

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY FOR GREATER AUSTIN		D Employer identification number 74-1193439
	Doing business as		E Telephone number 512-472-6267
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5930 MIDDLE FISKVILLE RD, 5TH FLOOR		G Gross receipts \$ 17,311,594.
	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78752		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DAVID C. SMITH SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
J Website: WWW.UNITEDWAYAUSTIN.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1952	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY FOR GREATER AUSTIN BRINGS PEOPLE, IDEAS, AND RESOURCES TOGETHER TO FIGHT POVERTY IN OUR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	139
	6 Total number of volunteers (estimate if necessary)	6	1416
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,907,787.	16,366,184.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,115.	72,613.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,197,659.	120,266.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,742.	210,392.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,380,303.	16,769,455.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,092,194.	2,349,128.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,600,459.	8,724,907.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,030,535.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,410,231.	6,921,052.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,102,884.	17,995,087.	
19 Revenue less expenses. Subtract line 18 from line 12	11,277,419.	-1,225,632.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	21,185,071.	20,073,682.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,825,877.	3,834,997.
22 Net assets or fund balances. Subtract line 21 from line 20	17,359,194.	16,238,685.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DAVID C. SMITH, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SEAN HOLCOMB	<i>Sean Holcomb</i>	02/28/24		P01249221
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MAXWELL LOCKE & RITTER LLP	74-2900215		512-370-3200	
Firm's address					
401 CONGRESS AVENUE, SUITE 1100 AUSTIN, TX 78701-9682					

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,964,576. including grants of \$ 2,349,128.) (Revenue \$ 83,421.) EDUCATION

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

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

4b (Code:) (Expenses \$ 4,004,756. including grants of \$) (Revenue \$) HEALTH

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

4c (Code:) (Expenses \$ 3,561,371. including grants of \$) (Revenue \$) FINANCIAL STABILITY

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 179,128. including grants of \$) (Revenue \$)

4e Total program service expenses 15,709,831.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions and answers.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 38		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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
MAZNA ANDRABI - 512-382-8610
5930 MIDDLE FISKVILLE RD, 5TH FLOOR, AUSTIN, TX 78752

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) DAVID SMITH CEO	40.00			X			159,435.	0.	9,747.	
(2) CATHERINE GONZALEZ COO	40.00				X		148,109.	0.	9,916.	
(3) ELLEN RICHARDS VP	40.00				X		114,017.	0.	7,143.	
(4) SUE CARPENTER CPO	40.00				X		116,779.	0.	3,586.	
(5) AMY PRICE VP	40.00				X		105,638.	0.	9,334.	
(6) MICHELLE BAYLOR CDO	40.00				X		102,617.	0.	8,519.	
(7) ABBI MILLER DIRECTOR	2.00	X					0.	0.	0.	
(8) ALISON WALGREN DIRECTOR	2.00	X					0.	0.	0.	
(9) ALLISON DWYER DIRECTOR	2.00	X					0.	0.	0.	
(10) AMY SIMMONS DIRECTOR	2.00	X					0.	0.	0.	
(11) ANDREW ESPARZA DIRECTOR	2.00	X					0.	0.	0.	
(12) ANJUM KHURSHID DIRECTOR	2.00	X					0.	0.	0.	
(13) BLAKE ABSHER DIRECTOR	2.00	X					0.	0.	0.	
(14) BOBBY JENKINS DIRECTOR	2.00	X					0.	0.	0.	
(15) CATHY HARM DIRECTOR	2.00	X					0.	0.	0.	
(16) CHARLES THORNBURGH DIRECTOR	2.00	X					0.	0.	0.	
(17) CRISTINA GUAJARDO DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) DR. RICHARD RHODES DIRECTOR	2.00	X						0.	0.	0.
(19) DR. SAROJANI MOHAMMED DIRECTOR	2.00	X						0.	0.	0.
(20) ED LATSON DIRECTOR	2.00	X						0.	0.	0.
(21) JAY FOX DIRECTOR	2.00	X						0.	0.	0.
(22) JEFF VERNOR DIRECTOR	2.00	X						0.	0.	0.
(23) JEHMU GREENE DIRECTOR	2.00	X						0.	0.	0.
(24) JENNIFER BYRD DIRECTOR	2.00	X						0.	0.	0.
(25) JENNIFER FOSTER DIRECTOR	2.00	X						0.	0.	0.
(26) JENNIFER POPPE TREASURER	2.00	X		X				0.	0.	0.
1b Subtotal								746,595.	0.	48,245.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								746,595.	0.	48,245.

