

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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 **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return 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	G Gross receipts \$ 10,715,673.	
	525 W OAK ST.	101	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 80521		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: JOY D. SULLIVAN SAME AS C ABOVE		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.UWAYLC.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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: LEADING PHILANTHROPY TO ADDRESS TODAY'S GREATEST NEEDS AND REDUCE TOMORROW'S.		
	2 Check this box 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	472
	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)	5,126,159.	10,346,996.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,524.	5,981.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,435.	98,263.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,534.	59,741.
		5,373,652.	10,510,981.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,333,331.	8,413,918.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,700,652.	1,856,369.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	509,941.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,005,503.	1,067,296.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,039,486.	11,337,583.	
19 Revenue less expenses. Subtract line 18 from line 12	-665,834.	-826,602.	
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)	7,683,709.	6,754,759.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,668,122.	1,821,183.
		6,015,587.	4,933,576.

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		
	JOY D. SULLIVAN, PRESIDENT AND CEO		12/20/24		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KYLE FRITCH, CPA	KYLE FRITCH, CPA	12/20/24	<input type="checkbox"/>	P01313374
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	EIDE BAILLY LLP	45-0250958		970-223-8825	
	Firm's address				
	2950 E. HARMONY RD., STE. 290	FORT COLLINS, CO 80528-3429			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY 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? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,322,338. including grants of \$ 5,559,694.) (Revenue \$ 5,981.) UNITED WAY OF LARIMER COUNTY (UWLC) STRENGTHENED ITS ROLE AS A PHILANTHROPIC LEADER IN NORTHERN COLORADO IN 2023-24, INVESTING IN LOCAL INITIATIVES ACROSS TWO KEY AREAS: YOUTH & EDUCATION AND FINANCIAL STABILITY.

YOUTH & EDUCATION: UWLC REMAINS FOCUSED ON EXPANDING ACCESS TO QUALITY CHILD CARE, EARLY LITERACY, AND EDUCATIONAL SUPPORT. IN 2023-24, UWLC INVESTED \$33,363 IN DOLLY PARTON'S IMAGINATION LIBRARY, RESULTING IN OVER 6,000 CHILDREN IN LARIMER COUNTY RECEIVING FREE MONTHLY BOOKS. \$295,000 ALSO SUPPORTED THE COLORADO READING CORPS TO PROVIDE ONE-ON-ONE TUTORING TO OVER 580 K-3 STUDENTS IN THOMPSON, ESTES PARK, AND POUDRE SCHOOL DISTRICTS. ADDITIONALLY, UWLC AWARDED \$122,840 TO

4b (Code:) (Expenses \$ 1,606,684. including grants of \$ 1,606,684.) (Revenue \$) IN 2023-24, UWLC LAUNCHED TWO COMMUNITY HUBS TO MEET URGENT LOCAL NEEDS:

THE FIRST FLOOR OF THE LOVELAND YOUTH CAMPUS OPENED IN MARCH 2024. UWLC'S INVESTMENT OF \$1.39 MILLION TO RENOVATE A FORMER CHARTER SCHOOL INTO A LICENSED CHILD CARE CENTER QUADRUPLED LOVELAND'S ONLY NON-PROFIT 0-5 PROVIDER'S CAPACITY TO SUPPORT WORKING FAMILIES AND ENSURE CHILDREN HAVE ACCESS TO QUALITY EARLY EDUCATION.

THE COMMUNITY IMPACT CENTER IN FORT COLLINS BRINGS TOGETHER TWELVE NONPROFITS IN A SHARED SPACE TO PROVIDE CULTURALLY ATTUNED ESSENTIAL SERVICES SUCH AS MENTAL HEALTH CARE, IMMIGRATION LEGAL SUPPORT, AND

4c (Code:) (Expenses \$ 1,247,540. including grants of \$ 1,247,540.) (Revenue \$) UNITED WAY OF LARIMER COUNTY RESPONSIBLY FULFILLS DONOR INTENT, INCLUDING DONATIONS THAT DONORS DESIGNATE TO NONPROFIT AGENCIES OTHER THAN UWLC. UWLC PROCESSED MORE THAN \$1.2 MILLION IN DONOR DESIGNATIONS, DISTRIBUTING FUNDS TO 245 NONPROFIT AGENCIES ACROSS THE UNITED STATES. UWLC VERIFIES THAT EACH AGENCY IS ELIGIBLE TO RECEIVE CHARITABLE DONATIONS AND VERIFIES THAT EACH AGENCY IS IN COMPLIANCE WITH THE USA PATRIOT ACT AND OTHER COUNTERTERRORISM LAWS.

