from Violence

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Bridge Over Troubled Waters P.O. Box 3488 Pasadena, TX 77501	74-1989590	501(c)(3)	145,094.	0.			Basic Needs
The Center for Pursuit P.O. Box 130564 Houston, TX 77219	74-1272417	501(c)(3)	160,828.	0.			Financial Stability
The Children's Museum of Houston 1500 Binz Houston, TX 77004	74-2178563	501(c)(3)	293,985.	0.			Early childhood and youth education
The Council on Recovery P.O. Box 2768 Houston, TX 77252	76-0252103	501(c)(3)	325,419.	0.			Health care
The Council on Recovery P.O. Box 2768 Houston, TX 77252	76-0252103	501(c)(3)	200,000.	0.			Navigation
The Council on Recovery P.O. Box 2768 Houston, TX 77252	76-0252103	501(c)(3)	30,000.	0.			Strategic Opportunity
The Montgomery County Children's Advocacy Center dba Children's Safe Harbor - 1519 Oddfellow St - Conroe, TX 77301	76-0388402	501(c)(3)	77,084.	0.			Health care
The Montgomery County Children's Advocacy Center dba Children's Safe Harbor - 1519 Oddfellow St - Conroe, TX 77301	76-0388402	501(c)(3)	52,083.	0.			Escape from Violence
The Montrose Center 401 Branard, 2nd Fl Houston, TX 77006	74-2050245	501(c)(3)	151,000.	0.			Financial Stability

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Montrose Center 401 Branard, 2nd Fl Houston, TX 77006	74-2050245	501(c)(3)	25,000.	0.			Health care
The Montrose Center 401 Branard, 2nd Fl Houston, TX 77006	74-2050245	501(c)(3)	251,000.	0.			Basic Needs
The Montrose Center 401 Branard, 2nd Fl Houston, TX 77006	74-2050245	501(c)(3)	100,000.	0.			Navigation
The Montrose Center 401 Branard, 2nd Fl Houston, TX 77006	74-2050245	501(c)(3)	15,000.	0.			Strategic Opportunity
The Salvation Army, Greater Houston Area Command - 1500 Austin - Houston, TX 77002	58-0660607	501(c)(3)	124,044.	0.			Financial Stability
The Salvation Army, Greater Houston Area Command - 1500 Austin - Houston, TX 77002	58-0660607	501(c)(3)	81,600.	0.			Early childhood and youth education
The Salvation Army, Greater Houston Area Command - 1500 Austin - Houston, TX 77002	58-0660607	501(c)(3)	17,500.	0.			Escape from Violence
The Salvation Army, Greater Houston Area Command - 1500 Austin - Houston, TX 77002	58-0660607	501(c)(3)	326,250.	0.			Basic Needs
The Salvation Army, Greater Houston Area Command - 1500 Austin - Houston, TX 77002	58-0660607	501(c)(3)	200,000.	0.			Navigation

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army, Greater Houston Area Command - 1500 Austin - Houston, TX 77002	58-0660607	501(c)(3)	30,000.	0.			Strategic Opportunity
The Women's Home 607 Westheimer Houston, TX 77006	74-1467811	501(c)(3)	88,711.	0.			Financial Stability
The Women's Home 607 Westheimer Houston, TX 77006	74-1467811	501(c)(3)	100,000.	0.			Health care
The Women's Home 607 Westheimer Houston, TX 77006	74-1467811	501(c)(3)	200,000.	0.			Basic Needs
The Women's Resource 730 N Post Oak Rd #204 Houston, TX 77024	76-0318261	501(c)(3)	123,390.	0.			Financial Stability
The WorkFaith Connection 4555 Dacoma, Ste 200 Houston, TX 77092	20-4295703	501(c)(3)	256,342.	0.			Financial Stability
U.S. Dream Academy, Inc. 3919 Ward St Houston, TX 77021	59-3514841	501(c)(3)	7,500.	0.			Early childhood and youth education
United Against Human Trafficking 6671 Southwest Freeway, Ste 220 Houston, TX 77074	26-1103492	501(c)(3)	30,000.	0.			Financial Stability
United Against Human Trafficking 6671 Southwest Freeway, Ste 220 Houston, TX 77074	26-1103492	501(c)(3)	193,637.	0.			Escape from Violence