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 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BEYOND THE HORIZON (BTH), 5706 E. MOCKINGBIRD LANE #115-344, DALLAS, TX	CRM IMPLEMENTATION CONSULTING	464,130.
DK PARTNERS, 1301 S CAPITAL OF TEXAS HWY STE C-200, AUSTIN, TX 78746	ACCOUNTING CONSULTING SERVICES	137,742.
JODENE SUE O'BRIEN GIDRAN TRAIL, GEORGETOWN, TX 78626	WILCO MERGER CONSULTING	109,068.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEREMIAH BENTLEY DIRECTOR	2.00	X						0.	0.	0.
(28) JOHN HOLMES DIRECTOR	2.00	X						0.	0.	0.
(29) JOSHUA CHILDS DIRECTOR	2.00	X						0.	0.	0.
(30) KAREN STEAKLEY DIRECTOR	2.00	X						0.	0.	0.
(31) KRISTIE GONZALES DIRECTOR	2.00	X						0.	0.	0.
(32) KRISTIN MARCUM SECRETARY	2.00	X		X				0.	0.	0.
(33) LAURA HUFFMAN DIRECTOR	2.00	X						0.	0.	0.
(34) MARK STRAMA CHAIR	2.00	X		X				0.	0.	0.
(35) MICHELE GLAZE DIRECTOR	2.00	X						0.	0.	0.
(36) MICHELE SCOTT DIRECTOR	2.00	X						0.	0.	0.
(37) MOLLIE DUCKWORTH DIRECTOR	2.00	X						0.	0.	0.
(38) PATRICK HADLOCK DIRECTOR	2.00	X						0.	0.	0.
(39) RINA VONFRISCH DIRECTOR	2.00	X						0.	0.	0.
(40) RUDY METAYER DIRECTOR	2.00	X						0.	0.	0.
(41) RYAN FREDERICK DIRECTOR	2.00	X						0.	0.	0.
(42) SCOTT RUST DIRECTOR	2.00	X						0.	0.	0.
(43) SHAWN KOTOSKE DIRECTOR	2.00	X						0.	0.	0.
(44) YVETTE RUIZ DIRECTOR	2.00	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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	264,890.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,977,618.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,123,676.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 214,510.				
	h	Total. Add lines 1a-1f		16,366,184.				
Program Service Revenue	2 a	SERVICE FEE REVENUE	Business Code	900099	72,613.	72,613.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			72,613.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		168,095.			168,095.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	287,719.			
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	335,548.				
	c	Gain or (loss)	7c	-47,829.				
d	Net gain or (loss)			-47,829.		-47,829.		
8 a	Gross income from fundraising events (not including \$ 264,890. of contributions reported on line 1c). See Part IV, line 18	8a		406,175.				
b	Less: direct expenses	8b	206,591.					
c	Net income or (loss) from fundraising events			199,584.		199,584.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	10,808.	10,808.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			10,808.			
12	Total revenue. See instructions			16,769,455.	83,421.	0.	319,850.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,349,128.	2,349,128.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,707.	455,326.	56,313.	47,068.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,578,372.	5,363,690.	661,656.	553,026.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,584.	27,153.	3,503.	2,928.
9 Other employee benefits	1,013,151.	822,152.	104,040.	86,959.
10 Payroll taxes	541,093.	441,799.	54,087.	45,207.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,234.		25,234.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,852,924.	1,587,276.	144,703.	120,945.
12 Advertising and promotion	204,858.	160,921.	23,933.	20,004.
13 Office expenses	121,979.	91,803.	16,241.	13,935.
14 Information technology	441,099.	352,962.	48,010.	40,127.
15 Royalties				
16 Occupancy	255,759.	192,456.	34,716.	28,587.
17 Travel	148,266.	138,626.	5,251.	4,389.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	90,506.	47,076.	22,037.	21,393.
20 Interest	101.	76.	14.	11.
21 Payments to affiliates	107,785.	81,270.	14,443.	12,072.
22 Depreciation, depletion, and amortization	22,307.	16,820.	2,989.	2,498.
23 Insurance	37,495.	28,272.	5,024.	4,199.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM GRANT EXPENSES	3,454,443.	3,430,882.	12,834.	10,727.
