

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

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
525 W OAK ST NO 101

City or town, state or province, country, and ZIP or foreign postal code  
FORT COLLINS, CO 80521

**D** Employer identification number  
84-6031503

**E** Telephone number  
(970) 407-7000

**G** Gross receipts \$ 5,661,838

**F** Name and address of principal officer:  
DEIRDRE SULLIVAN  
525 W OAK ST NO 101  
FORT COLLINS, CO 80521

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.UWAYLC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1958 **M** State of legal domicile: CO

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
UNITED WAY TRANSFORMS COMMUNITIES SO EVERYONE THRIVES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	17
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	33
<b>6</b> Total number of volunteers (estimate if necessary)	6	1,844
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,856,221	5,545,912
<b>9</b> Program service revenue (Part VIII, line 2g)	11,381	50,155
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	222,611	42,939
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-42,493	-30,029
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,047,720	5,608,977
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,701,315	3,117,913
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,509,907	1,592,877
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶436,665		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	969,554	778,009
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,180,776	5,488,799
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	866,944	120,178
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	6,268,433	5,949,307
<b>21</b> Total liabilities (Part X, line 26)	1,474,804	991,698
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,793,629	4,957,609

## 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 2021-01-28  
DEIRDRE SULLIVAN PRESIDENT AND CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ EIDE BAILLY LLP		2021-01-27		P01313374
Firm's address ▶ 2950 E HARMONY RD STE 290			Firm's EIN ▶ 45-0250958	
FORT COLLINS, CO 805283429			Phone no. (970) 223-8825	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,885,738 including grants of \$ 1,243,627 ) (Revenue \$ 50,155 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,537,651 including grants of \$ 1,537,651 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,050,258 including grants of \$ 336,635 ) (Revenue \$ )  
See Additional Data

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

**4e Total program service expenses** ▶ 4,473,647

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶DIANE HATHWAY 525 W OAK ST 101 FORT COLLINS, CO 80521 (970) 407-7000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRACY OLDEMEYER BOARD CHAIR	1.00	X		X			0	0	0	
(2) JUSTIN DAVIS CHAIR ELECT	1.00	X		X			0	0	0	
(3) ROBERT WAGNER TREASURER	1.00	X		X			0	0	0	
(4) KELLY MCBARTLETT SECRETARY	1.00	X		X			0	0	0	
(5) KEVIN CORY BOARD MEMBER	1.00	X					0	0	0	
(6) CHRISTINA DIAZ ESTRADA BOARD MEMBER	1.00	X					0	0	0	
(7) ANNE FOLK BOARD MEMBER	1.00	X					0	0	0	
(8) JONI FRIEDMAN BOARD MEMBER	1.00	X					0	0	0	
(9) MOLLY GHENT BOARD MEMBER	1.00	X					0	0	0	
(10) MICHAEL HOOKER BOARD MEMBER	1.00	X					0	0	0	
(11) JEFFREY JACKSON BOARD MEMBER	1.00	X					0	0	0	
(12) DENISE MCFANN BOARD MEMBER	1.00	X					0	0	0	
(13) PAUL MEULLER BOARD CHAIRMAN	1.00	X					0	0	0	
(14) LORNA REEVES BOARD MEMBER	1.00	X					0	0	0	
(15) WENDY SPARKS BOARD MEMBER	1.00	X					0	0	0	
(16) LAURA JO WASHLE BOARD MEMBER	1.00	X					0	0	0	
(17) LISE YOUNGBLADE 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNIE DAVIES ..... PRESIDENT/CHIEF EXECUTIVE OFFICER	45.00			X				136,209	0	11,875
(19) DIANE HATHAWAY ..... CHIEF FINANCIAL OFFICER	45.00			X				83,003	0	10,894
(20) ALLISON HINES ..... SR. VP AND RESOURCE DEVELOPMENT	45.00			X				84,736	0	3,807
(21) CLAIRE BOUCHARD ..... VP AND COMMUNITY IMPACT	45.00			X				78,628	0	11,808
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								382,576	0	38,384

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .		382,576	0

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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> . . . . .		No
<b>5</b> 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> . . . . .		No

**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
525 W OAK LLC  3528 PRECISION DR STE 100 FORT COLLINS, CO 80528	PROPERTY IMPROVEMENTS AND MGMT.	292,366

