

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF LARIMER COUNTY		D Employer identification number 84-6031503
	Doing business as		E Telephone number 970-407-7000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	525 W OAK ST.	101	G Gross receipts \$ 8,257,182.
	City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 80521		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
F Name and address of principal officer: DEIRDRE SULLIVAN SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.UWAYLC.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 1958	M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY TRANSFORMS COMMUNITIES SO EVERYONE THRIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	4040
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,545,912.	8,129,744.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,155.	17,993.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,939.	81,708.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-30,029.	-41,071.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,608,977.	8,188,374.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,117,913.	3,499,943.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,592,877.	1,684,411.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 480,381.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	778,009.	879,503.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,488,799.	6,063,857.
19 Revenue less expenses. Subtract line 18 from line 12	120,178.	2,124,517.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,949,307.	8,419,924.
	22 Net assets or fund balances. Subtract line 21 from line 20	991,698.	1,046,388.
		4,957,609.	7,373,536.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DEIRDRE SULLIVAN, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KYLE FRITCH, CPA	KYLE FRITCH, CPA	11/30/21	<input type="checkbox"/>	P01313374
Firm's name ▶ EIDE BAILLY LLP			Firm's EIN ▶ 45-0250958		
Firm's address ▶ 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429			Phone no. 970-223-8825		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF LARIMER COUNTY LEADS PHILANTHROPY IN OUR COMMUNITY, ENSURING THAT GIFTS OF TIME, TALENT AND TREASURE ADDRESS TODAY'S GREATEST NEEDS - AND REDUCE TOMORROW'S. SEE SCHEDULE O FOR MORE INFORMATION.

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

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

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

4a (Code:) (Expenses \$ 2,723,574. including grants of \$ 1,696,278.) (Revenue \$ 17,993.) UNITED WAY OF LARIMER COUNTY DIRECTS FUNDING AND RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS SERVING OUR MOST IMPACTED COMMUNITIES, TO ACHIEVE SIGNIFICANT CHANGES IN THE AREAS OF YOUTH & EDUCATION, FINANCIAL STABILITY, COMMUNITY ENGAGEMENT AND NONPROFIT EXCELLENCE. SEE SCHEDULE O FOR MORE INFORMATION.

4b (Code:) (Expenses \$ 1,429,301. including grants of \$ 1,429,301.) (Revenue \$) UNITED WAY OF LARIMER COUNTY RESPONSIBILITY FULFILLS DONOR INTENT, INCLUDING DONATIONS THAT ARE DESIGNATED TO NONPROFIT AGENCIES OTHER THAN UNITED WAY OF LARIMER COUNTY. UNITED WAY OF LARIMER COUNTY PROCESSED NEARLY \$1.4 MILLION IN DONOR DESIGNATIONS, DISTRIBUTING FUNDS TO HUNDREDS OF NONPROFIT AGENCIES ACROSS THE COUNTRY. UNITED WAY VERIFIES THAT EACH AGENCY IS ELIGIBLE TO RECEIVE CHARITABLE DONATIONS IN COMPLIANCE WITH THE USA PATRIOT ACT AND OTHER COUNTERTERRORISM LAWS.

4c (Code:) (Expenses \$ 756,579. including grants of \$ 374,364.) (Revenue \$) IN ADDITION TO EXTERNALLY DIRECTED DOLLARS, UNITED WAY OF LARIMER COUNTY ALSO MANAGES THREE SIGNIFICANT INTERNAL PROGRAMS: THE 211 RESOURCE NAVIGATION PROGRAM, COLORADO READING CORPS AND WOMEN GIVE THESE PROGRAMS SUPPORT OUR EFFORTS TO PROVIDE BOTH SHORT AND LONG-TERM SOLUTIONS TO STRENGTHEN OUR COMMUNITY, WITH 211 FOCUSED ON IMMEDIATE NEEDS, COLORADO READING CORPS FOCUSES ON RESEARCH-BASED STRATEGIES THAT LEAD TO HIGHER GRADUATION RATES, AND A TWO-GENERATION APPROACH TO CREATING ECONOMIC MOBILITY OPPORTUNITIES THROUGH OUR WOMEN GIVE PROGRAM.

SEE SCHEDULE O FOR MORE INFORMATION.

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

4e Total program service expenses 4,909,454.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CO**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DIANE HATHWAY - 970-407-7000**
525 W. OAK ST. #101, FORT COLLINS, CO 80521

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNIE DAVIES PRESIDENT/CEO (THRU 7/20)	45.00			X				93,795.	0.	4,673.
(2) DIANE HATHAWAY CHIEF FINANCIAL OFFICER	45.00			X				84,224.	0.	12,828.
(3) CLAIRE BOUCHARD VP COMMUNITY IMPACT (THRU 4/21)	45.00			X				84,518.	0.	10,696.
(4) ALLISON HINES VP RESOURCE DEVELOPMENT	45.00			X				84,300.	0.	4,215.
(5) SUSAN DAVIDS VP/OPERATIONS & BUSINESS DEVELOPMENT	45.00			X				81,931.	0.	3,827.
(6) DEIRDRE SULLIVAN PRESIDENT/CHIEF EXECUTIVE OFFICER (F	45.00			X				38,281.	0.	3,885.
(7) JUSTIN DAVIS BOARD CHAIR	1.00	X		X				0.	0.	0.
(8) TRACY OLDEMEYER PAST BOARD CHAIR	1.00	X		X				0.	0.	0.
(9) ROBERT WAGNER TREASURER	1.00	X		X				0.	0.	0.
(10) KELLY MCBARTLETT SECRETARY	1.00	X		X				0.	0.	0.
(11) ANNE FOLK HR COMMITTEE CHAIR	1.00	X		X				0.	0.	0.
(12) DENISE MCFANN CI COMMITTEE CHAIR	1.00	X		X				0.	0.	0.
(13) KEVIN CORY BOARD MEMBER	1.00	X						0.	0.	0.
(14) YOLANDA BEVILL BOARD MEMBER	1.00	X						0.	0.	0.
(15) MARIA GABRIEL BOARD MEMBER	1.00	X						0.	0.	0.
(16) JONI FRIEDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) MOLLY GHENT BOARD MEMBER	1.00	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)	(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			
(18) MICHAEL HOOKER BOARD MEMBER	1.00	X						0.	0.	0.
(19) JEFFREY JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(20) LINDA HOFFMANN BOARD MEMBER	1.00	X						0.	0.	0.
(21) PAUL MEULLER BOARD MEMBER	1.00	X						0.	0.	0.
(22) LORNA REEVES BOARD MEMBER	1.00	X						0.	0.	0.
(23) TINA HARKNESS BOARD MEMBER	1.00	X						0.	0.	0.
(24) LAURA JO WASHLE BOARD MEMBER	1.00	X						0.	0.	0.
(25) LISE YOUNGBLADE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								467,049.	0.	40,124.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								467,049.	0.	40,124.