b MISCELLANEOUS EXPENSES	95,668.	71,409.	13,214.	11,045.
c MEMBERSHIP AND SUBSCRIP	43,594.	36,354.	3,944.	3,296.
d PHOTOGRAPHY AND VIDEO	14,611.	11,017.	1,958.	1,636.
e All other expenses	4,423.	3,363.	577.	483.
25 Total functional expenses. Add lines 1 through 24e	17,995,087.	15,709,831.	1,254,721.	1,030,535.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	12,410,535.	1	2,604,074.
	2 Savings and temporary cash investments	3,152,926.	2	9,244,109.
	3 Pledges and grants receivable, net	1,908,846.	3	2,473,810.
	4 Accounts receivable, net	1,299,299.	4	2,631,692.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	127,147.	9	215,648.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,447,528.		
	b Less: accumulated depreciation	10b 1,427,918.	41,917.	10c 19,610.
	11 Investments - publicly traded securities	2,244,401.	11	2,114,488.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	770,251.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,185,071.	16	20,073,682.	
Liabilities	17 Accounts payable and accrued expenses	2,139,397.	17	2,016,161.
	18 Grants payable		18	
	19 Deferred revenue	1,573,826.	19	978,308.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	112,654.	25	840,528.
	26 Total liabilities. Add lines 17 through 25	3,825,877.	26	3,834,997.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,378,003.	27	13,274,773.
	28 Net assets with donor restrictions	1,981,191.	28	2,963,912.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,359,194.	32	16,238,685.
33 Total liabilities and net assets/fund balances	21,185,071.	33	20,073,682.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,769,455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,995,087.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,225,632.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,359,194.
5	Net unrealized gains (losses) on investments	5	105,123.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,238,685.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12542553.	20390441.	22068569.	17907787.	16366184.	89275534.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12542553.	20390441.	22068569.	17907787.	16366184.	89275534.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2533619.
6 Public support. Subtract line 5 from line 4.						86741915.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12542553.	20390441.	22068569.	17907787.	16366184.	89275534.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90,589.	111,735.	85,734.	78,663.	168,095.	534,816.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-1,384.	1,350.	3,131.		10,808.	13,905.
11 Total support. Add lines 7 through 10						89824255.
12 Gross receipts from related activities, etc. (see instructions)					12	2,554,630.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.57 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.55 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,449,882.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,283,927.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,249,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,241,712.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,088,921.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,073,847.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,012,247.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>679,624.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>587,297.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>540,489.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>410,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>377,710.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	655,399.	760,740.	621,691.	595,541.	573,098.
b Contributions					
c Net investment earnings, gains, and losses	38,432.	-105,341.	139,049.	26,150.	22,443.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	693,831.	655,399.	760,740.	621,691.	595,541.

