

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 u Do not enter social security numbers on this form as it may be made public.
 u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">UNITED WAY OF WELD COUNTY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1944 City or town, state or province, country, and ZIP or foreign postal code GREELEY CO 80632		D Employer identification number <p align="center">84-6011918</p>
	E Telephone number <p align="center">970-353-4300</p>		G Gross receipts\$ 7,088,612
	F Name and address of principal officer: JEANNINE TRUSWELL P.O. BOX 1944 GREELEY CO 80632		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

J Website: u HTTP://WWW.UNITEDWAY-WELD.ORG/	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1970 M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	403
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,583,859	Current Year 6,707,792
	9 Program service revenue (Part VIII, line 2g)	68,407	153,407
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,742	118,187
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,034	29,267
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,737,042	7,008,653
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,936,485
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,594,295	1,744,897
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 767,147			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,012,922	2,832,483
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,543,702	6,081,001	
19 Revenue less expenses. Subtract line 18 from line 12	-806,660	927,652	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,664,478	End of Year 5,895,187
	21 Total liabilities (Part X, line 26)	1,768,643	1,723,492
	22 Net assets or fund balances. Subtract line 21 from line 20	2,895,835	4,171,695

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 <p align="center">JEANNINE TRUSWELL</p> Type or print name and title	Date <p align="center">PRESIDENT/CEO</p>

Paid Preparer Use Only	Print/Type preparer's name JOSEPH M. HOEFLER	Date 05/16/22	Check <input type="checkbox"/> if self-employed	PTIN P01291550
	Firm's name RLR, LLP	Firm's EIN 84-1483675		
	Firm's address 1705 32ND STREET EVANS, CO 80620	Phone no. 970-304-9420		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 2,876,372 including grants of \$ 1,503,621) (Revenue \$ 153,407)
FUNDING AND SUPPORTING A ROBUST PARTNER AGENCY NETWORK - UNITED WAY OF WELD COUNTY INVESTS IN COMMUNITY HUMAN SERVICE PROGRAMS, PROVIDES DIRECT SERVICES AND LEADS COLLABORATIVE COMMUNITY PROBLEM SOLVING IN THE AREAS OF: EARLY CHILDHOOD DEVELOPMENT AND EARLY LITERACY, YOUTH SUCCESS AND WORKFORCE READINESS; HOUSEHOLD STABILITY, PREVENTING AND ENDING HOMELESSNESS, SERVICES FOR VULNERABLE OLDER ADULTS AND IN CONNECTING PEOPLE TO SERVICES. THIS INCLUDES DIRECTLY MANAGING THE 211 INFORMATION AND REFERRAL PROGRAM FOR WELD AND EASTERN COLORADO AND PROVIDING A VOLUNTEER CENTER THAT CONNECTS PEOPLE TO OPPORTUNITIES FOR CIVIC ENGAGEMENT AND VOLUNTEERING.

4b (Code:) (Expenses \$ 1,312,107 including grants of \$) (Revenue \$)
WELD'S WAY HOME - WELD'S WAY HOME IS UNITED WAY OF WELD COUNTY'S COMPREHENSIVE INITIATIVE TO PREVENT AND END HOMELESSNESS AND HELP ALL WELD COUNTY RESIDENTS ACHIEVE HOUSEHOLD STABILITY. DIRECT SERVICE PROGRAMS MANAGED INCLUDE THE HOUSING NAVIGATION CENTER AND COLD WEATHER SHELTER, THE COORDINATED ASSESSMENT HOUSING PLACEMENT PROGRAM, NORTHERN COLORADO CONTINUUM OF CARE, SINGLECARE PRESCRIPTION DISCOUNT PROGRAM AND COORDINATING THE GREELEY CITY BUS PASS PROGRAM. DURING COVID THE BONELL NON-CONGREGATE SHELTER WAS MANAGED FOR 6 MONTHS BY UNITED WAY OF WELD COUNTY.