**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 **▶ 1**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	97,413				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	5,448,499				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	295,573				
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,545,912			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICES REVENUE	Business Code					
		561000	50,155	50,155			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			50,155				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		42,939			42,939	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	17,734				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0				
		<b>c</b> Rental income or (loss)	17,734				
	<b>d</b> Net rental income or (loss) . . . . .		17,734			17,734	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ 97,413 of contributions reported on line 1c). See Part IV, line 18 . . . . .		5,098				
		<b>b</b> Less: direct expenses . . . . .	52,861				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-47,763			-47,763
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>11a</b> Miscellaneous Revenue	Business Code						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions . . . . .			5,608,977	50,155	0	12,910	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,781,278	2,781,278		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	336,635	336,635		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	422,727	224,673	107,595	90,459
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	916,886	502,172	242,574	172,140
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	39,017	3,891	24,739	10,387
<b>9</b> Other employee benefits . . . . .	109,785	72,753	19,755	17,277
<b>10</b> Payroll taxes . . . . .	104,462	60,789	24,737	18,936
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	464		464	
<b>c</b> Accounting . . . . .	23,700		23,700	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,431	158,582	3,225	35,624
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	39,227	14,019	7,366	17,842
<b>14</b> Information technology . . . . .	84,782	38,371	40,747	5,664
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	240,681	201,473	24,679	14,529
<b>17</b> Travel . . . . .	11,509	5,721	2,017	3,771
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	32,996	7,342	7,930	17,724
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	32,238	20,274	9,341	2,623
<b>23</b> Insurance . . . . .	14,780	4,911	6,081	3,788
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP DUES	57,150	18,823	22,719	15,608
<b>b</b> PRINTING AND PUBLICATIO	43,051	21,940	10,818	10,293
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,488,799	4,473,647	578,487	436,665
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,860,640	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,308,898	<b>2</b>	3,045,298
	<b>3</b> Pledges and grants receivable, net . . . . .	1,042,349	<b>3</b>	745,203
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	44,915	<b>9</b>	44,858
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	341,563		
	<b>b</b> Less: accumulated depreciation	91,706		
	<b>11</b> Investments—publicly traded securities . . . . .	1,822,514	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	30,834	<b>15</b>	1,864,091
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,268,433	<b>16</b>	5,949,307	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	108,065	<b>17</b>	168,186
	<b>18</b> Grants payable . . . . .	1,281,879	<b>18</b>	444,251
	<b>19</b> Deferred revenue . . . . .	5,700	<b>19</b>	12,500
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	297,362
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	79,160	<b>25</b>	69,399
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,474,804	<b>26</b>	991,698
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	3,413,107	<b>27</b>	3,135,159
	<b>28</b> Net assets with donor restrictions . . . . .	1,380,522	<b>28</b>	1,822,450
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	4,793,629	<b>32</b>	4,957,609	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	6,268,433	<b>33</b>	5,949,307	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,608,977
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,488,799
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	120,178
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,793,629
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-179,517
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	223,319
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,957,609

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-6031503

**Name:** UNITED WAY OF LARIMER COUNTY

Form 990 (2019)

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### Form 990, Part III, Line 4a:

UNITED WAY OF LARIMER COUNTY DIRECTS FUNDING AND RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS SERVING OUR MOST IMPACTED COMMUNITIES, TO ACHIEVE SIGNIFICANT CHANGES IN THE AREAS OF YOUTH & EDUCATION, FINANCIAL STABILITY, COMMUNITY ENGAGEMENT AND NONPROFIT EXCELLENCE. SEE SCHEDULE O FOR MORE INFORMATION.

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**Form 990, Part III, Line 4b:**

UNITED WAY OF LARIMER COUNTY RESPONSIBILITY FULFILLS DONOR INTENT, INCLUDING DONATIONS THAT ARE DESIGNATED TO NONPROFIT AGENCIES OTHER THAN UNITED WAY OF LARIMER COUNTY. UNITED WAY OF LARIMER COUNTY PROCESSED \$1.2 MILLION IN DONOR DESIGNATIONS, DISTRIBUTING FUNDS TO HUNDREDS OF NONPROFIT AGENCIES ACROSS THE COUNTRY. UNITED WAY VERIFIES THAT EACH AGENCY IS ELIGIBLE TO RECEIVE CHARITABLE DONATIONS IN COMPLIANCE WITH THE USA PATRIOT ACT AND OTHER COUNTERTERRORISM LAWS.

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**Form 990, Part III, Line 4c:**

IN ADDITION TO EXTERNALLY DIRECTED DOLLARS, UNITED WAY OF LARIMER COUNTY ALSO MANAGES THREE SIGNIFICANT INTERNAL PROGRAMS: THE 211 RESOURCE NAVIGATION PROGRAM, COLORADO READING CORPS AND WOMEN GIVE THESE PROGRAMS SUPPORT OUR EFFORTS TO PROVIDE BOTH SHORT AND LONG-TERM SOLUTIONS TO STRENGTHEN OUR COMMUNITY, WITH 211 FOCUSED ON IMMEDIATE NEEDS, COLORADO READING CORPS FOCUSES ON RESEARCH-BASED STRATEGIES THAT LEAD TO HIGHER GRADUATION RATES, AND A TWO-GENERATION APPROACH TO CREATING ECONOMIC MOBILITY OPPORTUNITIES THROUGH OUR WOMEN GIVE PROGRAM. SEE SCHEDULE O FOR MORE INFORMATION.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
UNITED WAY OF LARIMER COUNTY

**Employer identification number**  
84-6031503

**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 or 990-EZ).)
- 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 **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 in 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		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,820,108	5,575,766	6,086,547	5,856,221	5,545,912	27,884,554
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	4,820,108	5,575,766	6,086,547	5,856,221	5,545,912	27,884,554
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						27,884,554

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	4,820,108	5,575,766	6,086,547	5,856,221	5,545,912	27,884,554
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	176,721	172,248	182,884	280,276	60,673	872,802
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .	83,886	71,243	13,440	24,894	5,098	198,561
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						28,955,917
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	88,797

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.300 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.140 %

**16a 33 1/3% support test—2019.** 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 . . . . .

**b 33 1/3% support test—2018.** 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 . . . . .

**17a 10%-facts-and-circumstances test—2019.** 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 . . . . .

**b 10%-facts-and-circumstances test—2018.** 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 . . . . .

**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 . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	89.140 %

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) 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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-6031503