- 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 72.0000 %
 - c Term endowment 28.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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				
b Buildings				
c Leasehold improvements				
d Equipment		1,447,528.	1,427,918.	19,610.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,610.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATION DUE TO OTHERS	69,764.
(3) OPERATING LEASE LIABILITIES	770,764.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,947,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	105,123.
b	Donated services and use of facilities	2b	71,079.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	206,591.
e	Add lines 2a through 2d	2e	382,793.
3	Subtract line 2e from line 1	3	16,565,093.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,234.
b	Other (Describe in Part XIII.)	4b	179,128.
c	Add lines 4a and 4b	4c	204,362.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,769,455.

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

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

1	Total expenses and losses per audited financial statements	1	18,068,395.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	71,079.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	206,591.
e	Add lines 2a through 2d	2e	277,670.
3	Subtract line 2e from line 1	3	17,790,725.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,234.
b	Other (Describe in Part XIII.)	4b	179,128.
c	Add lines 4a and 4b	4c	204,362.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,995,087.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 206,591.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 179,128.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EVENT EXPENSES 206,591.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 179,128.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

Part I

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

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

<ul style="list-style-type: none"> a <input type="checkbox"/> Mail solicitations b <input type="checkbox"/> Internet and email solicitations c <input type="checkbox"/> Phone solicitations d <input type="checkbox"/> In-person solicitations 	<ul style="list-style-type: none"> e <input type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input type="checkbox"/> Special fundraising events
--	--
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		A NIGHT UNITED (event type)	FUNDRAISING EVENT NO. 2 (event type)	NONE (total number)	
Revenue	1	Gross receipts	524,713.	146,352.	671,065.
	2	Less: Contributions	172,109.	92,781.	264,890.
	3	Gross income (line 1 minus line 2)	352,604.	53,571.	406,175.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	17,995.	275.	18,270.
	6	Rent/facility costs	11,920.	13,015.	24,935.
	7	Food and beverages	36,137.	15,534.	51,671.
	8	Entertainment	8,801.	1,650.	10,451.
	9	Other direct expenses	73,402.	27,862.	101,264.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			206,591.
11	Net income summary. Subtract line 10 from line 3, column (d)			199,584.	

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:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTS OF LOVE EARLY CHILDHOOD EDUCATION CENTER - PO BOX 1596 - LEANDER, TX 78646	82-1922634	501(C)(3)	7,500.	0.			COMMUNITY INVESTMENT GRANT
AGE OF CENTRAL TEXAS 3710 CEDAR STREET AUSTIN, TX 78705	74-2431028	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
AMERICAN YOUTHWORKS 1901 E. BEN WHITE BLVD. AUSTIN, TX 78741	74-2197942	501(C)(3)	60,000.	0.			COMMUNITY INVESTMENT GRANT
ANY BABY CAN, INC. 6207 SHERIDAN AVE AUSTIN, TX 78723	74-2684335	501(C)(3)	215,000.	0.			COMMUNITY INVESTMENT GRANT
AUSTIN ACHIEVE PUBLIC SCHOOLS 5908 MANOR RD AUSTIN, TX 78723	27-3700807	501(C)(3)	60,000.	0.			COMMUNITY INVESTMENT GRANT
AUSTIN URBAN TECHNOLOGY MOVEMENT 6633 E HWY 290 AUSTIN, TX 78723	84-2709414	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **69.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 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
AVANCE-AUSTIN, INC. 4818 E. BEN WHITE BLVD, #205 AUSTIN, TX 78741	74-1969114	501(C)(3)	130,000.	0.			COMMUNITY INVESTMENT GRANT
BIBLE BAPTIST CHURCH OF PFLUGERVILLE - 14400 IMMANUEL RD - PFLUGERVILLE, TX 78660	04-3647044	501(C)(3)	7,200.	0.			RFO & PASSTHROUGH GRANTS
BIG BROTHERS BIG SISTERS OF CENTRAL TEXAS, INC. - PO BOX 4555 - AUSTIN, TX 78757	74-1678586	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
BOOKSPRING 2006 GREENBROOK PKWY AUSTIN, TX 78723	74-2542664	501(C)(3)	80,000.	0.			COMMUNITY INVESTMENT GRANT
BOYS & GIRLS CLUB OF EAST WILLIAMSON COUNTY - 2500 NORTH DRIVE - TAYLOR, TX 76574	83-2330323	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
BOYS & GIRLS CLUB OF GEORGETOWN 1200 W. 17TH ST GEORGETOWN, TX 78626	26-2916822	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
BREAST CANCER RESOURCE CENTER OF AUSTIN - 8127 MESA DRIVE B206, #131 - AUSTIN, TX 78759	74-2743333	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
CAPITAL IDEA 835 N. PLEASANT VALLEY RD 3RD FLOOR AUSTIN, TX 78702	74-2893041	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
CATALYST TEEN CENTER CORP 2006 HOFFMAN COURT CEDAR PARK, TX 78613	46-0571585	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL TEXAS ALLIED HEALTH INSTITUTE - 2101 E ST. ELMO RD SUITE 100 - AUSTIN, TX 78744	83-1515596	501(C)(3)	22,500.	0.			COMMUNITY INVESTMENT GRANT
COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS, INC. - 3000 S. IH-35, SUITE #200 - AUSTIN, TX 78704	74-2369020	501(C)(3)	75,000.	0.			COMMUNITY INVESTMENT GRANT
COMMUNITIES IN SCHOOLS OF GREATER CENTRAL TEXAS INC - 4520 E. CENTRAL TX EXPRESSWAY STE 106 - KILLEEN, TX 76543	74-2650190	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
DREAM COME TRUE FOUNDATION P.O. BOX #5890 AUSTIN, TX 78763	30-0654749	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT GRANT
E3 ALLIANCE 5930 MIDDLE FISKVILLE RD AUSTIN, TX 78752	64-0963235	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
FAITH IN ACTION CAREGIVERS - NW 10633 LAKE CREEK PKWY AUSTIN, TX 78750	74-2431073	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
FAITH IN ACTION GEORGETOWN PO BOX 743 GEORGETOWN, TX 78627	20-3414707	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
FIRST UNITED METHODIST CHURCH 410 EAST UNIVERSITY GEORGETOWN, TX 78626	74-1662304	501(C)(3)	7,500.	0.			COMMUNITY INVESTMENT GRANT
FOUNDATION COMMUNITIES, INC. 3036 SOUTH FIRST STREET, STE 200 AUSTIN, TX 78704	74-2563260	501(C)(3)	58,258.	0.			COMMUNITY INVESTMENT GRANT, RFO & PASSTHROUGH GRANTS