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

4e Total program service expenses 10,176,562.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash 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 on 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 37	
b Enter the number of Forms W-2G included on 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 response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
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 on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
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 on 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 HATHAWAY - 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOY SULLIVAN PRESIDENT/CEO	40.00			X			138,421.	0.	15,521.	
(2) DIANE HATHAWAY CHIEF FINANCIAL OFFICER	40.00			X			93,390.	0.	15,879.	
(3) NAOMI YOUNG VP OF STRATEGY & OPERATIONS	40.00			X			93,464.	0.	14,516.	
(4) CHRISTINA COOPER VP OF RESOURCE DEVELOPMENT	40.00			X			89,154.	0.	12,095.	
(5) LAUREN LEARY VP OF IMPACT (FMLA 2/23 THRU 5/23)	40.00			X			63,258.	0.	23,843.	
(6) ANNE FOLK BOARD CHAIR (FROM 10/23)	2.00	X		X			0.	0.	0.	
(7) KELLY MCBARTLETT - CHAIR (THRU 9/23) PAST CHAIR (FROM 10/23)	2.00	X		X			0.	0.	0.	
(8) STEPHEN WEST TREASURER	1.00	X		X			0.	0.	0.	
(9) TEGAN CAMDEN SECRETARY	1.00	X		X			0.	0.	0.	
(10) BARBARA WALTON CI COMMITTEE CHAIR	5.00	X		X			0.	0.	0.	
(11) CAESAR GARDUNO BOARD MEMBER	1.00	X					0.	0.	0.	
(12) JASON DAMWEBER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JONI FRIEDMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LINDA HOFFMANN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) ALEXIS KENNEDY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) AMY KOLCZAK BOARD MEMBER	1.00	X					0.	0.	0.	
(17) DAWN PAEPKE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COLLEEN DEPASQUALE BOARD MEMBER	1.00	X						0.	0.	0.
(19) LAURA JO BHIMANI (WASHLE) BOARD MEMBER (THRU 5/24)	1.00	X						0.	0.	0.
(20) KELSEY DIASTRA-BOARD(THRU 1/24) VP COMMUNICATIONS/EVENTS(FROM 2/24)	1.00	X		X				0.	0.	0.
(21) KAREN WONG BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(22) LEE GREENE BOARD MEMBER	1.00	X						0.	0.	0.
(23) LORI RASMUSSEN BOARD MEMBER	1.00	X						0.	0.	0.
(24) YOLANDA MCNIGHT BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								477,687.	0.	81,854.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								477,687.	0.	81,854.

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 1

	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	119,799.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,932,108.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,295,089.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,039.				
	h	Total. Add lines 1a-1f		10,346,996.				
	Program Service Revenue	2 a	PROGRAM SERVICES REVENUE	Business Code	561000	5,981.	5,981.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			5,981.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		98,346.			98,346.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	32,687.			
				(ii) Personal				
	b	Less: rental expenses ...	6b	0.				
	c	Rental income or (loss)	6c	32,687.				
	d	Net rental income or (loss)			32,687.		32,687.	
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	83.				
	c	Gain or (loss)	7c	-83.				
	d	Net gain or (loss)			-83.		-83.	
8 a	Gross income from fundraising events (not including \$ 119,799. of contributions reported on line 1c). See Part IV, line 18	8a		222,363.				
b	Less: direct expenses	8b	195,209.					
c	Net income or (loss) from fundraising events			27,154.		27,154.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a		9,300.				
b	Less: direct expenses	9b	9,400.					
c	Net income or (loss) from gaming activities			-100.		-100.		
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			10,510,981.	5,981.	0.	158,004.