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 **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

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	103,386.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	701,509.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,324,849.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 891,542.				
	h Total. Add lines 1a-1f		▶ 8,129,744.				
Program Service Revenue	2 a PROGRAM SERVICES REVENUE	Business Code	561000	17,993.	17,993.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		▶ 17,993.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶ 81,708.			81,708.	
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
	6 a Gross rents	(i) Real	27,737.				
		(ii) Personal					
		6b Less: rental expenses	0.				
	6c Rental income or (loss)	27,737.					
	d Net rental income or (loss)		▶ 27,737.			27,737.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales expenses					
	7c Gain or (loss)						
	d Net gain or (loss)		▶				
	8 a Gross income from fundraising events (not including \$ 103,386. of contributions reported on line 1c). See Part IV, line 18		8a	0.			
b Less: direct expenses		8b	68,808.				
c Net income or (loss) from fundraising events		▶ -68,808.			-68,808.		
9 a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory		▶					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		▶				
12 Total revenue. See instructions		▶ 8,188,374.	17,993.	0.	40,637.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,125,579.	3,125,579.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	374,364.	374,364.		
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	496,152.	245,920.	159,627.	90,605.
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	919,889.	488,625.	260,194.	171,070.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,444.	17,725.	13,794.	7,925.
9 Other employee benefits	116,661.	52,900.	38,793.	24,968.
10 Payroll taxes	112,265.	54,484.	35,915.	21,866.
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				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	306,500.	213,335.	42,676.	50,489.
12 Advertising and promotion				
13 Office expenses	30,639.	12,696.	5,075.	12,868.
14 Information technology	86,718.	53,263.	15,533.	17,922.
15 Royalties				
16 Occupancy	294,070.	202,211.	55,562.	36,297.
17 Travel	1,193.	496.	195.	502.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,522.	2,088.	2,663.	1,771.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,391.	27,559.	1,736.	1,096.
23 Insurance				
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 MEMBERSHIP DUES	82,087.	29,497.	31,659.	20,931.
b PRINTING AND PUBLICATIO	27,733.	8,712.	10,600.	8,421.
c DONOR STEWARDSHIP	13,650.			13,650.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,063,857.	4,909,454.	674,022.	480,381.
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 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		1	
	2 Savings and temporary cash investments	3,045,298.	2	4,159,980.
	3 Pledges and grants receivable, net	745,203.	3	1,235,943.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	44,858.	9	21,276.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 967,509.		
	b Less: accumulated depreciation	10b 117,928.	249,857.	10c 849,581.
	11 Investments - publicly traded securities		11	
	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	1,864,091.	15	2,153,144.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,949,307.	16	8,419,924.	
Liabilities	17 Accounts payable and accrued expenses	168,186.	17	213,498.
	18 Grants payable	444,251.	18	446,336.
	19 Deferred revenue	12,500.	19	3,925.
	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	297,362.	24	299,893.
	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	69,399.	25	82,736.
	26 Total liabilities. Add lines 17 through 25	991,698.	26	1,046,388.
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	3,135,159.	27	3,697,249.
	28 Net assets with donor restrictions	1,822,450.	28	3,676,287.
	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	4,957,609.	32	7,373,536.
33 Total liabilities and net assets/fund balances	5,949,307.	33	8,419,924.	

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	8,188,374.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,063,857.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,124,517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,957,609.
5	Net unrealized gains (losses) on investments	5	
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	291,410.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,373,536.

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 in 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 Single Audit Act and OMB Circular A-133?
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5575766.	6086547.	5856221.	5545912.	8129744.	31194190.
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	5575766.	6086547.	5856221.	5545912.	8129744.	31194190.
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)						273,308.
6 Public support. Subtract line 5 from line 4.						30920882.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5575766.	6086547.	5856221.	5545912.	8129744.	31194190.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	172,248.	182,884.	280,276.	60,673.	109,445.	805,526.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,152.				0.	8,152.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						32007868.
12 Gross receipts from related activities, etc. (see instructions)					12	235,964.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	96.60 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.30 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>474,199.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>199,918.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>625,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>297,632.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
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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
3	LAND _____ _____ _____	\$ 625,000.	12/30/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNITED WAY OF LARIMER COUNTY Employer identification number 84-6031503

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (checkboxes for yes/no).

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.