**Name:** UNITED WAY OF LARIMER COUNTY

**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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .	52	
<b>2</b> Aggregate value of contributions to (during year)	645,592	
<b>3</b> Aggregate value of grants from (during year)	638,195	
<b>4</b> Aggregate value at end of year . . . . .	66,923	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	1,764,736	1,050,914	957,467	1,000,401	1,900,723
<b>b</b> Contributions . . . . .	1,895	687,663	29,400	34,452	38,711
<b>c</b> Net investment earnings, gains, and losses	83,848	92,991	73,594	92,777	13,528
<b>d</b> Grants or scholarships . . . . .			160,000	940,163	
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	13,990	9,054	9,547	8,947	12,398
<b>g</b> End of year balance . . . . .	1,836,489	1,822,514	1,050,914	958,683	1,000,401

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ 91.920 %
  - c** Temporarily restricted endowment ▶ 8.080 %
- 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 |
|--|------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		232,682	21,177	211,505
<b>d</b> Equipment . . . . .		108,881	70,529	38,352
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				249,857

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) UNEMPLOYMENT RESERVES	27,602
(2) BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	1,836,489
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,864,091

**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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	69,399

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	4,420,902
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	81,769	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	71,753	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	153,522
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	4,267,380
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,341,597	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	1,341,597
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	5,608,977

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	4,077,405
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	81,769	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	44,488	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	126,257
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,951,148
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,537,651	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	1,537,651
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	5,488,799

**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.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-6031503

**Name:** UNITED WAY OF LARIMER COUNTY

## Supplemental Information

Return Reference	Explanation
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.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT IS UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION 71,753.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES NETTED WITH REVENUES ON FORM 990 -44,488. DONOR DESIGNATED CONTRIBUTIONS NOT REPORTED AS REVENUE PER GAAP 1,216,910. UNCOLLECTIBLE PROMISES TO GIVE NETTED WITH INCOME ON AUDITED FINANCIALS 169,175.



# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES NETTED WITH REVENUES ON FORM 990 44,488.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS NOT REPORTED AS EXPENSE PER GAAP 1,537,651.

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 1A :	THE DIFFERENCE BETWEEN THE ENDING AND BEGINNING ENDOWMENT FUNDS CHANGED TO PROPERLY ADJUST FOR CHANGES IN REPORTING OF ENDOWMENT FUNDS.



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STATE OF THE COMMUNITY (event type)	WOMEN GIVE (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts . . . . .	58,687	43,824		102,511
2	Less: Contributions . . . . .	58,687	38,726		97,413
3	Gross income (line 1 minus line 2) . . . . .		5,098		5,098
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .		37,551		37,551
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	8,373	6,937		15,310
10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				52,861
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-47,763