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	7,714,525.	7,714,525.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	699,393.	699,393.		
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	606,784.	336,400.	168,522.	101,862.
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	946,988.	599,524.	186,353.	161,111.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,324.	20,022.	9,294.	6,008.
9 Other employee benefits	153,042.	86,576.	40,527.	25,939.
10 Payroll taxes	114,231.	68,613.	26,231.	19,387.
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.)	500,384.	368,280.	83,541.	48,563.
12 Advertising and promotion				
13 Office expenses	59,339.	31,426.	15,499.	12,414.
14 Information technology	104,362.	36,972.	36,183.	31,207.
15 Royalties				
16 Occupancy	241,942.	151,112.	49,007.	41,823.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,921.	4,972.	3,377.	5,572.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,931.	24,950.	2,180.	1,801.
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	72,316.	33,797.	19,743.	18,776.
b PRINTING AND PUBLICATIO	29,872.		10,623.	19,249.
c DONOR STEWARDSHIP	16,229.			16,229.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,337,583.	10,176,562.	651,080.	509,941.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,951,130.	2	2,614,171.
	3 Pledges and grants receivable, net	974,058.	3	1,333,124.
	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	17,488.	9	15,686.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 580,297.		
	b Less: accumulated depreciation	10b 206,260.	792,270.	10c 374,037.
	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	2,948,763.	15	2,417,741.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,683,709.	16	6,754,759.	
Liabilities	17 Accounts payable and accrued expenses	176,550.	17	218,987.
	18 Grants payable	389,710.	18	595,044.
	19 Deferred revenue	31,047.	19	3,991.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,070,815.	25	1,003,161.
	26 Total liabilities. Add lines 17 through 25	1,668,122.	26	1,821,183.
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	3,224,692.	27	3,035,413.
	28 Net assets with donor restrictions	2,790,895.	28	1,898,163.
	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	6,015,587.	32	4,933,576.
33 Total liabilities and net assets/fund balances	7,683,709.	33	6,754,759.	

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	10,510,981.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,337,583.
3	Revenue less expenses. Subtract line 2 from line 1	3	-826,602.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,015,587.
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	-255,409.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,933,576.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5545912.	8129744.	6395198.	5126159.	10346996.	35544009.
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	5545912.	8129744.	6395198.	5126159.	10346996.	35544009.
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)						2780400.
6 Public support. Subtract line 5 from line 4.						32763609.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5545912.	8129744.	6395198.	5126159.	10346996.	35544009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,673.	109,445.	133,227.	193,206.	131,033.	627,584.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				27,763.	27,054.	54,817.
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						36226410.
12 Gross receipts from related activities, etc. (see instructions)					12	133,710.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	90.44 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.94 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization UNITED WAY OF LARIMER COUNTY	Employer identification number 84-6031503
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>442,581.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,292,258.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

2023

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 (48), aggregate value of contributions (703,521), aggregate value of grants (668,712), aggregate value at end of year (208,077), 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 reporting requirements (checkboxes for policy, expenses, and reporting).

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 regarding art collection reporting and 2 regarding financial gain reporting, with dollar amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,971,160.	1,880,473.	2,153,144.	1,836,489.	1,764,736.
b Contributions		2,149.		75,564.	1,895.
c Net investment earnings, gains, and losses	242,598.	173,283.	-195,846.	393,326.	83,848.
d Grants or scholarships					
e Other expenditures for facilities and programs	604,391.	71,024.	60,983.	137,280.	
f Administrative expenses	12,905.	13,721.	15,842.	14,955.	13,990.
g End of year balance	1,596,462.	1,971,160.	1,880,473.	2,153,144.	1,836,489.

- 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 86.1400 %
 - c Term endowment 13.8600 %
- 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	200,000.			200,000.
b Buildings				
c Leasehold improvements		230,064.	113,159.	116,905.
d Equipment		114,351.	93,101.	21,250.
e Other		35,882.		35,882.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				374,037.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	1,596,462.
(2) OPERATING RIGHT OF USE ASSET	821,279.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,417,741.

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) OPERATING LEASE LIABILITY	910,707.
(3) REFUNDABLE ADVANCES	92,454.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,003,161.

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	9,499,338.
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	106,263.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	239,093.	
e	Add lines 2a through 2d	2e		345,356.
3	Subtract line 2e from line 1		3	9,153,982.
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	1,356,999.	
c	Add lines 4a and 4b	4c		1,356,999.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,510,981.