Form with questions 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures, including revenue and asset values.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,836,489.	1,764,736.	1,050,914.	957,467.	1,000,401.
b Contributions	75,564.	1,895.	687,663.	29,400.	34,452.
c Net investment earnings, gains, and losses	393,326.	83,848.	92,991.	73,594.	92,777.
d Grants or scholarships				160,000.	940,163.
e Other expenditures for facilities and programs	137,280.				
f Administrative expenses	14,955.	13,990.	9,054.	9,547.	8,947.
g End of year balance	2,153,144.	1,836,489.	1,822,514.	1,050,914.	958,683.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 88.7000 %
 - c Term endowment 11.3000 %
- 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		625,000.		625,000.
b Buildings				
c Leasehold improvements		230,064.	44,183.	185,881.
d Equipment		112,445.	73,745.	38,700.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				849,581.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	2,153,144.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,153,144.

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) DEFERRED LEASE LIABILITY	82,736.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	82,736.

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	7,109,009.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	58,526.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	316,655.	
e	Add lines 2a through 2d	2e		375,181.
3	Subtract line 2e from line 1	3		6,733,828.
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		
b	Other (Describe in Part XIII.)	4b	1,454,546.	
c	Add lines 4a and 4b	4c		1,454,546.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,188,374.

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	4,693,082.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	58,526.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		58,526.
3	Subtract line 2e from line 1	3		4,634,556.
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		
b	Other (Describe in Part XIII.)	4b	1,429,301.	
c	Add lines 4a and 4b	4c		1,429,301.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,063,857.

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 INTENDED USE OF THE ORGANIZATIONS ENDOWMENT FUNDS IS TO SERVE AS A PERMANENT SOURCE OF INCOME TO SUPPORT THE MISSION OF THE ORGANIZATION AND ALLOW FOR NO ADMINISTRATIVE FEES CHARGED TO DONORS.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT IS UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION HAS

Part XIII Supplemental Information (continued)

DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION	316,655.
--	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS NOT REPORTED AS REVENUE PER GAAP	1,391,904.
---	------------

UNCOLLECTIBLE PROMISES TO GIVE NETTED WITH INCOME ON AUDITED FINANCIALS	62,642.
---	---------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,454,546.
---------------------------------------	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS NOT REPORTED AS EXPENSE PER GAAP	1,429,301.
---	------------

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))	
		STATE OF THE COMMUNITY (event type)	WOMEN GIVE (event type)	1 (total number)		
Revenue	1	Gross receipts	53,029.	17,500.	32,857.	103,386.
	2	Less: Contributions	53,029.	17,500.	32,857.	103,386.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,863.	12,077.	32,868.	68,808.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				68,808.
11	Net income summary. Subtract line 10 from line 3, column (d)				-68,808.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF LARIMER COUNTY** Employer identification number **84-6031503**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF LARIMER COUNTY - 103 SMOKEY STREET - FORT COLLINS, CO 80525	74-2425914	501(C)(3)	70,686.	0.			GENERAL PROGRAM SUPPORT
CATHOLIC CHARITIES - LARIMER COUNTY REGION - 6240 SMITH ROAD - DENVER, CO 80216	84-0686679	501(C)(3)	20,000.	0.			GENERAL PROGRAM SUPPORT
CHILDREN'S SPEECH AND READING CENTER - 1330 OAKRIDGE DR UNITE 10 - FORT COLLINS, CO 80525-9652	84-1227883	501(C)(3)	13,500.	0.			GENERAL PROGRAM SUPPORT
ESTES PARK LEARNING PLACE 600 SOUTH SAINT VRAIN, UNIT 2 ESTES PARK, CO 80517	33-1003417	501(C)(3)	11,000.	0.			GENERAL PROGRAM SUPPORT
ESTES VALLEY INVESTMENT IN CHILDHOOD SERVICES - 600 S. VRAIN AVENUE, UNIT 2 - ESTES PARK, CO 80517-3373	84-1552138	501(C)(3)	54,500.	0.			GENERAL PROGRAM SUPPORT
FAMILY HOUSING NETWORK P.O. BOX 1765 FORT COLLINS, CO 80522-1765	46-3225758	501(C)(3)	16,000.	0.			GENERAL PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **50.**
- 3** Enter total number of other organizations listed in the line 1 table **14.**