**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.

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

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

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

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

---

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

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

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

**b** Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 35
3 Enter total number of other organizations listed in the line 1 table. 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) WOMEN GIVE SCHOLARSHIPS	77	336,635			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANT FUNDS ARE DISBURSED DIRECTLY TO NONPROFIT ORGANIZATIONS, AND NOT TO INDIVIDUALS DIRECTLY. ORGANIZATIONS THAT RECEIVE GRANT FUNDS MUST COMPLY WITH SPECIFIC ORGANIZATIONAL STANDARDS TO BE ELIGIBLE FOR FUNDING. ACCOUNTABILITY IS ESTABLISHED THROUGH REPORTING REQUIRED IN THE GRANT FUNDING CONTRACT. INFORMATION IS REVIEWED BY STAFF AND THE COMMUNITY IMPACT COMMITTEE, A VOLUNTEER SUBCOMMITTEE OF THE BOARD OF DIRECTORS, TO ENSURE COMPLIANCE.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-6031503  
**Name:** UNITED WAY OF LARIMER COUNTY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
3HOPEFUL HEARTS 1749 DEWEESE STREET FORT COLLINS, CO 80526	80-0788928	501(C)(3)	6,000				DONOR DESIGNATED PAYMENTS
ALTERNATIVES TO VIOLENCE INC 841 E 8TH STREET LOVELAND, CO 805374909	84-0886127	501(C)(3)	15,512				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS NORTHERN COLORADO 1808 N BOISE AVE LOVELAND, CO 80538		501(C)(3)	8,094				DONOR DESIGNATED PAYMENTS
BASE CAMP INC 1224 EAST ELIZABETH STREET FORT COLLINS, CO 80524	84-1035268	501(C)(3)	14,014				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOOK TRUST 789 SHERMAN STREET NO 300A DENVER, CO 80203	20-4124164	501(C)(3)	13,050				DONOR DESIGNATED PAYMENTS
BOYS AND GIRLS CLUBS OF LARIMER COUNTY 103 SMOKEY STREET FORT COLLINS, CO 80525	74-2425914	501(C)(3)	68,114				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF LARIMER COUNTY 103 SMOKEY STREET FORT COLLINS, CO 80525	74-2425914	501(C)(3)	25,500				DONOR DESIGNATED PAYMENTS
CATHOLIC CHARITIES - LARIMER COUNTY REGION 6240 SMITH ROAD DENVER, CO 80216	84-0686679	501(C)(3)	20,000				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES & COMMUNITY SERVICES OF THE ARCHDIOCESE 460 LINDEN CENTER DR FORT COLLINS, CO 80524		501(C)(3)	18,591				DONOR DESIGNATED PAYMENTS
CHILDREN'S SPEECH AND READING CENTER 1330 OAKRIDGE DR UNITE 10 FORT COLLINS, CO 805259652	84-1227883	501(C)(3)	6,180				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDSAFE COLORADO INC 2001 SHIELDS ST BLDG K FORT COLLINS, CO 80526	31-1581377	501(C)(3)	6,650				DONOR DESIGNATED PAYMENTS
CHRIST UNITED METHODIST CHURCH 301 E DRAKE RD FORT COLLINS, CO 80525		501(C)(3)	8,000				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLORADO KIDS BELONG 1540 MAIN STREET UNIT 218 NUM 331 WINDSOR, CO 80550	45-5558052	501(C)(3)	19,000				GENERAL PROGRAM SUPPORT
COLORADO OPEN LANDS 1546 COLE BLVD STE 200 LAKEWOOD, CO 80401	84-0866211	501(C)(3)	5,500				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLORADO STATE UNIVERSITY FOUNDATION PO BOX 1870 FORT COLLINS, CO 80522	23-7098397	501(C)(3)	54,602				DONOR DESIGNATED PAYMENTS
COMMUNITY FOUNDATION OF NORTHERN COLORADO 4745 WHEATON DRIVE STE 100 FORT COLLINS, CO 80525	84-0699243	501(C)(3)	34,767				DONOR DESIGNATED PAYMENTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORPORATION OF THE PRESIDING BISHOPRIC 50 WEST NORTH TEMPLE STREET SALT LAKE CITY, UT 84150		501(C)(3)	23,105				DONOR DESIGNATED PAYMENTS
COURT APPOINTED SPECIAL ADVOCATES INC (CAS) 201 LAPORTE AVE STE 100 FORT COLLINS, CO 80521	84-1048149	501(C)(3)	16,500				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CROSSROADS SAFEHOUSE PO BOX 993 FORT COLLINS, CO 805220993	84-0786145	501(C)(3)	16,638				GENERAL PROGRAM SUPPORT
CSU - DEPT OF HUMAN DEVELOPMENT AND FAMILY STUDIES CAMPUS DELIVERY 1570 FORT COLLINS, CO 80523		CITY OF FORT COLLINS	17,510				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DISABLED RESOURCE SERVICES 1017 ROBERTSON ST UNIT B FORT COLLINS, CO 80524	74-2346897	501(C)(3)	6,500				DONOR DESIGNATED PAYMENTS
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	8,500				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENVIRONMENTAL DEFENSE FUND INC 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	6,000				DONOR DESIGNATED PAYMENTS
ESTES PARK LEARNING PLACE 600 SOUTH SAINT VRAIN UNIT 2 ESTES PARK, CO 80517	33-1003417	501(C)(3)	15,450				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESTES VALLEY INVESTMENT IN CHILDHOOD SERVICES 600 S VRAIN AVENUE UNIT 2 ESTES PARK, CO 805173373	84-1552138	501(C)(3)	62,355				GENERAL PROGRAM SUPPORT
FAITH EVANGELICAL FREE CHURCH 3920 SHIELDS ST FORT COLLINS, CO 80526	84-0857649	501(C)(3)	15,000				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY HOUSING NETWORK PO BOX 1765 FORT COLLINS, CO 805221765	46-3225758	501(C)(3)	16,000				GENERAL PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 1005 STOVER ST FORT COLLINS, CO 80524		501(C)(3)	24,500				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FISHER HOUSE FOUNDATION INC 3030 S BROADWAY UNIT 200-412 DENVER, CO 80209	84-1445569	501(C)(3)	10,000				DONOR DESIGNATED PAYMENTS
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR LOVELAND, CO 80538	74-2336171	501(C)(3)	76,753				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOTHILLS UNITARIAN CHURCH 1815 YORKTOWN AVE FORT COLLINS, CO 80526	84-0453854	501(C)(3)	26,000				DONOR DESIGNATED PAYMENTS
FORT COLLINS HABITAT FOR HUMANITY 4001 S TAFT HILL ROAD FORT COLLINS, CO 80526	84-1276816	501(C)(3)	31,100				DONOR DESIGNATED PAYMENTS