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	10,156,349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	106,263.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	9,400.	
e	Add lines 2a through 2d	2e		115,663.
3	Subtract line 2e from line 1		3	10,040,686.
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	1,296,897.	
c	Add lines 4a and 4b	4c		1,296,897.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,337,583.

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:

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

UWLC HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND

Part XIII Supplemental Information (continued)

HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS. UWLC HOLDING, LLC IS TREATED AS A DISREGARDED ENTITY FOR TAX PURPOSES, AND IS INCORPORATED INTO THE UWLC TAX FILINGS.

UWLC 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 CONSOLIDATED FINANCIAL STATEMENTS. UWLC 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	229,693.
EXPENSES NETTED WITH INCOME ON FORM 990	9,400.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	239,093.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS NOT REPORTED AS REVENUE PER	
GAAP	1,247,539.
UNCOLLECTIBLE PROMISES TO GIVE NETTED WITH INCOME ON	
AUDITED FINANCIALS	109,460.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,356,999.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES NETTED WITH INCOME ON FORM 990	9,400.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENTS (event type)	WOMEN GIVE (event type)	NONE (total number)	
Revenue	1	200,750.	141,412.		342,162.
	2	5,112.	114,687.		119,799.
	3	195,638.	26,725.		222,363.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	62,455.	132,754.		195,209.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				27,154.

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				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**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