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
GATEWAY COMMUNITY CHURCH 7104 MCNEIL DRIVE AUSTIN, TX 78729	74-2939937	501(C)(3)	16,615.	0.			RFO & PASSTHROUGH GRANTS
GIRL SCOUTS OF CENTRAL TEXAS 12012 PARK THIRTY-FIVE CIRCLE AUSTIN, TX 78753	74-1109644	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
GIVING AUSTIN LABOR SUPPORT PO BOX 41074 AUSTIN, TX 78704	27-3448123	501(C)(3)	40,000.	0.			COMMUNITY INVESTMENT GRANT
GO AUSTIN/VAMOS AUSTIN 3710 CEDAR STREET SUITE #230 AUSTIN, TX 78705	83-0915321	501(C)(3)	60,000.	0.			COMMUNITY INVESTMENT GRANT
GOODWILL INDUSTRIES OF CENTRAL TEXAS - 1015 NORWOOD PARK BLVD - AUSTIN, TX 78727	74-1322808	501(C)(3)	40,000.	0.			COMMUNITY INVESTMENT GRANT
HACA SCHOLARSHIP FOUNDATION DBA AUSTIN PATHWAYS - 1124 S IH 35 - AUSTIN, TX 78704	27-2133452	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
HOPE ALLIANCE 1011 GATTIS SCHOOL ROAD, STE. 106 ROUND ROCK, TX 78664	74-2277114	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
JAIL TO JOBS 9809 TRAILS END RD LEANDER, TX 78641	27-1601066	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA AUSTIN, TX 78702	41-1801834	501(C)(3)	70,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KLRU PO BOX 7158 AUSTIN, TX 78713	74-7126012	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
LIFEWORCS 3700 S 1ST STREET AUSTIN, TX 78704	31-1753071	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
LITERACY COALITION OF CENTRAL TEXAS - 724 EBERHART LN., SUITE 500 - AUSTIN, TX 78745	74-2288789	501(C)(3)	35,000.	0.			COMMUNITY INVESTMENT GRANT
LITERACY COUNCIL OF WILLIAMSON COUNTY - 805 W. UNIVERSITY - GEORGETOWN, TX 78626	74-2392855	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
LUBBOCK AREA UNITED WAY 1655 MAIN STREET, SUITE 101 LUBBOCK, TX 79401	75-0961812	501(C)(3)	17,246.	0.			RFO & PASSTHROUGH GRANTS
MAINSRING SCHOOLS 1100 W. LIVE OAK AUSTIN, TX 78704	74-1143055	501(C)(3)	115,000.	0.			COMMUNITY INVESTMENT GRANT
MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH ST AUSTIN, TX 78702	23-7202594	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
NAMI CENTRAL TEXAS P.O. BOX 302398 AUSTIN, TX 78703	74-2374858	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
OPEN DOOR PRESCHOOLS P.O. BOX 302527 AUSTIN, TX 78703	74-1834374	501(C)(3)	70,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION LIBERTY HILL PO BOX 1081 LIBERTY HILL, TX 78642	80-0788990	501(C)(3)	7,500.	0.			COMMUNITY INVESTMENT GRANT
OPPORTUNITIES FOR WBC 604 HIGH TECH DRIVE GEORGETOWN, TX 78626	74-6075213	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
PARTNERS IN PARENTING 4300 SPEEDWAY, PO BOX 49877 AUSTIN, TX 78765	30-0809437	501(C)(3)	45,000.	0.			COMMUNITY INVESTMENT GRANT
PELOTONU 500 E. ST. JOHNS AVE. SUITE 1460 AUSTIN, TX 78752	46-0920019	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT GRANT
RESET MENTORING PO BOX 1071 ROUND ROCK, TX 78680	81-4019613	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