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

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FORT COLLINS SYMPHONY ASSOCIATION 141 S COLLEGE AVE FORT COLLINS, CO 80524	84-6038716	501(C)(3)	9,120				DONOR DESIGNATED PAYMENTS
FRIENDS OF THE GARDENS ON SPRING CREEK 2145 SOUTH CENTRE AVE FORT COLLINS, CO 80526	84-1081365	501(C)(3)	7,250				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRONT RANGE COMMUNITY COLLEGE FOUNDATION FOR EDUCATIONAL EXCELLENCE 3645 WEST 112TH AVENUE WESTMINSTER, CO 80031	84-1311148	501(C)(3)	10,000				DONOR DESIGNATED PAYMENTS
GREENPATH INC 424 PINE STREET STE 202 FORT COLLINS, CO 80524	38-6142925	501(C)(3)	9,785				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARMONY FOUNDATION INC 1600 FISH HATCHERY ROAD ESTES PARK, CO 80517	84-0594732	501(C)(3)	7,885				DONOR DESIGNATED PAYMENTS
HOLY CROSS MISSION CENTER PO BOX 1064 NOTRE DAME, IN 46556		501(C)(3)	45,000				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMELESS GEAR - MURPHY CENTER FOR HOPE 242 CONIFER STREET FORT COLLINS, CO 80524	81-0793989	501(C)(3)	20,525				GENERAL PROGRAM SUPPORT
HOMEWARD ALLIANCE PO BOX 873 FORT COLLINS, CO 805220873	27-4641606	501(C)(3)	72,825				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOUSE OF NEIGHBORLY SERVICE 1511 E 11TH ST STE 100 LOVELAND, CO 805375006	84-0568546	501(C)(3)	32,641				GENERAL PROGRAM SUPPORT
INTERNATIONAL RESCUE COMMITTEE INC 122 EAST 424ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	100,000				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LARIMER HUMANE SOCIETY 3501 E 71ST STREET LOVELAND, CO 80538	84-0611804	501(C)(3)	13,000				DONOR DESIGNATED PAYMENTS
LUBICK FOUNDATION 2221 BALDWIN STREET FORT COLLINS, CO 80528	27-1444241	501(C)(3)	22,380				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230	13-2574963	501(C)(3)	7,000				DONOR DESIGNATED PAYMENTS
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR FORT COLLINS, CO 805242054	84-0630214	501(C)(3)	54,431				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR FORT COLLINS, CO 80524	84-0568546	501(C)(3)	11,750				DONOR DESIGNATED PAYMENTS
OBERLIN COLLEGE 173 W LORAIN ST CONTROLLERS OFFICE OBERLIN, OH 44074	34-0714363	501(C)(3)	25,000				DONOR DESIGNATED PAYMENTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE COMMUNITY ONE FAMILY INC 840 N LINCOLN AVENUE STE 101 LOVELAND, CO 80537	82-3031573	501(C)(3)	5,000				GENERAL PROGRAM SUPPORT
OUR SAVIOURS LUTHERAN CHURCH 2000 S LEMAY AVE FORT COLLINS, CO 80525		501(C)(3)	26,000				DONOR DESIGNATED PAYMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PARTNERS MENTORING YOUTH 530 S COLLEGE AVE STE 1 FORT COLLINS, CO 805243235	74-2486211	501(C)(3)	15,450				GENERAL PROGRAM SUPPORT
POUDRE RIVER PUBLIC LIBRARY DISTRICT 301 EAST OLIVE STREET FORT COLLINS, CO 805220580	23-7433938	501(C)(3)	5,665				GENERAL PROGRAM SUPPORT

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

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POUDRE SCHOOL DISTRICT 2407 LAPORTE AVENUE FORT COLLINS, CO 80521	84-1555092	501(C)(3)	5,150				GENERAL PROGRAM SUPPORT
PROJECT SELF-SUFFICIENCY 375 W 37TH ST STE 150 LOVELAND, CO 805388435	84-1206341	501(C)(3)	27,810				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT SELF-SUFFICIENCY 375 W 37TH ST STE 150 LOVELAND, CO 80538	84-1206341	501(C)(3)	48,611				DONOR DESIGNATED PAYMENTS
PUBLIC RADIO FOR THE FRONT RANGE - KRFC 889FM 619 S COLLEGE AVE 2 FORT COLLINS, CO 80524	84-1307999	501(C)(3)	19,700				DONOR DESIGNATED PAYMENTS

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

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REALITIES FOCUS INC 2601 SOUTH LEMAY AVENUE STE 1857 FORT COLLINS, CO 80525	73-1707043	501(C)(3)	7,725				GENERAL PROGRAM SUPPORT
REDEEMER LUTHERAN CHURCH 7755 GREENSTONE TRAIL FORT COLLINS, CO 80525		501(C)(3)	50,268				DONOR DESIGNATED PAYMENTS

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

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RESPITE CARE INC 6203 S LEMAY AVE FORT COLLINS, CO 805259436	84-0840653	501(C)(3)	18,265				GENERAL PROGRAM SUPPORT
RESPITE CARE INC 6203 S LEMAY AVE FORT COLLINS, CO 80525	84-0840653	501(C)(3)	84,197				DONOR DESIGNATED PAYMENTS

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

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ROCKY MOUNTAIN RAPTOR PROGRAM 2519 S SHIELDS ST 1K-115 FORT COLLINS, CO 80526	90-0131614	501(C)(3)	5,500				DONOR DESIGNATED PAYMENTS
SAINT ELIZABETH ANN SETON PARISH- FORT COLLI 5450 S LEMAY AVE FORT COLLINS, CO 80525		501(C)(3)	26,000				DONOR DESIGNATED PAYMENTS

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

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SAINT JOHN'S LUTHERAN CHURCH 305 E ELIZABETH ST FORT COLLINS, CO 80524		501(C)(3)	9,500				DONOR DESIGNATED PAYMENTS
SALVATION ARMY - FORT COLLINS CORPS 3901 S MASON ST FORT COLLINS, CO 80525		501(C)(3)	10,700				DONOR DESIGNATED PAYMENTS



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SOJOURN MENNONITE CHURCH PO BOX 768 FORT COLLINS, CO 805220768		501(C)(3)	17,500				GENERAL PROGRAM SUPPORT
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH (SAFY) 1600 SPECHT POINT DRIVE FORT COLLINS, CO 80525	81-0849491	501(C)(3)	15,450				GENERAL PROGRAM SUPPORT