4c (Code:) (Expenses \$ 901,123 including grants of \$) (Revenue \$)
READING GREAT BY 8 - READING GREAT BY 8 IS UNITED WAY OF WELD COUNTY'S COMPREHENSIVE INITIATIVE TO IMPLEMENT AND DELIVER PROGRAMS, FUND SERIES, BUILD CAPACITY, COORDINATE SYSTEMS TO HELP ENSURE ALL CHILDREN ARE SCHOOL READY AND READING BY THE END OF 3RD GRADE. DIRECT SERVICE PROGRAMS INCLUDE THE COVERING WELD DIAPER BANK, BRIGHT BY 3, CHILD CARE QUALITY IMPROVEMENT PROGRAMS, COLORADO READING CORPS AND PASO. ENCOURAGING AND SUPPORTING NEW CHILD CARE OPPORTUNITIES IN WELD COUNTY FOR WORKING PARENTS IS A SIGNIFICANT PART OF OUR WORK AS WELL AS SUPPORT FOR FAMILIES.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 59,703 including grants of \$) (Revenue \$)

4e Total program service expenses u 5,149,305

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed u **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records u

THE ORGANIZATION **814 9TH STREET**
GREELEY **CO 80631** **970-353-4300**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week 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) JEANNINE TRUSWELL	40.00									
PRESIDENT/CEO	0.00			X			129,346	0	13,363	
(2) ALYSON ROME	40.00									
PRIOR CFO	0.00			X			82,127	0	3,497	
(3) JASON PUGH	40.00									
CFO	0.00			X			0	0	0	
(4) RANDY WATKINS	2.00									
CHAIR	0.00	X		X			0	0	0	
(5) SARA SEELY	2.00									
CHAIR ELECT	0.00	X		X			0	0	0	
(6) MICHAEL BOND	2.00									
TREASURER	0.00	X		X			0	0	0	
(7) TIM BRYNTESON	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(8) DEIRDRE PILCH	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(9) MATT ANDERSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) JIM BECKLENBERG	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) LEAH BORNSTEIN	1.00									
DIRECTOR	0.00	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 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			
(12) JULIE COZAD	1.00									
DIRECTOR	0.00	X						0	0	0
(13) NINA DURAN-GUTIERREZ	1.00									
DIRECTOR	0.00	X						0	0	0
(14) ANGEL FLORES	1.00									
DIRECTOR	0.00	X						0	0	0
(15) LORI GAMA	1.00									
DIRECTOR	0.00	X						0	0	0
(16) TOBIAS GUZMAN	1.00									
DIRECTOR	0.00	X						0	0	0
(17) DYLAN HOCKETT	1.00									
DIRECTOR	0.00	X						0	0	0
(18) EVAN HYATT	1.00									
DIRECTOR	0.00	X						0	0	0
(19) JUSTIN MARTINEZ	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								211,473		16,860
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								211,473		16,860

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 u **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 u **0**

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,069,726				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,638,066				
	g Noncash contributions included in lines 1a-1f	1g	\$ 359,611				
	h Total. Add lines 1a-1f		6,707,792				
Program Service Revenue	2a CHILDCARE AND VISTA CONTRACTS	Business Code	624410	153,407	153,407		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		153,407				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		38,228			38,228	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	159,918				
		7b					
	b Less: cost or other basis and sales exps.	7b	79,959				
	c Gain or (loss)	7c	79,959				
	d Net gain or (loss)		79,959	79,959			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER REVENUE	Business Code	900099	29,267	29,267		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		29,267				
12 Total revenue. See instructions		7,008,653	262,633	0	38,228		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,491,621	1,491,621		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000	12,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,091	159,321	40,276	31,494
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,224,239	922,318	28,921	273,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	289,567	213,765	14,905	60,897
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,721		22,721	
g Other: (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,117,260	1,087,271	20,556	9,433
12 Advertising and promotion	124,179	94,470	168	29,541
13 Office expenses	296,024	128,902	254	166,868
14 Information technology				
15 Royalties				
16 Occupancy	68,561	52,574	3,188	12,799
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	115,055	61,287	726	53,042
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,674	18,112	1,107	6,455
23 Insurance	8,079		8,079	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHARED COSTS	476,739	349,216	23,648	103,875
b RENT - PROGRAM	235,230	235,230		
c MISCELLANEOUS	161,852	151,975		9,877
d CLIENT SUPPLIES	109,473	109,473		
e All other expenses	71,636	61,770		9,866
25 Total functional expenses. Add lines 1 through 24e	6,081,001	5,149,305	164,549	767,147
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,171,667	1	1,115,676
	2 Savings and temporary cash investments	361,575	2	197,909
	3 Pledges and grants receivable, net	655,103	3	1,202,262
	4 Accounts receivable, net	4,620	4	38,845
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	61,140	9	51,702
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 807,817		
	b Less: accumulated depreciation	10b 372,020	10c	435,797
	11 Investments—publicly traded securities	1,525,248	11	2,345,327
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	423,654	13	507,669
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,664,478	16	5,895,187	
Liabilities	17 Accounts payable and accrued expenses	100,867	17	381,032
	18 Grants payable		18	
	19 Deferred revenue	526,317	19	617,095
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	307,842	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	833,617	25	725,365
	26 Total liabilities. Add lines 17 through 25	1,768,643	26	1,723,492
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		2,062,361	27	2,902,505
28 Net assets with donor restrictions		833,474	28	1,269,190
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		2,895,835	32	4,171,695
33 Total liabilities and net assets/fund balances	4,664,478	33	5,895,187	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,008,653
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,081,001
3	Revenue less expenses. Subtract line 2 from line 1	3	927,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,895,835
5	Net unrealized gains (losses) on investments	5	348,208
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,171,695

