

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)

2024

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 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: UNITED WAY FOR GREATER AUSTIN D Employer identification number: 74-1193439 E Telephone number: 512-472-6267 G Gross receipts \$: 22,230,110 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.UNITEDWAYAUSTIN.ORG K Form of organization: L Year of formation: 1952 M State of legal domicile: TX

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: INGRID TAYLOR, CEO. Preparer: SHANNON PETERSON, MAXWELL LOCKE & RITTER LLP.

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 OUR COMMUNITY TOGETHER TO BREAK ECONOMIC BARRIERS AND BUILD OPPORTUNITY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,350,065. including grants of \$ 1,027,500.) (Revenue \$ 262,106.) 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 \$ 9,904,930. including grants of \$ 162,500.) (Revenue \$ 608,217.) 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 HELPLINE IS FREE, CONFIDENTIAL, MULTILINGUAL, AND AVAILABLE 24/7. 2-1-1 IS FOR ANYONE WHO NEEDS HELP AND DOESN'T KNOW WHERE TO TURN. NAVIGATION SPECIALISTS HELP CALLERS IDENTIFY THEIR NEEDS AND PROVIDE INFORMATION ABOUT FOOD, HOUSING, TRANSPORTATION, HEALTH, CHILD CARE, EDUCATION, EMPLOYMENT, BENEFITS ASSISTANCE, AND MORE. AND WHEN DISASTER STRIKES, OUR 2-1-1 CALL SPECIALISTS ARE THERE, PROVIDING

4c (Code:) (Expenses \$ 1,675,364. including grants of \$ 930,000.) (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 \$ 62,375. including grants of \$ 62,375.) (Revenue \$)

4e Total program service expenses 16,992,734.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and noncash contributions.

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, Description, 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 response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 38; 1b Enter the number of voting members included on line 1a... 38; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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
KYLE BOLLS - 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) INGRID TAYLOR CEO	40.00			X			200,000.	0.	13,649.	
(2) AMY PRICE VP - CHRN	40.00				X		143,000.	0.	20,465.	
(3) AARON DELAO VP - EECA	40.00				X		141,000.	0.	13,158.	
(4) ASHLEY MITCHELL VP - HC	40.00				X		135,256.	0.	13,404.	
(5) VANESSA HARTMAN VP - OPS	40.00				X		119,000.	0.	12,539.	
(6) ALISON BENTLEY VP - DATA	40.00				X		118,243.	0.	11,739.	
(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) AMANDA LUTHER 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) HEIDI ANDERSON DIRECTOR	2.00	X					0.	0.	0.	
(16) MONICA MUNOZ ANDRY DIRECTOR	2.00	X					0.	0.	0.	
(17) CHARLES THORNBURGH 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) CRISTINA GUAJARDO DIRECTOR	2.00	X						0.	0.	0.
(19) DAVID PORTER DIRECTOR	2.00	X						0.	0.	0.
(20) DANIELLE MCNEELY DIRECTOR	2.00	X						0.	0.	0.
(21) ED LATSON DIRECTOR	2.00	X						0.	0.	0.
(22) CURTIS WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
(23) JAY FOX DIRECTOR	2.00	X						0.	0.	0.
(24) JEHMU GREENE 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								856,499.	0.	84,954.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								856,499.	0.	84,954.

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 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAINSRING SCHOOLS 1100 W LIVE OAK, AUSTIN, TX 78704	CHILDCARE SERVICES FOR THE PRE-K PARTNE	193,110.
DK PARTNERS 6504 BRIDGE POINT PARKWAY, AUSTIN, TX 78730	ACCOUNTING CONSULTING SERVICES	127,715.
ANGELS CARE & LEARNING CENTER 7806 S 1ST STREET, AUSTIN, TX 78745	CHILDCARE SERVICES FOR THE PRE-K PARTNE	114,036.
BRIGHT BEGINNINGS, 2013 CYCLONE RIDGE COVE, ROUND ROCK, TX 78665	CHILDCARE SERVICES FOR THE PRE-K PARTNE	112,810.
TEXAS ONCOLOGY PA PO BOX 911230, DALLAS, TX 75391	MEDICAL SERVICES FOR ADDRESSING CANCER T	105,422.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