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A WAY FORWARD INC 600 TERRY STREET LONGMONT, CO 80501	85-2676751	501(C)(3)	75,675.	0.			GENERAL PROGRAM SUPPORT
ALIANZA NORCO 2625 REDWING ROAD, SUITE 160 FORT COLLINS, CO 80526	83-2325518	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
BLUE SKY BRIDGE CHILD AND FAMILY ADVOCACY CENTER - 2617 IRIS HOLLOW PLACE - BOULDER, CO 80304	84-1305384	501(C)(3)	85,000.	0.			GENERAL PROGRAM SUPPORT
BOULDER COUNTY AIDS PROJECT 2118 14TH STREET BOULDER, CO 80302	74-2442032	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
BOULDER FOOD RESCUE PO BOX 284 BOULDER, CO 80306	45-3006089	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
BOULDER MUSEUM OF CONTEMPORARY ART 1750 13TH ST. BOULDER, CO 80302	84-0764634	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF LARIMER COUNTY - 103 SMOKEY ST - FORT COLLINS, CO 80525-3801	74-2425914	501(C)(3)	1,434,706.	0.			GENERAL PROGRAM SUPPORT
CAL-WOOD EDUCATION CENTER PO BOX 347 JAMESTOWN, CO 80455	20-2472544	501(C)(3)	95,000.	0.			GENERAL PROGRAM SUPPORT
CATHOLIC CHARITIES & COMMUNITY SERVICES OF THE ARCHDIOCESE OF DE - 6240 SMITH RD - DENVER, CO 80216	84-0686679	501(C)(3)	30,525.	0.			GENERAL PROGRAM SUPPORT
CHILDREN'S SPEECH & READING CENTER 1330 OAKRIDGE DR UNIT 10 FORT COLLINS, CO 80525	84-1227883	501(C)(3)	8,500.	0.			GENERAL PROGRAM SUPPORT
CHILDSAFE COLORADO, INC. 2001 S SHIELDS ST, BUILDING K FORT COLLINS, CO 80526	31-1581377	501(C)(3)	83,500.	0.			GENERAL PROGRAM SUPPORT
COLORADO CLEAN ENERGY CLUSTER 305 W MAGNOLIA STREET, #284 FORT COLLINS, CO 80521	26-3243017	501(C)(3)	26,756.	0.			GENERAL PROGRAM SUPPORT
COMMUNITY ROOTS MIDWIFE COLLECTIVE 738 COFFMAN ST. LONGMONT, CO 80501	83-2559201	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
CULTURAL ENRICHMENT CENTER OF FORT COLLINS - 1825 E MULBERRY ST - FORT COLLINS, CO 80524	85-2096204	501(C)(3)	70,500.	0.			GENERAL PROGRAM SUPPORT
DAIRY ARTS CENTER 2590 WALNUT ST. BOULDER, CO 80302	84-1149609	501(C)(3)	80,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER RESCUE MISSION - FORT COLLINS RESCUE MISSION - PO BOX 19783 - DENVER, CO 80217	84-6038762	501(C)(3)	10,525.	0.			GENERAL PROGRAM SUPPORT
DESERVING DENTAL ORG 2205 W.136TH AVE SUITE 106-159 BROOMFIELD, CO 80023	84-2369341	501(C)(3)	81,000.	0.			GENERAL PROGRAM SUPPORT
DISABLED RESOURCE SERVICES 2154 W. EISENHOWER BLVD. LOVELAND, CO 80537	74-2346897	501(C)(3)	80,000.	0.			GENERAL PROGRAM SUPPORT
EL CENTRO AMISTAD 2222 14TH STREET BOULDER, CO 80302	47-0864016	501(C)(3)	58,500.	0.			GENERAL PROGRAM SUPPORT
EL COMITE DE LONGMONT, INC. 455 KIMBARK ST. LONGMONT, CO 80501	84-0867626	501(C)(3)	90,000.	0.			GENERAL PROGRAM SUPPORT
ENSIGHT SKILLS CENTER 1101 OAKRIDGE DRIVE UNIT C FORT COLLINS, CO 80525	84-1598698	501(C)(3)	26,200.	0.			GENERAL PROGRAM SUPPORT
ESTES PARK EDUCATION FOUNDATION PO BOX 4444 ESTES PARK, CO 80517	83-1752068	501(C)(3)	23,140.	0.			GENERAL PROGRAM SUPPORT
ESTES PARK LEARNING PLACE 600 S ST VRAIN AVE STE 2 ESTES PARK, CO 80517	33-1003417	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
ESTES VALLEY INVESTMENT IN CHILDHOOD SERVICES - PO BOX 3373 - ESTES PARK, CO 80517-3373	84-1552138	501(C)(3)	136,457.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HOUSING NETWORK OF FORT COLLINS, INC. - PO BOX 1765 - FORT COLLINS, CO 80522-1765	46-3225758	501(C)(3)	56,000.	0.			GENERAL PROGRAM SUPPORT
FAMILY VILLAGE 1122 KENILWORTH DRIVE, SUITE 201 TOWSON, MD 21204	27-6601178	501(C)(3)	95,500.	0.			GENERAL PROGRAM SUPPORT
FEEDING OUR COMMUNITY OURSELVES, INC. - PO BOX 242 - FORT COLLINS, CO 80522	46-1283773	501(C)(3)	59,500.	0.			GENERAL PROGRAM SUPPORT
FOCUS REENTRY 1206 EUCLID AVE. BOULDER, CO 80302	83-0640061	501(C)(3)	95,000.	0.			GENERAL PROGRAM SUPPORT
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR LOVELAND, CO 80538-8840	74-2336171	501(C)(3)	9,000.	0.			GENERAL PROGRAM SUPPORT
FORWARD STEPS FOUNDATION PO BOX 3484 BOULDER, CO 80307	20-5092412	501(C)(3)	62,000.	0.			GENERAL PROGRAM SUPPORT
GLOBAL LEADERS INC. 405 E PROSPECT RD, SUITE 4 FORT COLLINS, CO 80525	45-4279561	501(C)(3)	51,000.	0.			GENERAL PROGRAM SUPPORT
HEALING WARRIORS PROGRAM 1044 W DRAKE RD STE 202 FORT COLLINS, CO 80526	45-5093751	501(C)(3)	31,200.	0.			GENERAL PROGRAM SUPPORT
HOMEWARD ALLIANCE PO BOX 873 FORT COLLINS, CO 80522-0873	27-4641606	501(C)(3)	17,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF NEIGHBORLY SERVICE 1511 E 11TH ST STE 100 LOVELAND, CO 80537-5006	84-0568546	501(C)(3)	12,500.	0.			GENERAL PROGRAM SUPPORT
IMMIGRANT LEGAL CENTER OF BOULDER COUNTY - 948 NORTH STREET, SUITE 8 - BOULDER, CO 80304	20-3001622	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