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week 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			
(20) STEVE MORENO	1.00									
DIRECTOR	0.00	X						0	0	0
(21) TOM NORTON	1.00									
DIRECTOR	0.00	X						0	0	0
(22) BRIAN SCHILLER	1.00									
DIRECTOR	0.00	X						0	0	0
(23) JENNY SCHOLZ	1.00									
DIRECTOR	0.00	X						0	0	0
(24) PATTY GATES	1.00									
DIRECTOR	0.00	X						0	0	0
(25) KEN SCHULTZ	1.00									
DIRECTOR	0.00	X						0	0	0
(26) MARK WALLACE	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 u

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

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

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 u

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization **UNITED WAY OF WELD COUNTY** Employer identification number **84-6011918**

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,027,128	4,260,053	3,869,075	4,583,859	6,707,792	23,447,907
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,027,128	4,260,053	3,869,075	4,583,859	6,707,792	23,447,907
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,362,098
6 Public support. Subtract line 5 from line 4.						21,085,809

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4,027,128	4,260,053	3,869,075	4,583,859	6,707,792	23,447,907
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,090	56,062	22,090	20,739	38,228	172,209
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						23,620,116
12 Gross receipts from related activities, etc. (see instructions)					12	1,081,342

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	89.27 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	82.60 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF WELD COUNTY

84-6011918

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	423,654	376,644	372,314	344,487	592,183
b Contributions	9,265	38,400	10,000	7,000	6,000
c Net investment earnings, gains, and losses	101,715	32,784	29,866	27,103	28,217
d Grants or scholarships					
e Other expenditures for facilities and programs	18,946	17,163	28,990		281,913
f Administrative expenses	8,019	7,011	6,546	6,276	
g End of year balance	507,669	423,654	376,644	372,314	344,487

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment u **28.00** %
 - b** Permanent endowment u **72.00** %
 - c** Term endowment u %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		96,645		96,645
b Buildings		529,906	211,235	318,671
c Leasehold improvements				
d Equipment		181,266	160,785	20,481
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				435,797

Part VII Investments – Other Securities.

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

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

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) LEGACY ENDOWMENT	476,654	MARKET
(2) HAEFELI ENDOWMENT	31,015	MARKET
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u	507,669	

Part IX Other Assets.

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

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

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) Federal income taxes	
(2) ACCRUED AWARD LIABILITY	527,049
(3) ACCRUED COMPENSATION	110,208
(4) DONOR DESIGNATIONS PAYABLE	88,108
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	725,365

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,185,601
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	348,208	
b	Donated services and use of facilities	2b	12,231	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	360,439	
3	Subtract line 2e from line 1	3	6,825,162	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,721	
b	Other (Describe in Part XIII.)	4b	160,770	
c	Add lines 4a and 4b	4c	183,491	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,008,653	

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

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

1	Total expenses and losses per audited financial statements		1	5,909,741
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,231	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	12,231	
3	Subtract line 2e from line 1	3	5,897,510	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,721	
b	Other (Describe in Part XIII.)	4b	160,770	
c	Add lines 4a and 4b	4c	183,491	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,081,001	

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

UNITED WAY IS A NONPROFIT CORPORATION AND QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION IS MADE IN THESE FINANCIAL STATEMENTS FOR INCOME TAXES. UNITED WAY HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAINTY IN INCOME TAXES AS REQUIRED BY ASC 740-10. THE STANDARD PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE IN THE FINANCIAL STATEMENTS UNCERTAINTY IN INCOME TAXES UNITED WAY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. IN EVALUATING UNITED WAY'S TAX PROVISIONS AND ACCRUALS, INTERPRETATIONS AND TAX PLANNING STRATEGIES ARE CONSIDERED. UNITED WAY BELIEVES THEIR ESTIMATES

Part XIII Supplemental Information (continued)

ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES AND HAVE NOT
RECORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR
UNCERTAINTY IN INCOME TAXES AT JUNE 30, 2021 AND 2020.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS \$ 160,770