ROCK, RIDE ON CENTER FOR KIDS PO BOX 2422 GEORGETOWN, TX 78627	74-2917659	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
SACRED HEART COMMUNITY CLINIC INC PO BOX 5845 ROUND ROCK, TX 78683	27-2901548	501(C)(3)	22,500.	0.			COMMUNITY INVESTMENT GRANT
SAFE ALLIANCE 4800 MANOR AUSTIN, TX 78702	74-2320657	501(C)(3)	90,000.	0.			COMMUNITY INVESTMENT GRANT
SAFFRON TRUST WOMENS FOUNDATION 2800 SUNRISE ROAD AUSTIN, TX 78665	83-1828198	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUISE HOUSE P.O. BOX 150637 AUSTIN, TX 78715	74-2968167	501(C)(3)	75,000.	0.			COMMUNITY INVESTMENT GRANT
SAMARITAN COUNSELING CTR FOR COUNSELING & PASTORAL CARE - 8956 RESEARCH BLVD, BLDG #2 - AUSTIN, TX 78758	74-1832864	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
SAMARITAN HEALTH MINISTRIES 904 CRYSTAL FALLS PARKWAY LEANDER, TX 78641	74-2570190	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
SENIOR ACCESS 2948 E. PALM VALLEY BLVD ROUND ROCK, TX 78665	74-2692484	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
SKILLPOINT ALLIANCE 8868 RESEARCH BLVD. SUITE 505 AUSTIN, TX 78758	74-2704188	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
ST JOHN NEUMANN CONFERENCE PO BOX 81511 AUSTIN, TX 78708	74-2763690	501(C)(3)	10,000.	0.			RFO & PASSTHROUGH GRANTS
TEXANS CAN ACADEMY 325 W. 12TH STREET AUSTIN, TX 75208	75-2251099	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT GRANT
THE GEORGETOWN PROJECT PO BOX 957 GEORGETOWN, TX 78627	74-2807713	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
TODOS JUNTOS LEARNING CENTER 200 BRUSHY ST AUSTIN, TX 78702	46-3028927	501(C)(3)	75,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY CHILD DEVELOPMENT CENTER 5801 WESTMINSTER DRIVE AUSTIN, TX 78723	74-1494756	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
TRINITY EPISCOPAL SCHOOL 3901 BEE CAVES RD AUSTIN, TX 78746	74-2918235	501(C)(3)	10,000.	0.			RFO & PASSTHROUGH GRANTS
UNITED WAY OF CENTRAL TEXAS 4 N 3RD ST TEMPLE, TX 76501	74-2575728	501(C)(3)	10,527.	0.			RFO & PASSTHROUGH GRANTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501(C)(3)	16,922.	0.			RFO & PASSTHROUGH GRANTS
UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR DALLAS, TX 75202	75-6005352	501(C)(3)	13,972.	0.			RFO & PASSTHROUGH GRANTS
UT TEXAS AT AUSTIN - DELL MEDICAL SCHOOL - PO BOX 7458 - AUSTIN, TX 78713	74-1587488	501(C)(3)	10,000.	0.			RFO & PASSTHROUGH GRANTS
WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER - 211 COMMERCE BLVD., STE 101 - ROUND ROCK, TX 78664	74-2834639	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
WONDERS & WORRIES 9101 BURNET RD, STE 205 AUSTIN, TX 78758	74-3012982	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
WORKFORCE SOLUTIONS 9001 N. IH 35 STE. 110 AUSTIN, TX 78753	74-2327454	501(C)(3)	40,000.	0.			COMMUNITY INVESTMENT GRANT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