INTERFAITH SOLIDARITY AND ACCOMPANIMENT COALITION (ISSAC) - PO BOX 94 - FORT COLLINS, CO 80522-0094	83-2470471	501(C)(3)	50,390.	0.			GENERAL PROGRAM SUPPORT
JOYFUL JOURNEYS COMMUNITY ENRICHMENT - 4466 E 93RD PL - THORNTON, CO 80229	45-1586128	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
JUNKYARD SOCIAL CLUB 2525 FRONTIER AVE UNIT A BOULDER, CO 80301	81-2417337	501(C)(3)	85,500.	0.			GENERAL PROGRAM SUPPORT
LA VECINDAD, DBA MI CHANTLI 2400 28TH ST. #103 BOULDER, CO 80301	84-0566939	501(C)(3)	46,500.	0.			GENERAL PROGRAM SUPPORT
LARIMER COUNTY ENGINEERING 200 W OAK ST, SUITE 3000 FORT COLLINS, CO 80521	84-6000779	501(C)(3)	125,000.	0.			GENERAL PROGRAM SUPPORT
LONGMONT COMMUNITY JUSTICE PARTNERSHIP - 528 MAIN ST. - LONGMONT, CO 80501	84-1291133	501(C)(3)	85,232.	0.			GENERAL PROGRAM SUPPORT
LOVELAND YOUTH GARDENERS PO BOX 1004 LOVELAND, CO 80537	84-1516672	501(C)(3)	125,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYONS EMERGENCY ASSISTANCE FUND PO BOX 324 LYONS, CO 80540	81-0720530	501(C)(3)	85,000.	0.			GENERAL PROGRAM SUPPORT
MOTHER HOUSE INC. PO BOX 19589 BOULDER, CO 80308	74-2251033	501(C)(3)	85,000.	0.			GENERAL PROGRAM SUPPORT
MOTUS THEATER P.O. BOX 6080 BOULDER, CO 80306-6080	90-0716569	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR FORT COLLINS, CO 80524	84-0630214	501(C)(3)	15,000.	0.			GENERAL PROGRAM SUPPORT
NORTH 40 MOUNTAIN ALLIANCE, INC. PO BOX 192 RED FEATHER LAKES, CO 80545	82-3847764	501(C)(3)	55,800.	0.			GENERAL PROGRAM SUPPORT
NORTHERN COLORADO CLEAN CITIES PO BOX 977 FORT COLLINS, CO 80522	83-2410467	501(C)(3)	90,500.	0.			GENERAL PROGRAM SUPPORT
PARLANDO INCORPORATED 2590 WALNUT STREET, UNIT 2 BOULDER, CO 80302	81-0578549	501(C)(3)	45,000.	0.			GENERAL PROGRAM SUPPORT
PARTNERS 530 S COLLEGE AVE STE 1 FORT COLLINS, CO 80524-3235	74-2486211	501(C)(3)	9,000.	0.			GENERAL PROGRAM SUPPORT
POUDRE SCHOOL DISTRICT FOUNDATION 1630 STOVER ST FORT COLLINS, CO 80525-1067	84-1555092	501(C)(3)	61,420.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT SELF-SUFFICIENCY 1810 N. BOISE AVE LOVELAND, CO 80538	84-1206341	501(C)(3)	107,500.	0.			GENERAL PROGRAM SUPPORT
RECOVERY CAFE LONGMONT 402 KIMBARK ST LONGMONT, CO 80501	83-2060567	501(C)(3)	82,500.	0.			GENERAL PROGRAM SUPPORT
RESPITE CARE, INC. 6203 S LEMAY AVE FORT COLLINS, CO 80525	84-0840653	501(C)(3)	9,000.	0.			GENERAL PROGRAM SUPPORT
TEACHING TREE EARLY CHILDHOOD LEARNING CENTER - 424 PINE ST - FORT COLLINS, CO 80524-2421	84-0598116	501(C)(3)	19,000.	0.			GENERAL PROGRAM SUPPORT
THE ARC OF LARIMER COUNTY 1721 W. HARMONY ROAD UNIT 101 FORT COLLINS, CO 80526	11-3803178	501(C)(3)	41,500.	0.			GENERAL PROGRAM SUPPORT
THE EMBER ALLIANCE 1631 EAST LINCOLN AVE FORT COLLINS, CO 80524	86-1792036	501(C)(3)	85,000.	0.			GENERAL PROGRAM SUPPORT
THE FAMILY CENTER/LA FAMILIA 309 HICKORY ST STE 5 FORT COLLINS, CO 80524	84-1318219	501(C)(3)	64,416.	0.			GENERAL PROGRAM SUPPORT
THE FAMILY LEARNING CENTER 3164 34TH STREET BOULDER, CO 80301	74-2240341	501(C)(3)	80,000.	0.			GENERAL PROGRAM SUPPORT
THE HOLISTIC HOMESTEAD 972 GOLDEN GATE CANYON RD. BLACK HAWK, CO 80422	81-1021033	501(C)(3)	30,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACOB CENTER 729 REMINGTON STREET FORT COLLINS, CO 80524	84-1218941	501(C)(3)	85,000.	0.			GENERAL PROGRAM SUPPORT
THE MATTHEWS HOUSE 415 MASON CT. #1 FORT COLLINS, CO 80524	20-2894339	501(C)(3)	99,774.	0.			GENERAL PROGRAM SUPPORT
THE REFUGE 11600 QUAY STREET #200 BROOMFIELD, CO 80020	20-8442359	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
THE SPARK 4847 PEARL ST UNIT B4 BOULDER, CO 80301-2439	83-2550120	501(C)(3)	100,000.	0.			GENERAL PROGRAM SUPPORT
THE WOMEN'S FOUNDATION OF COLORADO 1901 EAST ASBURY AVENUE DENVER, CO 80208-0001	84-1039305	501(C)(3)	38,500.	0.			GENERAL PROGRAM SUPPORT
THOMPSON SCHOOL DISTRICT R2-J 800 S TAFT AVE LOVELAND, CO 80537-6347	84-6013346	501(C)(3)	38,280.	0.			GENERAL PROGRAM SUPPORT
THOMPSON VALLEY PRESCHOOL, INC. 803 E 16TH ST LOVELAND, CO 80538-4063	84-0676714	501(C)(3)	7,000.	0.			GENERAL PROGRAM SUPPORT
UNIFIED WORKFORCE 2212 SILVER TRAILS DRIVE FORT COLLINS, CO 80526	87-3361551	501(C)(3)	9,500.	0.			GENERAL PROGRAM SUPPORT
WOMEN'S WILDERNESS INSTITUTE 1206 EUCLID AVE BOULDER, CO '80302	84-1439821	501(C)(3)	66,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YARROW COLLECTIVE: FRIENDS OF LARIMER - 525 W OAK - FORT COLLINS, CO 80521	84-1493585	501(C)(3)	56,938.	0.			GENERAL PROGRAM SUPPORT
YMCA OF NORTHERN COLORADO 2800 DAGNY WAY LAFAYETTE, CO 80026	84-0459944	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT