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Against Human Trafficking 6671 Southwest Freeway, Ste 220 Houston, TX 77074	26-1103492	501(c)(3)	12,560.	0.			Basic Needs
United Way Worldwide 701 N Fairfax St Alexandria, VA 22314	13-1635294	501(c)(3)	25,000.	0.			Disaster relief
University of Houston Foundation 4543 Post Oak Place, Ste 250 Houston, TX 77027	74-6041411	501(c)(3)	75,000.	0.			Health care
Urban Enrichment Institute 4014 Market, Ste W145 Houston, TX 77020	76-0485778	501(c)(3)	225,000.	0.			Early childhood and youth education
Volunteers of America Texas, Inc. 4808 Yale St Houston, TX 77018	75-0827469	501(c)(3)	450,000.	0.			Financial Stability
Volunteers of America Texas, Inc. 4808 Yale St Houston, TX 77018	75-0827469	501(c)(3)	125,622.	0.			Health care
Volunteers of America Texas, Inc. 4808 Yale St Houston, TX 77018	75-0827469	501(c)(3)	54,525.	0.			Basic Needs
Volunteers of America Texas, Inc. 4808 Yale St Houston, TX 77018	75-0827469	501(c)(3)	100,000.	0.			Navigation
Volunteers of America Texas, Inc. 4808 Yale St Houston, TX 77018	75-0827469	501(c)(3)	15,000.	0.			Strategic Opportunity

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wesley Community Center, Inc. 1410 Lee St Houston, TX 77009	74-1132578	501(c)(3)	200,000.	0.			Financial Stability
Wesley Community Center, Inc. 1410 Lee St Houston, TX 77009	74-1132578	501(c)(3)	150,000.	0.			Early childhood and youth education
Wesley Community Center, Inc. 1410 Lee St Houston, TX 77009	74-1132578	501(c)(3)	25,000.	0.			Health care
Wesley Community Center, Inc. 1410 Lee St Houston, TX 77009	74-1132578	501(c)(3)	50,000.	0.			Basic Needs
Wesley Community Center, Inc. 1410 Lee St Houston, TX 77009	74-1132578	501(c)(3)	100,000.	0.			Navigation
Wesley Community Center, Inc. 1410 Lee St Houston, TX 77009	74-1132578	501(c)(3)	15,000.	0.			Strategic Opportunity
West Houston Assistance Ministries, Inc. - 10501 Meadowglen Ln - Houston, TX 77042	76-0001309	501(c)(3)	52,500.	0.			Financial Stability
West Houston Assistance Ministries, Inc. - 10501 Meadowglen Ln - Houston, TX 77042	76-0001309	501(c)(3)	320,000.	0.			Basic Needs
West Houston Assistance Ministries, Inc. - 10501 Meadowglen Ln - Houston, TX 77042	76-0001309	501(c)(3)	50,000.	0.			Strategic Opportunity

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woodlands Religious Community, dba Interfaith of the Woodlands - 4242 Interfaith Way - The Woodlands, TX 77381	74-1804123	501(c)(3)	100,000.	0.			Basic Needs
Writers in the Schools 1414 Sul Ross St Houston, TX 77006	76-0338549	501(c)(3)	75,000.	0.			Early childhood and youth education
Y.M.C.A. of the Greater Houston Area - 2600 North Loop W, Ste 300 - Houston, TX 77092	74-1109737	501(c)(3)	1,500,234.	0.			Early childhood and youth education
Y.M.C.A. of the Greater Houston Area - 2600 North Loop W, Ste 300 - Houston, TX 77092	74-1109737	501(c)(3)	50,000.	0.			Basic Needs
Y.M.C.A. of the Greater Houston Area - 2600 North Loop W, Ste 300 - Houston, TX 77092	74-1109737	501(c)(3)	20,000.	0.			Early childhood and youth education



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Utilities assistance	7048	0.	1,057,200.	Cost	Utilities assistance
Food assistance	500	0.	24,010.	Cost	Grocery gift cards
Technology	293	0.	70,999.	Cost	Laptops, computers
Transportation	2074	0.	92,543.	Cost	Transportation gift cards

**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:**

United Way of Greater Houston (United Way) and the organizations in which it invests are committed to improving the lives of people in our community experiencing ALICE and below. 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 volunteers and staff.

**Part IV** Supplemental Information

Organizational Review - The purpose of this process is to ensure that United Way's funded partners are administratively and financially secure and in compliance with United Way's Standards and Policies. Volunteers and staff analyze each agency's financial and governance information and follow up with the agency regarding any financial or non-financial concerns. Volunteers and staff may make recommendations for improvement, and serious concerns are shared with the Community Impact Committee. United Way staff also assist agencies with understanding each requirement and provide training when necessary. The organizational review requirements from United Way funded agencies align with the Governance and Oversight Standard and Financial and Fiscal Management Standards in the Funded Partner Standards and Policies. To be eligible for new or continued funding, partners must meet these requirements.