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR. LOVELAND, CO 80538	74-2336171	501(C)(3)	26,000.	0.			DONOR DESIGNATED PAYMENTS
FOOTHILLS UNITARIAN CHURCH 1815 YORKTOWN AVE. FORT COLLINS, CO 80526	84-0453854	501(C)(3)	89,000.	0.			DONOR DESIGNATED PAYMENTS
GREENPATH INC. 424 PINE STREET STE 202 FORT COLLINS, CO 80524	38-6142925	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
HOMELESS GEAR - MURPHY CENTER FOR HOPE - 242 CONIFER STREET - FORT COLLINS, CO 80524	81-0793989	501(C)(3)	15,000.	0.			GENERAL PROGRAM SUPPORT
HOMEWARD ALLIANCE P.O. BOX 873 FORT COLLINS, CO 80522-0873	27-4641606	501(C)(3)	30,000.	0.			GENERAL PROGRAM SUPPORT
HOUSE OF NEIGHBORLY SERVICE 1511 E. 11TH ST STE 100 LOVELAND, CO 80537-5006	84-0568546	501(C)(3)	33,500.	0.			GENERAL PROGRAM SUPPORT
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR FORT COLLINS, CO 80524-2054	84-0630214	501(C)(3)	59,700.	0.			GENERAL PROGRAM SUPPORT
PARTNERS MENTORING YOUTH 530 S. COLLEGE AVE STE 1 FORT COLLINS, CO 80524-3235	74-2486211	501(C)(3)	17,050.	0.			GENERAL PROGRAM SUPPORT
PROJECT SELF-SUFFICIENCY 375 W. 37TH ST STE 150 LOVELAND, CO 80538-8435	84-1206341	501(C)(3)	65,000.	0.			GENERAL PROGRAM SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESPITE CARE, INC. 6203 S. LEMAY AVE FORT COLLINS, CO 80525-9436	84-0840653	501(C)(3)	52,239.	0.			GENERAL PROGRAM SUPPORT
THE FAMILY CENTER-LA FAMILIA 309 HICKORY ST STE 5 FORT COLLINS, CO 80524-1106	84-1318219	501(C)(3)	90,000.	0.			GENERAL PROGRAM SUPPORT
THE MATTHEWS HOUSE 415 MASON CT STE 1 FORT COLLINS, CO 80524	20-2894339	501(C)(3)	111,266.	0.			GENERAL PROGRAM SUPPORT
THOMPSON VALLEY PRESCHOOL, INC. 803 E 16TH ST LOVELAND, CO 80538-4063	84-0676714	501(C)(3)	32,001.	0.			GENERAL PROGRAM SUPPORT
CSU - DEPT OF HUMAN DEVELOPMENT AND FAMILY STUDIES - CAMPUS DELIVERY 1570 - FORT COLLINS, CO 80523	23-7098397	STATE OF COLORAD	10,000.	0.			GENERAL PROGRAM SUPPORT
AFTER SCHOOL KINDNESS, INC. 1525 PELICAN LAKES PT., UNIT B WINDSOR, CO 80550	85-1093023		37,797.	0.			WOMENGIVE SCHOLARSHIP
ALIANZA NORCO 3220 MESA VERDE ST FORT COLLINS, CO 80525	83-2325518	501(C)(3)	21,800.	0.			COVID & RACIAL EQUITY
BE THE GIFT PO BOX 1285 LOVELAND, CO 80539-1285	84-6122703	501(C)(3)	20,000.	0.			COVID
CHRIST FELLOWSHIP CHILD DEVELOPEMENT CENTER - 3850 ZIEGLER RD - FORT COLLINS, CO 80525	84-0932430	501(C)(3)	5,000.	0.			LC CHILDCARE FUND

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL ENRICHMENT CENTER OF FORT COLLINS - 223 LINDEN ST, UPPER LEVEL - FORT COLLINS, CO 80524	85-2096204	501(C)(3)	10,200.	0.			RACIAL EQUITY
EARLY CHILDHOOD COUNCIL OF LARIMER COUNTY - 424 PINE ST STE 201 - FORT COLLINS, CO 80524-2421	01-0633672	501(C)(3)	70,720.	0.			LC CHILDCARE FUND
FORT COLLINS COMMUNITY ACTION NETWORK - PO BOX 400 - FORT COLLINS, CO 80522	84-1575562	501(C)(3)	5,000.	0.			VACCINE EQUITY
FORT COLLINS MONTESSORI SCHOOL 1109 W HARMONY FORT COLLINS, CO 80526	90-0925441	501(C)(3)	6,997.	0.			LC CHILDCARE FUND
FRIENDS OF THE LOVELAND PUBLIC LIBRARY - 300 N ADAMS AVE - LOVELAND, CO 80537	84-1424591	501(C)(3)	25,000.	0.			COVID
HEART AND SOL PO BOX 7801 LOVELAND, CO 80537	83-2387122	501(C)(3)	5,000.	0.			VACCINE EQUITY
LA COCINA 424 PINE STREET STE 102 FORT COLLINS, CO 80524	83-3592629	501(C)(3)	22,000.	0.			RACIAL EQUITY
LIVE THE VICTORY, INC. 415 MASON CT. #1 FORT COLLINS, CO 80524	20-2894339	501(C)(3)	13,050.	0.			GENERAL PROGRAM SUPPORT
MOUNTAINTOP CHILDCARE, INC. 1250 WOODSTOCK DR ESTES PARK, CO 80517	83-1111054		7,500.	0.			LC CHILDCARE FUND