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
LARIMER FIRE RECOVERY	2	15,247.	0.		
WOMEN GIVE SCHOLARSHIPS	39	212,792.	0.		
LARIMER CHILD CARE FUND	73	471,354.	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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOY SULLIVAN PRESIDENT/CEO	(i)	138,421.	0.	0.	6,995.	8,799.	154,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

RETENTION BONUSES ARE AWARDED TO STAFF ON EMPLOYEE ANNIVERSARIES WHEN YEARS OF SERVICE THRESHOLDS ARE MET. DURING THE CALENDAR YEAR ENDING DECEMBER 31, 2023, BONUSES WERE AWARDED BASED ON THAT CRITERIA.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 LEADS PHILANTHROPY IN OUR COMMUNITY,
ENSURING THAT GIFTS OF TIME, TALENT AND TREASURE ADDRESS TODAY'S
GREATEST NEEDS AND REDUCE TOMORROW'S. WE ENGAGE THE COMMUNITY OF
NONPROFITS, BUSINESSES, INDIVIDUALS, FAMILIES AND GOVERNMENT
ORGANIZATIONS FOR COLLABORATIVE APPROACHES TO ADDRESS DISPARITIES IN
YOUTH AND EDUCATION AND FINANCIAL STABILITY.

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

IN 2023-24, UWLC LAUNCHED TWO COMMUNITY HUBS TO MEET URGENT LOCAL
NEEDS:

THE FIRST FLOOR OF THE LOVELAND YOUTH CAMPUS OPENED IN MARCH 2024.
UWLC'S INVESTMENT OF \$1.39 MILLION TO RENOVATE A FORMER CHARTER SCHOOL
INTO A LICENSED CHILD CARE CENTER QUADRUPLED LOVELAND'S ONLY NON-PROFIT
0-5 PROVIDER'S CAPACITY TO SUPPORT WORKING FAMILIES AND ENSURE CHILDREN
HAVE ACCESS TO QUALITY EARLY EDUCATION.