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) JENNIFER WU DIRECTOR	2.00	X						0.	0.	0.
(28) JEREMIAH BENTLEY DIRECTOR	2.00	X						0.	0.	0.
(29) JOHN DAVID HOLMES, JR. DIRECTOR	2.00	X						0.	0.	0.
(30) JOSHUA CHILDS DIRECTOR	2.00	X						0.	0.	0.
(31) KAREN STEAKLEY DIRECTOR	2.00	X						0.	0.	0.
(32) KRISTIN MARCUM CHAIR	2.00	X		X				0.	0.	0.
(33) LAURA HUFFMAN DIRECTOR	2.00	X						0.	0.	0.
(34) MALINI RAJPUT DIRECTOR	2.00	X						0.	0.	0.
(35) MARK STRAMA DIRECTOR	2.00	X						0.	0.	0.
(36) MICHELE GLAZE DIRECTOR	2.00	X						0.	0.	0.
(37) MICHELE SCOTT SECRETARY	2.00	X		X				0.	0.	0.
(38) MOLLIE DUCKWORTH DIRECTOR	2.00	X						0.	0.	0.
(39) RUDY METAYER DIRECTOR	2.00	X						0.	0.	0.
(40) RUSSELL LOWERY-HART DIRECTOR	2.00	X						0.	0.	0.
(41) RYAN FREDERICK DIRECTOR	2.00	X						0.	0.	0.
(42) SAROJANI MOHAMMED DIRECTOR	2.00	X						0.	0.	0.
(43) SCOTT RUST 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	181,434.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,608,903.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,148,334.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 99,435.			
	h	Total. Add lines 1a-1f		18,938,671.			
	Program Service Revenue	2 a	SERVICE FEE REVENUE	Business Code			
			900099	860,023.	860,023.		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		860,023.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		370,531.		370,531.	
	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			
				(ii) Other			
					1,723,959.		
	b	Less: cost or other basis and sales expenses	7b	1,600,837.			
c	Gain or (loss)	7c	123,122.				
d	Net gain or (loss)		123,122.		123,122.		
8 a	Gross income from fundraising events (not including \$ 181,434. of contributions reported on line 1c). See Part IV, line 18	8a		295,518.			
				329,853.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		-34,335.		-34,335.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a		31,108.			
				17,900.			
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities		13,208.		13,208.		
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	10,300.	10,300.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		10,300.				
12	Total revenue. See instructions		20,281,520.	870,323.	0.	472,526.	

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	2,182,375.	2,182,375.		
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	213,649.	199,812.	6,290.	7,547.
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	7,467,174.	6,987,027.	218,249.	261,898.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,797.	72,230.	2,531.	3,036.
9 Other employee benefits	304,523.	277,704.	12,190.	14,629.
10 Payroll taxes	593,510.	546,804.	21,230.	25,476.
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	38,547.		38,547.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,060,150.	1,819,300.	123,552.	117,298.
12 Advertising and promotion	175,823.	156,798.	8,647.	10,378.
13 Office expenses	101,005.	90,821.	4,626.	5,558.
14 Information technology	623,533.	555,504.	30,922.	37,107.
15 Royalties				
16 Occupancy	255,363.	199,536.	25,376.	30,451.
17 Travel	62,528.	57,399.	2,331.	2,798.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	125,579.	107,095.	8,402.	10,082.
20 Interest	34.	27.	3.	4.
21 Payments to affiliates	148,863.	116,113.	14,886.	17,864.
22 Depreciation, depletion, and amortization	4,242.	3,309.	424.	509.
23 Insurance	33,564.	26,180.	3,356.	4,028.
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	3,471,841.	3,463,159.	3,946.	4,736.
b MISCELLANEOUS EXPENSES	193,080.	87,140.	28,442.	77,498.
c MEMBERSHIP AND SUBSCRIP	35,024.	29,146.	2,672.	3,206.
d PHOTOGRAPHY AND VIDEO	10,017.	7,906.	960.	1,151.
e All other expenses	9,422.	7,349.	942.	1,131.
25 Total functional expenses. Add lines 1 through 24e	18,187,643.	16,992,734.	558,524.	636,385.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,476,256.	1	5,045,390.
	2 Savings and temporary cash investments	1,834,760.	2	1,421,605.
	3 Pledges and grants receivable, net	2,040,224.	3	1,457,827.
	4 Accounts receivable, net	3,705,405.	4	6,481,883.
	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	278,380.	7	296,921.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	358,692.	9	365,408.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 378,826.		
	b Less: accumulated depreciation	10b 369,793.	10c	9,033.
	11 Investments - publicly traded securities	5,721,827.	11	6,354,981.
	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	580,340.	15	407,266.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,000,126.	16	21,840,314.	
Liabilities	17 Accounts payable and accrued expenses	2,884,807.	17	1,853,244.
	18 Grants payable		18	
	19 Deferred revenue	951,527.	19	1,397,604.
	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	682,775.	25	631,077.
	26 Total liabilities. Add lines 17 through 25	4,519,109.	26	3,881,925.
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	12,484,133.	27	11,300,088.
	28 Net assets with donor restrictions	2,996,884.	28	6,658,301.
	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	15,481,017.	32	17,958,389.
	33 Total liabilities and net assets/fund balances	20,000,126.	33	21,840,314.