Funded partners were selected through the Single Investment Framework process that ensures donor gifts are invested responsibly. At the discretion of United Way, there may be a minimum or maximum amount of funding that an agency can be awarded through the Single Investment Process. United Way expects awards made through the Single Investment Framework to be for a three-year period. Funding recommendations are based on a detailed, competitive application process, encompassing both an organizational (financial and governance) and application review. United Way staff and volunteers develop regional program investment recommendations which are submitted to the Community Impact Committee and then to the United Way Board of Trustees for review and approval.

Report Deadlines: United Way of Greater Houston requires programs to report data quarterly to demonstrate the benefit to and impact of their programs

**Part IV** Supplemental Information

to clients. All funded partners undergo regular review through United Way's reporting and evaluation processes. The reporting period is April 1, 2022 - March 31, 2023.

Review and Monitoring: All funded programs are monitored on an ongoing basis by United Way staff and volunteers. This may include special requests for information during the United Way annual community campaign, in connection with special events, during disasters or at other times.

Corrective Action: United Way has written procedures for performance and noncompliance which establish progressive penalties including detailed written warnings, suspension and cessation based on standard and/or policy infractions.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Amanda McMillian President & CEO	(i)	308,533.	75,000.	10,822.	23,279.	27,605.	445,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Angel Harris VP & Chief Adv. Officer	(i)	244,208.	30,000.	9,683.	24,710.	1,489.	310,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Jaideep Hebbar VP & CSFO	(i)	220,433.	5,000.	8,592.	19,699.	9,921.	263,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Mary Vazquez VP, Community Outreach	(i)	144,363.	25,000.	9,644.	16,928.	27,635.	223,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Margaret M. Oser VP, Mission & Strategy	(i)	159,897.	25,000.	8,982.	14,019.	9,904.	217,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Barbara L. Walker AVP, Donor Relations	(i)	174,759.	0.	9,449.	13,413.	14,403.	212,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Wendy M. Johnson VP, HR & Chief Admin. Officer	(i)	157,910.	20,000.	11,506.	14,867.	873.	205,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Jeffrey Nash AVP, Innovation & Data Mgt	(i)	152,379.	0.	325.	15,107.	25,362.	193,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Virginia Breaux AVP, Acctg & Campaign Processing	(i)	143,702.	9,574.	510.	13,713.	10,803.	178,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Veronica Hagerty AVP, Community Relations	(i)	144,313.	6,495.	0.	13,566.	9,531.	173,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Deborah Span-Bailey AVP, Donor Relations	(i)	130,592.	8,600.	564.	12,912.	9,861.	162,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Part I, Line 7:

The Executive Compensation Committee approved performance-based bonuses  
during the 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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	62	1,234,612.	NYSE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ) .....				
26 Other ( ) .....				
27 Other ( ) .....				
28 Other ( ) .....				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 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		

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

Schedule M (Form 990) 2022

## Supplemental Information.

**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)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

United Way of Greater Houston

Employer identification number

74-1167964

Form 990, Part I, Line 1, Description of Organization Mission:

We work together to improve lives, build a stronger community, and  
create meaningful opportunities for people to prosper.

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

Creating Opportunities for People to Prosper - Together we work to  
create opportunities for individuals and families to thrive and to  
achieve what every family wants: a pathway to self-sufficiency and a  
sustainable quality of life. This work and our investments are focused  
on ALICE (Asset Limited, Income Constrained, Employed). ALICE  
represents those who are working but struggle to afford the basic  
necessities of housing, food, childcare, health care, and  
transportation. Guided by research and data, United Way focuses on and  
invests in high-quality programs aimed at serving ALICE and those  
living below the Federal Poverty Level, a group which collectively  
makes up 47% of the population in the Greater Houston Area.

Last year, through the various programs of this initiative, United Way  
assisted the following groups in the Greater Houston Area:

- More than 700,000 individuals received help 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.

- Families and neighborhoods received help becoming self-sufficient and  
strong through job skills and career readiness, financial coaching and

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literacy courses, credit-building, parenting classes, family counseling, health care and basic needs assistance through the United Way THRIVE collaborative which gives families the tools, resources, and support to achieve financial stability.

- Young people received help building a foundation for future success through early childhood education, out-of-school enrichment, mentors, summer grants, and other academic, parent, and family engagement support through our United Way Bright Beginnings, Out 2 Learn, MATH programs, and partnerships.

- 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.