**SCHEDULE 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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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) DAVID SMITH CEO	(i)	159,435.	0.	0.	0.	9,747.	169,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE GONZALEZ COO	(i)	148,109.	0.	0.	0.	9,916.	158,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

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				
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 (NET NONCASH ASS)	X	1	159,164 . GAAP	
26 Other (AUCTION AND GIV)	X	22	55,346 . RETAIL VALUE	
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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Multiple horizontal lines for supplemental 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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

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

COMMUNITY.

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

EDUCATION, HEALTH, AND FINANCIAL STABILITY.

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

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

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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ON JULY 1, 2022 AN AGREEMENT AND PLAN OF MERGER WAS ENTERED INTO BETWEEN UNITED WAY FOR GREAT AUSTIN AND CHILDREN'S OPTIMAL HEALTH ("COH"). UPON THE EFFECTIVE DATE OF THE AGREEMENT, COH CEASED AND UNITED WAY FOR GREATER AUSTIN CONTINUED AS THE SURVIVING NON-PROFIT COPORATION. UNITED WAY FOR GREATER AUSTIN ACQUIRED COH WITH THE INTENTION OF STREAMLINING THEIR BUSINESS AND OPERATIONAL INFRASTRUCTURE TO SERVE THE GREATER AUSTIN COMMUNITY MORE EFFICIENTLY. NO CASH OR OTHER CONSIDERATION WAS TRANSFERRED BY UNITED WAY FOR GREATER AUSTIN TO COH AS PART OF THE TRANSACTION. THE BUSINESS COMBINATION HAS BEEN TREATED AS AN ACQUISITION FOR ACCOUNTING PURPOSES AND, ACCORDINGLY, UNITED WAY FOR GREATER AUSTIN RECOGNIZED AN INHERENT CONTRIBUTION MEASURED AS THE EXCESS OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED (AT THEIR CARRYING AMOUNTS IMMEDIATELY BEFORE THE ACQUISITION DATE).

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

CHILDHOOD EDUCATION IN AUSTIN/TRAVIS COUNTY. THE COMMUNITY COALITION WAS LAUNCHED IN 2012. SINCE THEN, THE SUCCESS BY 6 COALITION HAS GROWN, STRENGTHENED, AND CONTINUES TO BUILD UPON ITS ACHIEVEMENTS. PROGRESS TOWARD THE IDENTIFIED COMMUNITY GOALS, STRATEGIES, AND PERFORMANCE TARGETS IN THE SUCCESS BY 6 STRATEGIC PLAN ARE MONITORED THROUGHOUT THE YEAR, AND WE PUBLISH DATA TO SHARE BRIGHT SPOTS AND IDENTIFY ONGOING CHALLENGES.

COMMUNITY SUCCESSES IN THE PAST YEAR INCLUDE: INCREASES IN CITY AND COUNTY FUNDING FOR EARLY CHILDHOOD EDUCATION; INCREASE IN THE NUMBER OF HIGH-QUALITY CHILD CARE PROVIDERS IN AUSTIN/TRAVIS COUNTY; EXPANSION OF FAMILY CONNECTS, A FREE NURSE HOME VISITING PROGRAM; NEW PHILANTHROPIC INVESTMENTS IN HOME VISITING AND PARENT EDUCATION PROGRAMS IN CENTRAL

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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TEXAS; ADVANCES IN THE POLICY RECOMMENDATIONS FROM THE EARLY CHILDHOOD COUNCIL WORKING GROUP AT THE CITY; LAUNCH OF THE FAMILY-FRIENDLY WORKPLACE TOOLKIT.

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

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

- FAMILY CONNECTS TEXAS IS A NURSE HOME VISITING PROGRAM OFFERED TO EVERY FAMILY WITH A NEWBORN IN TRAVIS COUNTY TO GIVE BABIES THE BEST POSSIBLE START IN LIFE. IN PARTNERSHIP WITH AUSTIN PUBLIC HEALTH, WE PROVIDE FAMILIES WITH A VISIT FROM A REGISTERED NURSE, WHO PROVIDES A COMPLETE FAMILY ASSESSMENT IN THE HOME, GIVES IMMEDIATE MATERNAL AND FAMILY SUPPORT IN AREAS SUCH AS BREASTFEEDING OR SAFE SLEEP, AND IS ABLE TO PROVIDE REFERRALS TO COMMUNITY RESOURCES. THIS PROGRAM IMPACTS MORE THAN 1,000 FAMILIES ANNUALLY.