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW EYES VILLAGE 6501 BRITTANY ST FORT COLLINS, CO 80525	84-2588671	501(C)(3)	5,500.	0.			LC CHILDCARE FUND
PRIMROSE SCHOOL OF FORT COLLINS 2117 BIGHORN DRIVE FORT COLLINS, CO 80525	26-1854148		5,000.	0.			LC CHILDCARE FUND
REALITIES FOCUS, INC. - VITA / TCE FREE TAX - 2601 SOUTH LEMAY AVENUE, STE 187 - FORT COLLINS, CO 80525	73-1707043	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
RIVER SONG WALDORF SCHOOL 900 E STUART ST FORT COLLINS, CO 80525	84-1116668	501(C)(3)	6,748.	0.			LC CHILDCARE FUND
SALUD FAMILY HEALTH CENTER - FORT COLLINS - 203 SOUTH ROLLIE AVENUE - FORT LUPTON, CO 80621	84-0613540	501(C)(3)	25,000.	0.			COVID
THE WAREHOUSE BUSINESS ACCELERATOR 222 EAST FOURTH STREET STE #300 LOVELAND, CO 80537	46-4102790	501(C)(3)	20,000.	0.			COVID
THOMPSON SCHOOL DISTRICT R2-J 800 SOUTH TAFT AVENUE LOVELAND, CO 80537	84-6013346	STATE OF COLORAD	20,000.	0.			COVID
VINDEKET FOODS PO BOX 9 FORT COLLINS, CO 80522	84-4870952	501(C)(3)	20,000.	0.			COVID
VOLUNTEERS OF AMERICA, COLORADO BRANCH - 405 CANYON AVE - FORT COLLINS, CO 80521-2773	84-0430995	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKLIFE PARTNERSHIP 1151 EAST 11TH STREET LOVELAND, CO 80537	47-1331690	501(C)(3)	20,000.	0.			GENERAL PROGRAM SUPPORT
YMCA OF NORTHERN COLORADO 2800 DAGNY WAY LAFAYETTE, CO 80026	84-0459944	501(C)(3)	54,163.	0.			LC CHILDCARE FUND
YMCA OF THE ROCKIES PO BOX 20800 ESTES PARK, CO 80511	84-0404913	501(C)(3)	15,000.	0.			LC CHILDCARE FUND
YOUNG PEOPLES LEARNING CENTER 209 EAST PLUM STREET FORT COLLINS, CO 80524	37-1848487		66,527.	0.			WOMENGIVE SCHOLARSHIP
CSU EARLY CHILDCARE CENTER 223 S. SHIELDS STREET FORT COLLINS, CO 80523-1570	23-7098397	STATE OF COLORAD	10,766.	0.			WOMENGIVE SCHOLARSHIP
AXIS INTERNATIONAL ACADEMY 2130 W HORSETOOTH ROAD FORT COLLINS, CO 80526	83-0824372	501(C)(3)	6,041.	0.			WOMENGIVE SCHOLARSHIP
ALPHABEST EDUCATION 1001 A E. HARMONY #345 FORT COLLINS, CO 80525	20-2042559		24,096.	0.			WOMENGIVE SCHOLARSHIP
1ST CHOICE AFTER SCHOOL KARE (A.S.K.) - 1525 PELICAN LAKES PT., UNIT B - WINDSOR, CO 80550	85-1093023		30,880.	0.			WOMENGIVE SCHOLARSHIP
BRIGHT HORIZONS AT WEST FORT COLLINS - 3513 RICHMOND DRIVE - FORT COLLINS, CO 80526	80-0188248		16,734.	0.			WOMENGIVE SCHOLARSHIP

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTGATE KINDERCARE 4755 ROYAL VISTA CIRCLE FORT COLLINS, CO 80528	63-0941966		6,480.	0.			WOMENGIVE SCHOLARSHIP
CHILDREN'S WORKSHOP-DIANA DR. 1425 DIANA DRIVE LOVELAND, CO 80537	74-2546765	501(C)(3)	6,187.	0.			WOMENGIVE SCHOLARSHIP
LITTLE PEOPLE'S LANDING 6606 AVONDALE ROAD FORT COLLINS, CO 80525	84-0881636		16,904.	0.			WOMENGIVE SCHOLARSHIP
OAKRIDGE KINDERCARE 4703 MCMURRY AVENUE FORT COLLINS, CO 80525	63-0941966		26,935.	0.			WOMENGIVE SCHOLARSHIP
LITTLE PEOPLE'S LANDING-FORT COLLINS - 6606 AVONDALE ROAD - FORT COLLINS, CO 80525	82-1969280		12,315.	0.			WOMENGIVE SCHOLARSHIP
WUDDLEITBEE CHILD CARE LLC 1752 EAST 1ST STREET LOVELAND, CO 80537	20-2130461		8,920.	0.			WOMENGIVE SCHOLARSHIP
THE SUNSHINE HOUSE 2060 PERENNIAL LANE FORT COLLINS, CO 80526	57-1000178		8,640.	0.			WOMENGIVE SCHOLARSHIP
BRIGHT HORIZONS - LOVELAND 2420 WEST EIGHTH STREET LOVELAND, CO 80537	80-0188248		5,072.	0.			WOMENGIVE SCHOLARSHIP
THE WOMEN'S FOUNDATION OF COLORADO 1901 E ASBURY AVE DENVER, CO 80208-0001	84-1039305	501(C)(3)	10,000.	0.			WOMEN & GIRLS OF COLOR

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH SOLIDARITY AND ACCOMPANIMENT COALITION - PO BOX 94 - FORT COLLINS, CO 80522-0094	83-2470471	501(C)(3)	142,000.	0.			GENERAL PROGRAM SUPPORT, VACCINE & RACIAL EQUITY
POUDRE SCHOOL DISTRICT - LINCOLN MIDDLE SCHOOL - 1600 LANCER DR - FORT COLLINS, CO 80521	84-6013733	STATE OF COLORAD	20,400.	0.			LITERACY PROGRAM
POUDRE SCHOOL DISTRICT EARLY CHILDHOOD EDUCATION - 2407 LAPORTE AVENUE - FORT COLLINS, CO 80521	84-6013733	STATE OF COLORAD	7,500.	0.			LC CHILDCARE FUND
TEACHING TREE EARLY CHILDHOOD LEARNING CENTER - 424 PINE ST - FORT COLLINS, CO 80524-2421	84-0598116	501(C)(3)	133,706.	0.			DONOR DESIGNATED PAYMENTS, WOMENGIVE SCHOLARSHIP, LC CHILDCARE FUND

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
WOMEN GIVE SCHOLARSHIPS	31	374,364.	0.		