THE COMMUNITY IMPACT CENTER IN FORT COLLINS BRINGS TOGETHER TWELVE
NONPROFITS IN A SHARED SPACE TO PROVIDE CULTURALLY ATTUNED ESSENTIAL
SERVICES SUCH AS MENTAL HEALTH CARE, IMMIGRATION LEGAL SUPPORT, AND
EMPLOYMENT TRAINING AND PLACEMENT. IN 2023-2024 UWLC INVESTED \$214,907
TO SUBSIDIZE RENT, UTILITIES, SHARED SERVICES, AND STAFFING FOR THE
CENTER TO STRENGTHEN COMMUNITY IMPACT.

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

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

LOCAL SCHOOL DISTRICTS FOR PROGRAMS SUPPORTING HIGH SCHOOL READINESS,
TUTORING, STUDENTS' BASIC NEEDS, AND CLASSROOM GRANTS.

FINANCIAL STABILITY: IN 2023-24, UWLC EASED FINANCIAL BURDENS FOR
FAMILIES BY EXPANDING AFFORDABLE CHILD CARE ACCESS WITH A TOTAL
INVESTMENT OF \$675,412 IN CHILD CARE SCHOLARSHIPS. THROUGH THE LARIMER
CHILD CARE FUND, UWLC AWARDED \$481,459 IN SCHOLARSHIPS TO LOW- AND
MODERATE-INCOME FAMILIES, WHICH SUPPORTED 65 CHILDREN. IN ADDITION, THE
WOMENGIVE PROGRAM PROVIDED \$193,953 IN CHILD CARE SCHOLARSHIPS TO 22
SINGLE MOTHERS IN HIGHER EDUCATION, SUPPORTING QUALITY CHILD CARE FOR
55 CHILDREN.

IN ADDITION TO EXPANDED ACCESS TO CHILD CARE, UWLC'S COMMITMENT TO
FINANCIAL STABILITY WAS DEMONSTRATED AS THE REGIONAL NONPROFIT
INFRASTRUCTURE GRANT LIAISON TO THE COLORADO DEPARTMENT OF LOCAL
AFFAIRS. UWLC DISTRIBUTED \$3.77 MILLION IN FEDERAL FUNDS TO STRENGTHEN
NORTHERN FRONT RANGE NONPROFITS IN THEIR EFFORTS TO SUPPORT FAMILIES
AND TACKLE POVERTY'S ROOT CAUSES.

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

EMPLOYMENT TRAINING AND PLACEMENT. IN 2023-2024 UWLC INVESTED \$214,907
TO SUBSIDIZE RENT, UTILITIES, SHARED SERVICES, AND STAFFING FOR THE
CENTER TO STRENGTHEN COMMUNITY IMPACT.

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

THE FORM 990 IS REVIEWED AT THE FINANCE AND AUDIT COMMITTEE MEETING,
CHAIRLED BY THE TREASURER. UPON RECOMMENDATIONS OF THE FINANCE AND AUDIT

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

COMMITTEE, THE FORM 990 IS EMAILED TO MEMBERS OF THE BOARD FOR REVIEW PRIOR TO BEING FILED.

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

229,693.

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

TIMING DIFFERENCE OF DONOR DESIGNATED CONTRIBUTION AND	
RELATED EXPENDITURES	49,358.
ADJUSTMENT FOR UNCOLLECTIBLE PROMISES TO GIVE	-109,460.
IMPAIRMENT LOSS ON LAND HELD FOR SALE	-425,000.
TOTAL TO FORM 990, PART XI, LINE 9	-255,409.

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 ADP,
 AN UNRELATED ORGANIZATION. ADP IS A PROFESSIONAL EMPLOYER
 ORGANIZATION. AS A RESULT, ADP 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 ADP'S ONLINE SYSTEM AND ADP
 PROCESSES THE PAYROLL AND ADMINISTERS ALL BENEFITS ON BEHALF OF UNITED
 WAY OF LARIMER COUNTY. ADP 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 ADP 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
 ADP 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

2023

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

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

Schedule R (Form 990) 2023

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.

Table with columns (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.