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

- WE LAUNCHED THE GREATER AUSTIN READING COALITION (GARC) AS PART OF OUR COLLECTIVE IMPACT WORK TO FIGHT POVERTY. SINCE LAUNCHING IN JANUARY 2021, THE COALITION HAS GOTTEN OVER 90,000 BOOKS INTO THE HANDS OF

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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YOUNG READERS. IN FY22-23 WE ENGAGED 40 PARTNER ORGANIZATIONS AND 84
STAKEHOLDERS THROUGH THIS COALITION.

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

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

IN FY22-23, OUR NAVIGATION CENTER ANSWERED OVER 200,000 CALLS FOR HELP.
IN ADDITION, OUR NAVIGATION CENTER PROVIDES THESE COMMUNITY RESOURCES:
-BLUEBONNET TRAILS: PROVIDES MENTAL HEALTH PROGRAM INFORMATION AND
REFERRALS;
-ACA ENROLLMENT: PROVIDES PUBLIC INFORMATION ABOUT LOCAL RESOURCES AND
APPLICATION ASSISTANCE FOR THE HEALTH INSURANCE MARKETPLACE;
-RIDE UNITED: IN PARTNERSHIP WITH LYFT AND UNITED WAY WORLDWIDE,
PROVIDES FREE RIDES FOR THOSE WITH TRANSPORTATION BARRIERS.

OUR ADDRESSING CANCER TOGETHER (ACT) PROGRAM EXPANDS ACCESS TO CANCER
SCREENING, DIAGNOSIS, AND TREATMENT IN CENTRAL TEXAS. THROUGH A
COORDINATED COLLABORATION OF HEALTHCARE PROVIDERS, FUNDERS, NONPROFITS,
VOLUNTEERS, AND PATIENTS WITH LIVED EXPERIENCE, OUR GOAL IS TO SAVE
LIVES AND REDUCE THE ECONOMIC BURDEN OF CANCER ON FAMILIES AND
COMMUNITIES. THROUGH ADDRESSING CANCER TOGETHER, PEOPLE WITH LOW INCOME

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

WHO ARE UNINSURED WILL RECEIVE CANCER CARE AT LITTLE TO NO COST.

THE FAMILY CONNECTS TEXAS PROGRAM SUPPORTS PARENTS BY LINKING NURSES, COMMUNITY RESOURCES, AND FAMILIES. OUR MISSION IS TO CONNECT YOU WITH RESOURCES THAT NURTURE YOUR WHOLE FAMILY AND SUPPORT YOUR CHILD. FAMILY CONNECTS IS COMMITTED TO OFFERING POSTPARTUM CARE THAT IS EQUITABLE, INCLUSIVE, FAMILY-CENTERED, AND CULTURALLY COMPETENT TO ALL FAMILIES. IN FY22-23, 1017 FAMILIES WITH NEWBORNS WERE SUPPORTED WITH A FAMILY CONNECTS VISIT.

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

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

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

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

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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OTHER AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS.

EXPENSES \$ 179,128. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PROVIDED TO BOTH THE FINANCE COMMITTEE AND ULTIMATELY THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

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

A QUESTIONNAIRE AND FORM IS CIRCULATED ANNUALLY TO THE BOARD, OFFICERS AND KEY EMPLOYEES TO DOCUMENT POTENTIAL CONFLICTS OF INTEREST.

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

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

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	16,054.
MANAGEMENT AND GENERAL EXPENSES	1,980.
FUNDRAISING EXPENSES	1,655.
TOTAL EXPENSES	19,689.

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

PROGRAM SERVICE EXPENSES	1,556,571.
MANAGEMENT AND GENERAL EXPENSES	140,119.
FUNDRAISING EXPENSES	117,114.
TOTAL EXPENSES	1,813,804.

THIRD PARTY PROCESSING FEES:

PROGRAM SERVICE EXPENSES	14,651.
MANAGEMENT AND GENERAL EXPENSES	2,604.
FUNDRAISING EXPENSES	2,176.
TOTAL EXPENSES	19,431.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,852,924.

FORM 990, PART XII, LINE 2C:

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY FOR GREATER AUSTIN	Taxpayer identification number (TIN) 74-1193439
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5930 MIDDLE FISKVILLE RD, 5TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78752	

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

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

MAZNA ANDRABI

• The books are in the care of ▶ **5930 MIDDLE FISKVILLE RD, 5TH FLOOR - AUSTIN, TX 78752**

Telephone No. ▶ **512-382-8610** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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

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

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