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	20,281,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,187,643.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,093,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,481,017.
5	Net unrealized gains (losses) on investments	5	383,495.
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	17,958,389.

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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22068569.	17907787.	16366184.	18396532.	18938671.	93677743.
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	22068569.	17907787.	16366184.	18396532.	18938671.	93677743.
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)						3715521.
6 Public support. Subtract line 5 from line 4.						89962222.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	22068569.	17907787.	16366184.	18396532.	18938671.	93677743.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	85,734.	78,663.	168,095.	450,571.	370,531.	1153594.
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.)	3,131.		10,808.	6,227.	10,300.	30,466.
11 Total support. Add lines 7 through 10						94861803.
12 Gross receipts from related activities, etc. (see instructions)					12	2,700,362.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	94.84 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	95.18 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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.

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: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

[X] 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

[X] 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	<hr/> <hr/> <hr/>	\$ <u>2,185,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>690,106.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>932,527.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,601,786.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>3,163,733.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,516,309.</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>739,353.</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>533,524.</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>872,407.</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>1,600,637.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY FOR GREATER AUSTIN

Employer identification number

74-1193439

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	777,674.	693,831.	655,399.	760,740.	621,691.
b Contributions					
c Net investment earnings, gains, and losses	85,524.	109,843.	38,432.	-105,341.	139,049.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		26,000.			
g End of year balance	863,198.	777,674.	693,831.	655,399.	760,740.

- 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 57.5337 %
 - c Term endowment 42.4663 %
- 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? | | |
- 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		378,826.	369,793.	9,033.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 9,033.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	223,812.
(3) OPERATING LEASE LIABILITIES	407,265.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	631,077.

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	21,003,612.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	383,495.
b	Donated services and use of facilities	2b	91,766.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	347,753.
e	Add lines 2a through 2d	2e	823,014.
3	Subtract line 2e from line 1	3	20,180,598.
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	38,547.
b	Other (Describe in Part XIII.)	4b	62,375.
c	Add lines 4a and 4b	4c	100,922.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,281,520.

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	18,526,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	91,766.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	347,753.
e	Add lines 2a through 2d	2e	439,519.
3	Subtract line 2e from line 1	3	18,086,721.
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	38,547.
b	Other (Describe in Part XIII.)	4b	62,375.
c	Add lines 4a and 4b	4c	100,922.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,187,643.

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 347,753.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 62,375.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 347,753.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS 62,375.

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)	GATHERING FOR GOOD (event type)	NONE (total number)	
Revenue	1	Gross receipts	400,833.	76,119.	476,952.
	2	Less: Contributions	155,349.	26,085.	181,434.
	3	Gross income (line 1 minus line 2)	245,484.	50,034.	295,518.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	14,890.	3,039.	17,929.
	7	Food and beverages	67,592.	13,402.	80,994.
	8	Entertainment	400.		400.
	9	Other direct expenses	167,671.	62,859.	230,530.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			329,853.
11	Net income summary. Subtract line 10 from line 3, column (d)			-34,335.	

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes		17,900.	17,900.
	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 checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				17,900.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				13,208.