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

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SPIRIT OF JOY LUTHERAN CHURCH 4501 S LEMAY AVE FORT COLLINS, CO 80525		501(C)(3)	17,000				DONOR DESIGNATED PAYMENTS
SPROUTIN UP 5100 E HIGHWAY 14 FORT COLLINS, CO 805249226	46-1210103	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT

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

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SUMMITSTONE HEALTH PARTNERS 4856 INNOVATION DRIVE STE B FORT COLLINS, CO 80525	84-1512383	501(C)(3)	8,250				DONOR DESIGNATED PAYMENTS
SUMMITVIEW COMMUNITY CHURCH 1601 W DRAKE RD FORT COLLINS, CO 80526		501(C)(3)	10,000				DONOR DESIGNATED PAYMENTS

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

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TEACHING TREE EARLY CHILDHOOD LEARNING CENTER 424 PINE ST FORT COLLINS, CO 805242421	84-0598116	501(C)(3)	42,543				GENERAL PROGRAM SUPPORT
THE CENTER FOR FAMILY OUTREACH INC PO BOX 475 FORT COLLINS, CO 805220475	84-1515937	501(C)(3)	14,106				GENERAL PROGRAM SUPPORT

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

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THE COMMUNITY KITCHEN PO BOX 3033 LOVELAND, CO 80539	84-1539998	501(C)(3)	9,678				GENERAL PROGRAM SUPPORT
THE FAMILY CENTER-LA FAMILIA 309 HICKORY ST STE 5 FORT COLLINS, CO 805241106	84-1318219	501(C)(3)	66,756				GENERAL PROGRAM SUPPORT

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

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THE GENESIS PROJECT 400 S LINK LANE FORT COLLINS, CO 80524	46-3691788	501(C)(3)	8,436				GENERAL PROGRAM SUPPORT
THE MATTHEWS HOUSE 415 MASON CT STE 1 FORT COLLINS, CO 80524	20-2894339	501(C)(3)	114,322				GENERAL PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE STREET DOG COALITION 220 JACKSON AVE FORT COLLINS, CO 80521	81-0793989	501(C)(3)	10,800				DONOR DESIGNATED PAYMENTS
THOMPSON R2-J EDUCATION FOUNDATION 800 S TAFT AVE LOVELAND, CO 805376347	84-1158256	501(C)(3)	14,203				GENERAL PROGRAM SUPPORT

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

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THOMPSON VALLEY PRESCHOOL INC 803 E 16TH ST LOVELAND, CO 805384063	84-0676714	501(C)(3)	19,199				GENERAL PROGRAM SUPPORT
TURNING POINT FOR YOUTH & FAMILY DEVELOPMENT INC 1644 S COLLEGE AVE FORT COLLINS, CO 80525	74-2400627	501(C)(3)	15,682				GENERAL PROGRAM SUPPORT



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

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UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC 689 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-6186012	501(C)(3)	25,000				DONOR DESIGNATED PAYMENTS
UNITED WAY OF WELD COUNTY PO BOX 1944 GREELEY, CO 80632	84-6011918	501(C)(3)	8,396				DONOR DESIGNATED PAYMENTS

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

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UNIVERSITY OF WYOMING FOUNDATION - COWBOY JO 222 SOUTH 22ND STREET LARAMIE, WY 82070	83-0201971	501(C)(3)	20,000				DONOR DESIGNATED PAYMENTS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF LARIMER COUNTY

Employer identification number  
84-6031503

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	23	295,573	COST OR SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF LARIMER COUNTY