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:

GRANT FUNDS ARE DISBURSED DIRECTLY TO NONPROFIT ORGANIZATIONS, AND NOT TO INDIVIDUALS DIRECTLY. ORGANIZATIONS THAT RECEIVE GRANT FUNDS MUST COMPLY WITH SPECIFIC ORGANIZATIONAL STANDARDS TO BE ELIGIBLE FOR FUNDING. ACCOUNTABILITY IS ESTABLISHED THROUGH REPORTING REQUIRED IN THE GRANT FUNDING CONTRACT. INFORMATION IS REVIEWED BY STAFF AND THE COMMUNITY IMPACT COMMITTEE, A VOLUNTEER SUBCOMMITTEE OF THE BOARD OF DIRECTORS, TO ENSURE COMPLIANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF LARIMER COUNTY** Employer identification number **84-6031503**

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	24	266,542.	COST OR SELLING PRIC
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	X	1	625,000.	COMMERCIAL APPRAISAL
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS ON SCHEDULE M,
PART I, COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

FORM 990, PART III, LINE 1:

UNITED WAY OF LARIMER COUNTY UNITED WAY OF LARIMER COUNTY LEADS
PHILANTHROPY IN OUR COMMUNITY, ENSURING THAT GIFTS OF TIME, TALENT AND
TREASURE ADDRESS TODAY'S GREATEST NEEDS - AND REDUCE TOMORROW'S. WE
PROVIDE OPPORTUNITIES FOR BUSINESSES, INDIVIDUALS AND ORGANIZATIONS TO
COLLABORATE AND ADDRESS COMMUNITY NEEDS THROUGHOUT LARIMER COUNTY. OUR
FOCUS AREAS INCLUDE:

YOUTH & EDUCATION - WE BELIEVE INVESTING IN YOUTH IS NOT ONLY THE RIGHT
THING TO DO, BUT IT IS ALSO THE BEST WAY TO ENSURE A STRONG ECONOMY AND
COMMUNITY. OUR PROGRAMS AND PARTNERSHIPS IN THIS AREA FOCUS ON
KINDERGARTEN READINESS, READING AT GRADE LEVEL BY THE END OF THIRD
GRADE AND HIGH SCHOOL COMPLETION.

FINANCIAL STABILITY - WE BELIEVE IN SUPPORTING INITIATIVES THAT
DECREASE THE NEED FOR FUTURE SOCIAL SERVICES. OUR PROGRAMS AND
PARTNERSHIPS FOCUS ON INCREASING ECONOMIC MOBILITY THROUGH JOB
TRAINING, CASE MANAGEMENT AND ACCESS TO RESOURCES AND SUPPORT,
INCLUDING DISASTER RESPONSE AND RECOVERY.

COMMUNITY ENGAGEMENT - WE BELIEVE STRONG COMMUNITIES ARE CHARACTERIZED
BY A HIGH LEVEL OF CIVIC PARTICIPATION. OUR PROGRAMS AND PARTNERSHIPS
FOCUS ON INCREASING VOLUNTEERISM, COLLABORATION ACROSS SECTORS,
CREATING A PIPELINE OF CIVIC LEADERS AND BUSINESS ENGAGEMENT WITH THE
COMMUNITY.

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

NONPROFIT EXCELLENCE - WE BELIEVE THE NONPROFIT SECTOR PLAYS A VITAL ROLE IN CREATING AND MAINTAINING A RESILIENT COMMUNITY AND THAT DONORS' DOLLARS SHOULD BE USED TO FUND EFFECTIVE AND EFFICIENT PROGRAMS THAT SHOW RESULTS. OUR PROGRAMS BUILD CAPACITY FOR MORE THAN 70 LOCAL NONPROFITS, FUND COMMUNITY IMPACT INITIATIVES, EVALUATE OUTCOMES, AND PROVIDE DATA-BASED REPORTS FOR THE COMMUNITY.

FORM 990, PART III, LINE 4A:

THIS PROGRAMMATIC TOTAL INCLUDES FUNDS DISTRIBUTED AS GRANTS TO DIRECT SERVICE NONPROFITS, GRANTS TO MEET ESSENTIAL NEEDS FOR LOCAL RESIDENTS (UWLC BASIC NEEDS GRANTS AND EMERGENCY FOOD AND SHELTER FUNDING), COLORADO CHILDCARE CONTRIBUTION TAX CREDIT FUNDS, THE BE READY CAMPAIGN, TRAINING TO INCREASE THE CAPACITY AND EFFICIENCY OF LARIMER COUNTY NONPROFITS, BELOW-MARKET RENT TO COMMUNITY AGENCIES, FACILITATION AND PARTICIPATION WITH COMMUNITY GROUPS TO FIND SOLUTIONS TO LOCAL HUMAN SERVICE PRIORITIES, UNITED WAY'S VOLUNTEER ENGAGEMENT EFFORTS, GRANT WRITING/FUNDRAISING TO INCREASE CAPACITY FOR COMMUNITY PRIORITIES.

IN THE AREA OF BASIC NEEDS SUPPORT, MORE THAN 1,500 HOUSEHOLDS RECEIVED EMERGENCY RENT ASSISTANCE TO PREVENT EVICTION AND MEET BASIC NEEDS. IN ADDITION, UNITED WAY FACILITATED \$126,625 IN FEDERAL EMERGENCY FOOD AND SHELTER FUNDS TO PARTNERS PROVIDING SHELTER, FOOD AND UTILITY ASSISTANCE. MORE THAN 30,000 + INDIVIDUALS WERE ABLE TO ACCESS FOOD THROUGH DELIVERY PROGRAMS, FOOD PANTRIES, OR SERVED MEALS AT SHELTERS WITH FUNDING FROM UNITED WAY OF LARIMER COUNTY. ALSO WORTHY OF NOTING THIS YEAR, THERE WAS A SIGNIFICANT INCREASE IN SUPPORT TO MEET THE BASIC NEEDS OF IMMIGRANT AND OTHER COMMUNITIES OF COLOR WHO WERE

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

DISPROPORTIONATELY IMPACTED BY COVID-19 AND ITS ECONOMIC AND HEALTH TOLL.