9 Enter the state(s) in which the organization conducts gaming activities: **TX**

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

b If "No," explain: **TEXAS DOES NOT REQUIRE A QUALIFIED CHARITABLE ORGANIZATION TO OBTAIN A LICENSE IN ORDER TO CONDUCT A RAFFLE.**

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	.00	%
b An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name KYLE BOLLS

Address 5930 MIDDLE FISKVILLE RD. - AUSTIN, TX 78752

- 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 the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name MISSY STRITTMATTER

Gaming manager compensation \$ 6,750.
**

Description of services provided THE CHIEF DEVELOPMENT AND MARKETING OFFICER (CDMO) OVERSEES RAFFLE ACTIVITIES THAT TAKE PLACE DURING OUR ANNUAL FUNDRAISING EVENTS. THEY ENSURE THE ORGANIZATION IS IN COMPLIANCE

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:
THE CHIEF DEVELOPMENT AND MARKETING OFFICER (CDMO)
OVERSEES RAFFLE ACTIVITIES THAT TAKE PLACE DURING OUR ANNUAL
FUNDRAISING EVENTS. THEY ENSURE THE ORGANIZATION IS IN COMPLIANCE
WITH STATE AND FEDERAL REGULATIONS RELATED TO THESE ACTIVITIES.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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)	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)	195,000.	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
AVANCE-AUSTIN, INC. 4818 E. BEN WHITE BLVD, #205 AUSTIN, TX 78741	74-1969114	501(C)(3)	130,000.	0.			COMMUNITY INVESTMENT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51.

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

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
BIG BROTHERS BIG SISTERS OF CENTRAL TEXAS, INC. - PO BOX 4555 - AUSTIN, TX 78757	74-1678586	501(C)(3)	18,500.	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
CAPITAL IDEA 835 N. PLEASANT VALLEY RD 3RD FLOOR AUSTIN, TX 78702	74-2893041	501(C)(3)	30,000.	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)	30,000.	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
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

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
FOUNDATION COMMUNITIES, INC. 3036 SOUTH FIRST STREET, STE 200 AUSTIN, TX 78704	74-2563260	501(C)(3)	100,000.	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
HACA SCHOLARSHIP FOUNDATION DBA AUSTIN PATHWAYS - 1124 S IH 35 - AUSTIN, TX 78704	27-2133452	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
IMPACT COUNSELING SERVICES 2100 SCENIC DRIVE, SUITE 140 GEORGETOWN, TX 78626	86-3673863	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
JAIL TO JOBS 9809 TRAILS END RD LEANDER, TX 78641	27-1601066	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT GRANT
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA AUSTIN, TX 78702	41-1801834	501(C)(3)	70,000.	0.			COMMUNITY INVESTMENT GRANT
KLRU PO BOX 7158 AUSTIN, TX 78713	74-7126012	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
LADDERS FOR LEADERS 2912 AGAVE LOOP ROUND ROCK, TX 78681	27-0547111	501(C)(3)	24,000.	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
LIFEWORCS 3700 S 1ST STREET AUSTIN, TX 78704	31-1753071	501(C)(3)	30,050.	0.			COMMUNITY INVESTMENT GRANT, RFO & PASSTHROUGH FUNDS
LITERACY COALITION OF CENTRAL TEXAS - 724 EBERHART LN., SUITE 500 - AUSTIN, TX 78745	74-2288789	501(C)(3)	35,000.	0.			COMMUNITY INVESTMENT GRANT
LUBBOCK AREA UNITED WAY 1655 MAIN STREET, SUITE 101 LUBBOCK, TX 79401	75-0961812	501(C)(3)	14,544.	0.			RFO & PASSTHROUGH GRANTS
MAINSRING SCHOOLS 1100 W. LIVE OAK AUSTIN, TX 78704	74-1143055	501(C)(3)	115,000.	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
OPERATION LIBERTY HILL PO BOX 1081 LIBERTY HILL, TX 78642	80-0788990	501(C)(3)	30,000.	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
PELTONU 500 E. ST. JOHNS AVE. SUITE 1460 AUSTIN, TX 78752	46-0920019	501(C)(3)	25,000.	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
PROJECT TRANSFORMATION RIO TEXAS PO 100876 SAN ANTONIO, TX 78201	84-2069964	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
RESET MENTORING PO BOX 1071 ROUND ROCK, TX 78680	81-4019613	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT
ROUND ROCK ISD EDUCATION FOUNDATION - 595 ROUND ROCK W DR STE 404 - ROUND ROCK, TX 78781	74-2488709	501(C)(3)	30,000.	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
SAINT LOUISE HOUSE P.O. BOX 150637 AUSTIN, TX 78715	74-2968167	501(C)(3)	75,000.	0.			COMMUNITY INVESTMENT GRANT
SAMARITAN HEALTH MINISTRIES 904 CRYSTAL FALLS PARKWAY LEANDER, TX 78641	74-2570190	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT GRANT
SENIOR ACCESS 2948 E. PALM VALLEY BLVD ROUND ROCK, TX 78665	74-2692484	501(C)(3)	25,000.	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
SKILLPOINT ALLIANCE 8868 RESEARCH BLVD. SUITE 505 AUSTIN, TX 78758	74-2704188	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
THE GEORGETOWN PROJECT PO BOX 957 GEORGETOWN, TX 78627	74-2807713	501(C)(3)	30,000.	0.			COMMUNITY INVESTMENT GRANT
THE GOODWILL EXCEL CENTER FOR ADULTS - 1015 NORWOOD PARK BLVD. - AUSTIN, TX 78753	74-1322808	501(C)(3)	40,000.	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
TRINITY CHILD DEVELOPMENT CENTER 5801 WESTMINSTER DRIVE AUSTIN, TX 78723	74-1494756	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT GRANT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501(C)(3)	8,895.	0.			RFO & PASSTHROUGH GRANTS
UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR DALLAS, TX 75202	75-6005352	501(C)(3)	8,680.	0.			RFO & PASSTHROUGH GRANTS
WORKFORCE SOLUTIONS 9001 N. IH 35 STE. 110 AUSTIN, TX 78753	74-2327454	501(C)(3)	40,000.	0.			COMMUNITY INVESTMENT GRANT
ATX MENTAL HEALTH FUND (SPONSOR OPEN COLLECTIVE FND) - 440 N BARRANCA AVE 3717 - COVINA, CA 91723	81-4004928	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT GRANT; OPEN COLLECTIVE FOUNDATION ACTS AS FISCAL SPONSOR BUT ALL FUNDS ARE