Employer identification number

84-6031503

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	DURING THIS FISCAL YEAR, UNITED WAY OF LARIMER COUNTY LAUNCHED A SHARED SERVICES PROGRAM TO SUPPORT ADMINISTRATIVE FUNCTIONS OF NONPROFIT ORGANIZATIONS ACROSS THE COUNTY. IN RESPONSE TO REQUESTS FROM THE SECTOR, A COMPREHENSIVE NEEDS ASSESSMENT, AND AS PART OF OUR PRIORITY OF PROMOTING NONPROFIT EXCELLENCE, UWLC BEGAN OFFERING BELOW MARKET RATE HUMAN RESOURCE SERVICES. THE PROGRAM IS SUPPORTED BY BOTH GRANT FUNDING, CORPORATE AND INDIVIDUAL GIFTS . DURING THIS PILOT YEAR, SIX ORGANIZATIONS PARTICIPATED IN THE PROGRAM.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A:	<p>THIS PROGRAMMATIC TOTAL INCLUDES FUNDS DISTRIBUTED AS GRANTS TO DIRECT SERVICE NONPROFITS, GRANTS TO MEET ESSENTIAL NEEDS FOR LOCAL RESIDENTS (UWLC BASIC NEEDS GRANTS, AND SEASONAL OVERFLOW SHELTER FUNDING), COLORADO CHILDCARE CONTRIBUTION TAX CREDIT FUNDS, THE BE READY CAMPAIGN, TRAINING TO INCREASE THE CAPACITY AND EFFICIENCY OF LARIMER COUNTY NONPROFITS, BELOW-MARKET RENT TO COMMUNITY AGENCIES, FACILITATION AND PARTICIPATION WITH COMMUNITY GROUPS TO FIND SOLUTIONS TO LOCAL HUMAN SERVICE PRIORITIES, UNITED WAY'S VOLUNTEER ENGAGEMENT EFFORTS, GRANT WRITING/FUNDRAISING TO INCREASE CAPACITY FOR COMMUNITY PRIORITIES. UNITED WAY OF LARIMER COUNTY DIRECTS FUNDING AND RESOURCES TO ORGANIZATIONS TO INCREASE ECONOMIC MOBILITY AND STRENGTHEN OUR COMMUNITY. THROUGH OUR COMMUNITY IMPACT GRANTS IN THE AREA OF FINANCIAL STABILITY, UNITED WAY AND ITS PARTNERS PROVIDED ACCESS TO DEGREE, CERTIFICATION AN EMPLOYMENT TRAINING PROGRAMS FOR MORE THAN 650 LOCAL RESIDENTS, EMPLOYMENT SKILLS PROGRAMS TO MORE THAN 700 PEOPLE AND PROGRAMS TO INCREASE INCOME TO MORE THAN 5,000 INDIVIDUALS . THROUGH YOUTH &amp; EDUCATION COMMUNITY IMPACT GRANTS, UNITED WAY AND ITS PARTNERS ALSO PROVIDED DEVELOPMENTAL SCREENINGS TO MORE THAN 500 CHILDREN, EDUCATION CLASSES TO MORE THAN 1,000 PARENTS AND AFTER SCHOOL ENRICHMENT PROGRAMS AND MENTORING TO MORE THAN 6,000 YOUTH. IN ADDITION, UNITED WAY FACILITATED \$123,123 IN FEDERAL EMERGENCY FOOD AND SHELTER FUNDS TO PARTNERS PROVIDING SHELTER, FOOD AND UTILITY ASSISTANCE. BE READY A PUBLIC AWARENESS CAMPAIGN FEATURING OUTREACH EFFORTS AND EARLY CHILDHOOD NAVIGATORS TO HELP CHILDREN IN LARIMER COUNTY ENTER SCHOOL READY TO LEARN. THE BE READY CAMPAIGN CONNECTED NEARLY 1,000 FAMILY MEMBERS TO RESOURCES IN 2019-20. CONTINUUM OF CARE A COALITION AIMING TO DEVELOP AND SUSTAIN A SYSTEM OF CARE THAT HELPS FAMILIES AND INDIVIDUALS WITHOUT HOUSING TO RAPIDLY AND PERMANENTLY ESCAPE HOMELESSNESS. VOLUNTEER ENGAGEMENT PROGRAMS UNITED WAY'S STAFF CONNECTS OVER 2,000 VOLUNTEERS TO NEARLY 200 PROJECTS ANNUALLY, BENEFITING MORE THAN 82 LOCAL AGENCIES AN INVESTING 7,300 VOLUNTEER HOURS VALUE AT \$198,560 IN OUR COMMUNITY AND ECONOMY. SEASONAL OVERFLOW SHELTER A PROGRAM PROVIDING WARM PLACES TO SLEEP WHEN THE CAPACITY OF CURRENT SHELTERS IS EXCEEDED DURING THE COLDEST MONTHS. UNITED WAY AND ITS PARTNERS PROVIDED MORE THAN 1,800 NIGHTS OF SHELTER TO PEOPLE IN NEED.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C:</p>	<p>UNITED WAY OF LARIMER COUNTY'S 211 INFORMATION AND RESOURCE NAVIGATION PROGRAM IS A FREE, MULTI-LANGUAGE, CONFIDENTIAL SERVICE THAT CONNECTS THOUSANDS OF LOCAL RESIDENTS TO MORE THAN 7,500 COMMUNITY RESOURCES STATEWIDE, SUCH AS HOUSING OR UTILITIES ASSISTANCES, PHYSICAL OR MENTAL HEALTH SERVICES, ASSISTANCE FINDING AND OBTAINING EMPLOYMENT AND SERVICES TO ADDRESS AND PREVENT HOMELESSNESS. UNITED WAY USES THE CALLER DATA AND UNMET NEEDS TO INFORM PROGRAMS AND MONITOR SHIFTS IN THE COMMUNITY. 211 PROVIDES THE OPPORTUNITY TO MEET THE NEEDS OF THE COMMUNITY TODAY, AND PREVENT THEM FOR TOMORROW. 