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

Community Outreach services/programs:

2-1-1 Texas/United Way HELPLINE - In 2022, the 2-1-1 Texas/United Way HELPLINE celebrated 20 years of operations and connected 1.2 million of our neighbors with help, hope, and critical resources, through live chat, text, and chatbot services. With 20 years of experience, new partnerships, and more ways than ever to connect, 211 is proud to be one our community's most valuable resources. The 2-1-1 Texas/United Way HELPLINE operates 24/7, 365 days per year, and is a free and confidential service staffed by trained specialists who speak a variety of languages and find real answers for callers as they work the largest helpline of its kind in the country with one of the most comprehensive social services databases in the state.

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United Way Centers - United Way Centers across our 4-county region increase access to and availability of health and human services in our community. At these centers, located in the Bay Area of Harris County, Fort Bend County, Montgomery County, and Waller County, community members can access 37 agencies providing 58 programs. At each center, clients can access services like financial and employment coaching, physical and behavioral health care, basic needs assistance, immigration assistance, and senior and youth programs.

United Way Nonprofit Connection - United Way believes that a strong nonprofit sector is essential to a strong community. Nonprofit Connection continues to be Houston's primary resource for nonprofit management and leadership development, providing leadership development, consulting, training and technical assistance, all designed to increase organizational effectiveness. United Way does this through its Power Tools for Nonprofits conference, its Emerging Leadership Institute, its Board Fair, its Project Blueprint program and other leadership programs. In 2022, the Power Tools event drew more than 700 people for sessions such as sustaining the viability of nonprofits in tough economic climates and increasing staff and volunteer morale, productivity, and creativity, including a track on diversity, equity, and inclusion. In 2022, Project Blueprint celebrated its 35th year. This class prepares emerging and current leaders in our multicultural community for leadership on nonprofit and public sector boards. In addition to our nonprofit and corporate partners, United Way of Greater Houston partners with a variety of organizations that enhance and enrich the work we do and help strengthen our United Way network and our community.

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The Community Resource Center Facility space, located at our 50 Waugh Drive building, is made available at no/low cost to nonprofits and community organizations.

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

Disaster Preparedness and Recovery - In times of disaster, United Way of Greater Houston provides critical information and resources to invest in immediate relief and to lead long-term recovery efforts. Year-round, we plan, prepare, and work to help our neighbors and our community be better positioned when disaster strikes. In April 2022, United Way of Greater Houston partnered with OneStar to bring the annual Houston Nonprofit Disaster Summit to the entire Lone Star State. Year-round, United Way of Greater Houston leads and convenes Long-Term Recovery Committees representing each county in our service area: Fort Bend Recovers, Harris County Long-Term Recovery Committee, MC Cares, and Waller County Recovery Committee. The funds raised for disaster and long-term preparedness are not considered campaign revenue and are not commingled with any other revenue or any other internal or external fund.

Form 990, Part VI, Section A, line 1a:

The purpose of the Executive Committee is to act on behalf of the Board of Trustees in all matters with the exception of adopting an operational budget, filling Board vacancies, removing officers and amending the Bylaws. The duties and responsibilities of the Executive Committee are: (1) act on behalf of the Board of Trustees in all matters with the exception of the matters from which the Executive Committee is prohibited from acting in as

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set forth in the Bylaws; (2) coordinate the work of other committees for the Board of Trustees; (3) stay apprised of the activities of other committees and recommend Board action when needed; (4) oversee the execution of policies established by the Board of Trustees; (5) coordinate the review of the performance of the President/CEO annually; and (6) recommend to the Board of Trustees the annual operating budget, annual and strategic plans and major capital fundraising activities. The Executive Committee is comprised of the Board Chair, Secretary, Campaign Chair, standing Committee Chairs and at-large members. All members of the Executive Committee serve on the Board of Trustees. The members of the Executive Committee are appointed by the Board Chair and serve until the appointment of their successors. If a vacancy on the committee occurs, the Chair appoints a replacement from the Board of Trustees.

Form 990, Part VI, Section A, line 6:

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, Section A, line 7a:

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, Section B, line 11b:

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.

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Form 990, Part VI, Section B, Line 12c:

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, Section B, Line 15:

The Executive Compensation Committee reviews the President/CEO's annual performance based on 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 top-ranked United Way organizations.

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.

Form 990, Part VI, Section C, Line 19:

Financial Statements are made available to the public on the Organization's website. Other documents are made available upon request.

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

The costs associated to provide stewardship, financial oversight, internal controls and donor relationship management total \$10,340,890 (total fundraising and management/general expenses per Part IX excluding depreciation). These costs are foundational to support the community impact

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and mission work of United Way of Greater Houston. These costs as a percentage of total revenue are 16.72%.

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 16.21%.

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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