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ATX MENTAL HEALTH FUND (SPONSOR OPEN COLLECTIVE FND)

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY INVESTMENT GRANT; OPEN COLLECTIVE FOUNDATION ACTS AS FISCAL SPONSOR BUT ALL FUNDS ARE DISTRIBUTED TO ATX MENTAL HEALTH FUND

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

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

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

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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) INGRID TAYLOR CEO	(i)	200,000.	0.	0.	3,397.	10,252.	213,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY PRICE VP - CHRN	(i)	143,000.	0.	0.	8,966.	11,499.	163,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AARON DELAO VP - EECA	(i)	141,000.	0.	0.	2,500.	10,658.	154,158.	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)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	X	3	26,874.	MARKET QUOTATIONS
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 (AUCTION AND GIV)	X	29	72,561.	RETAIL VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported on 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?

	Yes	No
30a		X
31	X	
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2024

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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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:
OPPORTUNITY FOR ALL.

FORM 990, PART III, LINE 1, BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION:
EDUCATION, HEALTH, AND FINANCIAL STABILITY.

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

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

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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: THE PASSING OF
PROPOSITION A WITH THE SUPPORT OF THE COALITION, WHICH WILL INCREASE
COUNTY FUNDING FOR EARLY CARE AND EDUCATION; INCREASE IN THE NUMBER OF
HIGH-QUALITY CHILD CARE PROVIDERS IN AUSTIN/TRAVIS COUNTY; EXPANSION OF
OUR HOME VISITING AND PARENT EDUCATION PARTNER PROGRAMS LIKE FAMILY
CONNECTS, ADVANCES IN THE POLICY RECOMMENDATIONS FROM THE EARLY
CHILDHOOD COUNCIL WORKING GROUP AT THE CITY; AND CHAMPIONING A BILL
THAT CENTRALIZES PRE-K FUNDING THAT EXPANDS EARLY CHILD EDUCATION
ACCESS FOR CENTERS, TEACHERS, AND FAMILIES.