211 IS AVAILABLE BY PHONE OR ONLINE 211COLORADO.ORG. 211 REFERRED 6,017 LARIMER COUNTY RESIDENTS TO OVER 600 NONPROFITS AND BUSINESSES IN FY 2019-20. COLORADO READING CORPS IS A PROGRAM OF COLORADO YOUTH FOR A CHANGE SPONSORED BY UNITED WAY OF LARIMER COUNTY FOR STUDENTS IN THE THOMPSON AND ESTES PARK SCHOOL DISTRICTS. IT IS A NATIONALLY-REPLICATED PROGRAM THAT UTILIZES AMERICORPS MEMBERS, TRAINED IN EARLY INTERVENTION LITERACY STRATEGIES, TO PROVIDE ONE-ON-ONE TUTORING TO STUDENTS IN KINDERGARTEN THROUGH THIRD GRADE WHO ARE NOT READING AT GRADE LEVEL. UNITED WAY IMPLEMENTED THE PROGRAM IN THOMPSON SCHOOL DISTRICT IN AUGUST 2014 AND EXPANDED THE PROGRAM TO ESTES PARK SCHOOL DISTRICT IN JANUARY 2017. UPON COMPLETION OF THE SIXTH YEAR OF THE PROGRAM IN LARIMER COUNTY, RESULTS INDICATED THAT 397 STUDENTS WERE SERVED DURING THE ACADEMIC YEAR AND 76% OF STUDENTS WHO PARTICIPATED ACHIEVED ABOVE TARGET GROWTH IN READING DURING THE YEAR. THIS LEVEL OF GROWTH MEANS THAT THEY ARE ON TRACK TO CLOSE THE ACHIEVEMENT GAP AND READ AT GRADE LEVEL BY THE END OF THIRD GRADE. UNITED WAY OF LARIMER COUNTY'S WOMEN GIVE PROGRAM IS A NETWORK OF HUNDREDS OF LOCAL WOMEN WHO USE THEIR FINANCIAL RESOURCES TO HELP WOMEN IN LARIMER COUNTY MOVE TOWARD ECONOMIC SELF-SUFFICIENCY BY PROVIDING CHILD CARE SCHOLARSHIPS TO SINGLE MOTHERS PURSUING DEGREES, DIPLOMAS AND CERTIFICATES. SINCE ITS INCEPTION, THERE HAVE BEEN 301 GRANT RECIPIENTS AND 115 GRADUATES. THERE HAVE BEEN 400 CHILDREN PROVIDED ACCESS TO HIGH QUALITY LICENSED CHILDCARE. THE WOMEN GIVE PROGRAM PROVIDED EMERGENCY ASSISTANCE TOTALING \$ 14,097 TO SUPPORT DURING COVID.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 1:	<p>UNITED WAY OF LARIMER COUNTY UNITED WAY OF LARIMER COUNTY LEADS PHILANTHROPY IN OUR COMMUNITY, ENSURING THAT GIFTS OF TIME, TALENT AND TREASURE ADDRESS TODAY'S GREATEST NEEDS - AND REDUCE TOMORROW'S. WE PROVIDE OPPORTUNITIES FOR BUSINESSES, INDIVIDUALS AND ORGANIZATIONS TO COLLABORATE AND ADDRESS COMMUNITY NEEDS THROUGHOUT LARIMER COUNTY. OUR FOCUS AREAS INCLUDE: YOUTH &amp; EDUCATION - WE BELIEVE INVESTING IN YOUTH IS NOT ONLY THE RIGHT THING TO DO, BUT IT IS ALSO THE BEST WAY TO ENSURE A STRONG ECONOMY AND COMMUNITY. OUR PROGRAMS AND PARTNERSHIPS IN THIS AREA FOCUS ON KINDERGARTEN READINESS, READING AT GRADE LEVEL BY THE END OF THIRD GRADE AND HIGH SCHOOL COMPLETION. FINANCIAL STABILITY - WE BELIEVE IN SUPPORTING INITIATIVES THAT DECREASE THE NEED FOR FUTURE SOCIAL SERVICES. OUR PROGRAMS AND PARTNERSHIPS FOCUS ON INCREASING ECONOMIC MOBILITY THROUGH JOB TRAINING, CASE MANAGEMENT AND ACCESS TO RESOURCES AND SUPPORT, INCLUDING DISASTER RESPONSE AND RECOVERY. COMMUNITY ENGAGEMENT - WE BELIEVE STRONG COMMUNITIES ARE CHARACTERIZED BY A HIGH LEVEL OF CIVIC PARTICIPATION. OUR PROGRAMS AND PARTNERSHIPS FOCUS ON INCREASING VOLUNTEERISM, COLLABORATION ACROSS SECTORS, CREATING A PIPELINE OF CIVIC LEADERS AND BUSINESS ENGAGEMENT WITH THE COMMUNITY. NONPROFIT EXCELLENCE - WE BELIEVE THE NONPROFIT SECTOR PLAYS A VITAL ROLE IN CREATING AND MAINTAINING A RESILIENT COMMUNITY AND THAT DONORS' DOLLARS SHOULD BE USED TO FUND EFFECTIVE AND EFFICIENT PROGRAMS THAT SHOW RESULTS. OUR PROGRAMS BUILD CAPACITY FOR MORE THAN 70 LOCAL NONPROFITS, FUND COMMUNITY IMPACT INITIATIVES, EVALUATE OUTCOMES, AND PROVIDE DATA-BASED REPORTS FOR THE COMMUNITY.</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE TREASURER, AS A REPRESENTATIVE OF THE BOARD, AND E-MAILED TO ALL MEMBERS OF THE FINANCE AND AUDIT COMMITTEE AND THE BOARD, PRIOR TO BEING FILED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION 71,753. TIMING DIFFERENCE OF DONOR DESIGNATED CONTRIBUTION AND RELATED EXPENDITURES 320,741. ADJUSTMENT F OR UNCOLLECTIBLE PROMISES TO GIVE -169,175.

**990 Schedule O, Supplemental Information**

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> UWLC HOLDING LLC 424 PINE STREET 102 FORT COLLINS, CO 80524 45-3578031	CHARITABLE	CO	0	0	UNITED WAY OF LARIMER COUNTY

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

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

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

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

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

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



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>