IN ADDITION TO FUNDING TO SUPPORT BASIC NEEDS IN THE COMMUNITY, UNITED WAY OF LARIMER COUNTY DIRECTS FUNDING AND RESOURCES TO ORGANIZATIONS TO INCREASE ECONOMIC MOBILITY AND FORTIFY OUR COMMUNITY'S ECONOMIC AND SOCIAL HEALTH. THROUGH OUR COMMUNITY IMPACT GRANTS IN THE AREA OF FINANCIAL STABILITY, 1,092 INDIVIDUALS RECEIVED JOB TRAINING OR FINANCIAL LITERACY EDUCATION. THROUGH YOUTH & EDUCATION COMMUNITY IMPACT GRANTS, UNITED WAY AND ITS PARTNERS PROVIDED LITERACY TUTORING TO 548 STUDENTS TO ACHIEVE READING PROFICIENCY AND POSITIVE YOUTH MENTORING TO MORE THAN 600 YOUTH. INTERSECTING BOTH FINANCIAL STABILITY AND YOUTH AND EDUCATION PRIORITIES, 920 CHILDREN AND THEIR FAMILIES RECEIVED CHILDCARE SCHOLARSHIPS THROUGH A VARIETY OF UWLC DISTRIBUTION CHANNELS.

BE READY, A PUBLIC AWARENESS CAMPAIGN FEATURING OUTREACH EFFORTS AND EARLY CHILDHOOD NAVIGATORS TO HELP CHILDREN IN LARIMER COUNTY ENTER SCHOOL READY TO LEARN, CONNECTED OVER 1,800 FAMILY MEMBERS TO RESOURCES IN 2020-21 WITH 287 ATTENDING RESOURCE FAIRS AND MORE THAN 1,500 ACCESSING ONLINE TOOLS.

IN RESPONSE TO A COMMITMENT TO ADVANCE RACIAL EQUITY THIS YEAR, UNITED WAY OF LARIMER COUNTY DISTRIBUTED \$66,000 IN INNOVATION FUNDS FOR LEADERSHIP DEVELOPMENT IN COMMUNITIES OF COLOR ACROSS LARIMER COUNTY. AWARD DECISIONS WERE MADE BY AN EXTERNAL COMMITTEE OF LEADERS OF COLOR AND OTHER CONTENT EXPERTS IN ADVANCING RACIAL EQUITY WHO WERE FINANCIALLY COMPENSATED FOR THEIR TIME. IN ADDITION TO THIS NEW

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

GRANTMAKING ENDEAVOR, THIS YEAR UWLC PAID \$3,351 IN COMMUNITY INTERPRETATION AND TRANSLATION (SPANISH-ENGLISH) TO ENSURE LINGUISTIC ATTUNEMENT IN TRAININGS AND INITIATIVES, INCLUDING A POLICY PROCESS FOR A POSSIBLE CHILDCARE TAX.

WITHIN THE PRIORITY AREA OF NONPROFIT EXCELLENCE, UNITED WAY PROVIDED TRAINING, TECHNICAL ASSISTANCE, AND ADMINISTRATIVE SUPPORT TO 87 ORGANIZATIONS THROUGH ITS NONPROFIT EXCELLENCE AND SHARED SERVICES PROGRAM. IN ADDITION, RESPONDING TO A PRIORITY OF COMMUNITY ENGAGEMENT THIS YEAR, UWLC STAFF CONNECTED 4,000 VOLUNTEERS TO 146 PROJECTS ACROSS 108 AGENCIES, PROVIDING A TOTAL OF OVER 11,000 HOURS OF TIME AT A VALUE OF MORE THAN \$320,000 TO OUR COMMUNITY.

FORM 990, PART III, LINE 4C:

UNITED WAY OF LARIMER COUNTY'S 211 INFORMATION AND RESOURCE NAVIGATION PROGRAM IS A FREE, MULTI-LINGUAL, CONFIDENTIAL SERVICE THAT CONNECTS THOUSANDS OF LOCAL RESIDENTS TO MORE THAN 7,500 COMMUNITY RESOURCES STATEWIDE, SUCH AS HOUSING OR UTILITIES ASSISTANCES, PHYSICAL OR MENTAL HEALTH SERVICES, ASSISTANCE FINDING AND OBTAINING EMPLOYMENT AND SERVICES TO ADDRESS AND PREVENT HOMELESSNESS. UNITED WAY USES THE CALLER DATA AND UNMET NEEDS TO INFORM PROGRAMS AND MONITOR SHIFTS IN THE COMMUNITY. 211 IS AVAILABLE BY PHONE OR ONLINE 211COLORADO.ORG. 211 RESOURCE NAVIGATORS MADE 8,972 REFERRALS FOR LARIMER COUNTY RESIDENTS TO OVER 600 NONPROFITS AND BUSINESSES IN FY 2020-21. THIS WAS A NEARLY 50% INCREASE IN CALLS AND REFERRALS OVER THE PRIOR YEAR.

COLORADO READING CORPS IS A PROGRAM OF COLORADO YOUTH FOR A CHANGE, SPONSORED BY UNITED WAY OF LARIMER COUNTY FOR STUDENTS IN THE THOMPSON

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

AND ESTES PARK SCHOOL DISTRICTS. THIS NATIONALLY REPLICATED PROGRAM UTILIZES AMERICORPS MEMBERS TRAINED IN EARLY INTERVENTION LITERACY STRATEGIES, TO PROVIDE ONE-ON-ONE TUTORING TO STUDENTS IN KINDERGARTEN THROUGH THIRD GRADE WHO ARE NOT READING AT GRADE LEVEL. UNITED WAY IMPLEMENTED THE PROGRAM IN THOMPSON SCHOOL DISTRICT IN AUGUST 2014 AND EXPANDED THE PROGRAM TO ESTES PARK SCHOOL DISTRICT IN JANUARY 2017. DURING 2020-21, 211 STUDENTS PARTICIPATED IN READING CORPS DURING THE ACADEMIC YEAR AND 88% OF STUDENTS WHO PARTICIPATED ACHIEVED ABOVE TARGET GROWTH IN READING DURING THE YEAR. THIS LEVEL OF GROWTH MEANS THAT THEY ARE ON TRACK TO CLOSE THE ACHIEVEMENT GAP AND READ AT GRADE LEVEL BY THE END OF THIRD GRADE.