UNITED WAY SPEARHEADS SEVERAL PROGRAMS AND INITIATIVES THAT MOVE THE
NEEDLE FOR HIGH-QUALITY EARLY CARE AND EDUCATION. HERE ARE SOME
EXAMPLES:

OUR PRE-K PARTNERSHIPS AND SHARED SERVICES ALLIANCE PROGRAMS CONTINUED
TO SERVE CENTERS WITH PROFESSIONAL TRAININGS, DIAPERS, OPERATIONAL
SUPPORTS LIKE PAYROLL MANAGEMENT AND TEACHER BADGES, AND MORE. WE
SERVED MORE THAN 70 CHILD CARE CENTERS, 500 TEACHERS, AND 5,000

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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CHILDREN THROUGH THESE PROGRAMS.

HIGH- 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 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. IN 2024-2025, FAMILY CONNECTS EXPANDED TO SERVE ANY FAMILY WITH A NEWBORN, REGARDLESS OF WHICH COUNTY THEY LIVE IN, WHO ARE TEXAS RESIDENTS AND HAVE GIVEN BIRTH AT PARTNER HOSPITALS. THIS PROGRAM SERVES MORE THAN 1,000 FAMILIES EACH YEAR.

LANTERN 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 SERVICE SUPPORTS MORE THAN 4,000 CAREGIVERS ANNUALLY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IMMEDIATE HELP. IN 2024-2025, OUR NAVIGATION TEAM ANSWERED MORE THAN 1,000 REQUESTS FOR HELP DAILY.

IN ADDITION, OUR NAVIGATION CENTER PROVIDES THESE COMMUNITY RESOURCES:

45,000+ BEHAVIORAL HEALTH REQUESTS ANSWERED
AFFORDABLE CARE ACT 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 WHO ARE UNINSURED WILL RECEIVE CANCER CARE AT LITTLE TO NO COST.

THROUGH OUR MATERNAL HEALTH AND PARENT EDUCATION PARTNERSHIPS WITH PROGRAMS LIKE ANY BABY CAN'S PARENTS AS TEACHERS, FAMILY CONNECTS, AND TRAVIS COUNTY HEALTH FAMILIES, IN 2024-2025, 2,047 PREGNANT AND POSTPARTUM MOTHERS WERE CONNECTED TO LIFE-CHANGING SUPPORTS THROUGH OUR MATERNAL HEAL PROGRAMS.

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

IN 2024-2025, THE 2-GEN COALITION, SPEARHEADED BY UNITED WAY, SERVED MORE THAN 133,000 CLIENTS, NEARLY 16,000 FAMILIES, AND NEARLY 12,000 CHILDREN WITH RESOURCES TO SUPPORT FAMILY STABILITY.

WE WRAPPED UP THE PARENTING STUDENTS PROJECT, A FOUR-YEAR PROGRAM IN PARTNERSHIP WITH AUSTIN COMMUNITY COLLEGE. THIS PROGRAM PROVIDED PARENTS WITH SUPPORTS THEY NEEDED TO ACCELERATE THEIR POSTSECONDARY

Name of the organization UNITED WAY FOR GREATER AUSTIN	Employer identification number 74-1193439
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GRADUATION, LIKE A MONTHLY STIPEND, ACCESS TO HIGH-QUALITY CHILD CARE, ACADEMIC COUNSELING, AND MORE. THIS LED TO 88% OF STUDENTS WHO PARTICIPATED IN THE PROGRAM GRADUATING OR STAYING IN SCHOOL COMPARED TO 54% OF STUDENTS WHO DID NOT PARTICIPATE IN THE PROGRAM.

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 ENGLISH AS A SECOND LANGUAGE OR WORKFORCE TRAINING, COLLEGE CLASSES, AND HIGH-QUALITY EARLY EDUCATION FOR YOUNG CHILDREN IN THE FAMILY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER AMOUNTS DESIGNATED BY CONTRIBUTORS FOR SPECIFIC ORGANIZATIONS.
EXPENSES \$ 62,375. INCLUDING GRANTS OF \$ 62,375. 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:

PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,819,264.
MANAGEMENT AND GENERAL EXPENSES	96,796.
FUNDRAISING EXPENSES	116,155.
TOTAL EXPENSES	2,032,215.

THIRD PARTY PROCESSING FEES:

PROGRAM SERVICE EXPENSES	36.
MANAGEMENT AND GENERAL EXPENSES	26,756.
FUNDRAISING EXPENSES	1,143.
TOTAL EXPENSES	27,935.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,060,150.

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.