UNITED WAY OF LARIMER COUNTY'S WOMEN GIVE PROGRAM IS A NETWORK OF HUNDREDS OF LOCAL WOMEN WHO MAKE PHILANTHROPIC INVESTMENTS IN SUPPORTING SINGLE MOTHERS IN LARIMER COUNTY PURSUE ECONOMIC MOBILITY BY PROVIDING CHILDCARE SCHOLARSHIPS WHILE THEY PURSUE DEGREES, DIPLOMAS, AND CERTIFICATES. DURING 2020-21, THERE WERE 31 SCHOLARSHIP RECIPIENTS WITH 10 SUCCESSFULLY GRADUATING WITH DEGREES AND 45 CHILDREN RECEIVING ACCESS TO HIGH QUALITY LICENSED CHILDCARE. IN ADDITION, THE WOMEN GIVE PROGRAM PROVIDED \$15,901 IN EMERGENCY ASSISTANCE FUNDS TO PARTICIPANTS DURING COVID.

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

THE FORM 990 IS REVIEWED BY THE TREASURER, AS A REPRESENTATIVE OF THE BOARD, AND E-MAILED TO ALL MEMBERS OF THE FINANCE AND AUDIT COMMITTEE AND THE BOARD, PRIOR TO BEING FILED.

Name of the organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
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FORM 990, PART VI, SECTION B, LINE 12C:

UNITED WAY OF LARIMER COUNTY'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS, OFFICERS, EMPLOYEES, AND BOARD COMMITTEE VOLUNTEERS OF THE ORGANIZATION. ALL COVERED INDIVIDUALS ARE REQUIRED TO ANNUALLY COMPLETE A CODE OF ETHICS FORM DISCLOSING ANY CONFLICTS OF INTEREST THAT MAY EXIST. THESE ARE REVIEWED ANNUALLY BY THE HR COMMITTEE. THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS REVIEWED BY THE HR COMMITTEE AND THE BOARD OF DIRECTORS. IF CONFLICTS ARE DETERMINED, THE PERSON WITH THE CONFLICT IS EXCLUDED FROM THE MEETING/DELIBERATION AND WILL REFRAIN FROM VOTING ON THE MATTER.

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

THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED UPON ACHIEVEMENT OF ANNUAL PERFORMANCE GOALS SET BY THE BOARD OF DIRECTORS AND EVALUATED WITH COMPARABILITY SURVEY DATA FROM STATE NONPROFITS AND UNITED WAY WORLDWIDE.

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

AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE FURNISHED UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION	316,655.
TIMING DIFFERENCE OF DONOR DESIGNATED CONTRIBUTION AND RELATED EXPENDITURES	37,397.
ADJUSTMENT FOR UNCOLLECTIBLE PROMISES TO GIVE	-62,642.

Name of the organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
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TOTAL TO FORM 990, PART XI, LINE 9 291,410.

FORM 990, PART I, LINE 5, PART V, LINE 2A, PART VII AND PART IX:
 UNITED WAY OF LARIMER COUNTY HAS A CLIENT SERVICE AGREEMENT WITH
 INTANDEM HR, AN UNRELATED ORGANIZATION. INTANDEM HR IS A PROFESSIONAL
 EMPLOYER ORGANIZATION. AS A RESULT, INTANDEM HR IS THE EMPLOYER FOR
 THE PURPOSE OF PAYING WAGES AND BENEFITS. UNITED WAY OF LARIMER COUNTY
 INPUTS AND APPROVES ALL EMPLOYEE TIME AND WAGES INTO INTANDEM HR'S
 ONLINE SYSTEM AND INTANDEM HR PROCESSES THE PAYROLL AND ADMINISTERS ALL
 BENEFITS ON BEHALF OF UNITED WAY OF LARIMER COUNTY. INTANDEM HR ALSO
 REMITS ALL TAXES AND FILES ALL RETURNS UNDER THEIR NAME AND EMPLOYER
 IDENTIFICATION NUMBER. THE SALARY, BENEFITS, AND PAYROLL TAX EXPENSES
 SHOWN ON FORM 990 LINE 5, 7, AND 9 OF PART IX REPRESENT AMOUNTS PAID BY
 INTANDEM HR AS PART OF THE CLIENT SERVICE AGREEMENT. IN ADDITION,
 UNITED WAY OF LARIMER COUNTY IS REPORTING PAID EMPLOYEES ON FORM 990,
 PART V, LINE 2A BECAUSE OF THE RELATIONSHIP WITH INTANDEM HR AS STATED
 ABOVE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNITED WAY OF LARIMER COUNTY** Employer identification number **84-6031503**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UWLC HOLDING LLC - 45-3578031 424 PINE STREET 102 FORT COLLINS, CO 80524	CHARITABLE	COLORADO	0.	0.	UNITED WAY OF LARIMER COUNTY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF LARIMER COUNTY	Taxpayer identification number (TIN) 84-6031503
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 525 W OAK ST., NO. 101	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT COLLINS, CO 80521	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DIANE HATHWAY

- The books are in the care of ▶ **525 W. OAK ST. #101 - FORT COLLINS, CO 80521**
Telephone No. ▶ **970-407-7000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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