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS \$ 160,770

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF WELD COUNTY

Employer identification number

84-6011918

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A KID'S PLACE 1610 29TH AVE PLACE GREELEY CO 80634	84-1469488	3	18,893				COVID-19 RELIEF
(2)	A WOMAN'S PLACE PO BOX 71 GREELEY CO 80632	84-0811596	3	29,279				COVID-19 RELIEF
(3)	A WOMAN'S PLACE PO BOX 71 GREELEY CO 80632	84-0811596	3	13,454				DESIGNATIONS
(4)	A WOMAN'S PLACE PO BOX 71 GREELEY CO 80632	84-0811596	3	18,230				HOUSEHOLD STABILITY
(5)	ADEO 2780 28TH AVE GREELEY CO 80634	84-0779790	3	16,000				COVID-19 RELIEF
(6)	AIMS COMMUNITY COLLEGE FOUNDATION 5401 W 20TH ST GREELEY CO 80634	84-0802870	3	6,000				COVID-19 RELIEF
(7)	ALZHEIMER'S DISEASE AND RELATED DIS 225 N MICHIGAN AVE FLOOR 17 CHICAGO IL 60601	13-3039601	3	10,000				COVID-19 RELIEF
(8)	BOY SCOUTS OF AMERICA, LONGS PEAK C 2215 23RD AVE GREELEY CO 80634	84-0253710	3	25,200				YOUTH SUCCESS
(9)	BOY'S & GIRL'S CLUB OF WELD COUNTY 2400 1ST AVE GREELEY CO 80632	84-0529902	3	44,103				DESIGNATIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u **47**
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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OMB No. 1545-0047

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Name of the organization

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84-6011918

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOY'S & GIRL'S CLUB OF WELD COUNTY 2400 1ST AVE GREELEY CO 80632	84-0529902	3	35,000				YOUTH SUCCESS
(2)	BRIGIT'S BOUNTY COMMUNITY RESOURCES 110 JOHNSON ST FREDERICK CO 80530	27-4561315	3	6,300				YOUTH SUCCESS
(3)	CATHOLIC CHARITIES 1442 N 11TH AVE GREELEY CO 80631	84-0686679	3	30,240				HOUSEHOLD STABILITY
(4)	CATHOLIC CHARITIES 1442 N 11TH AVE GREELEY CO 80631	84-0686679	3	15,750				OLDER ADULTS & HEALT
(5)	CENTENNIAL AREA HEALTH EDUCATION CE 2105 CLUBHOUSE DR GREELEY CO 80634	84-0772637	3	6,500				COVID-19 RELIEF
(6)	COMMUNITY GRIEF FOUNDATION 2105 CLUBHOUSE DR GREELEY CO 80634	47-3925959	3	7,500				OLDER ADULTS & HEALT
(7)	COMMUNITY GRIEF CENTER 2105 CLUBHOUSE DR GREELEY CO 80634	47-3925959	3	6,800				COVID-19 RELIEF
(8)	CROSSROADS SAFEHOUSE PO BOX 993 FT COLLINS CO 80522	84-0786145	3	43,517				EMERGENCY SHELTER
(9)	ENVISION 1050 37TH ST EVANS CO 80620	84-0568176	3	25,200				EARLY CHILDHOOD DEVE

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

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
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OMB No. 1545-0047

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Name of the organization

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84-6011918

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ENVISION 1050 37TH ST EVANS CO 80620	84-0568176	3	7,000				COVID-19 RELIEF
(2)	FAMILY HOUSING NETWORK 1606 S LEMAY AVE STE 103 FT COLLINS CO 80525	46-3225758	3	55,222				EMERGENCY SHELTER
(3)	FORT LUPTON FOOD & CLOTHING BANK 421 DENVER AVE FORT LUPTON CO 80621	30-0273781	3	10,000				COVID-19 RELIEF
(4)	GREELEY DREAM TEAM 1025 9TH AVE GREELEY CO 80631	84-1070282	3	30,200				YOUTH SUCCESS
(5)	GREELEY FAMILY HOUSE 1206 10TH ST GREELEY CO 80631	84-1045958	3	15,120				HOUSEHOLD STABILITY
(6)	GREELEY FAMILY HOUSE 1206 10TH ST GREELEY CO 80631	84-1045958	3	18,324				DONOR DESIGNATIONS
(7)	HABITAT FOR HUMANITY 104 N 16TH AVE GREELEY CO 80631	84-1091487	3	25,200				HOUSEHOLD STABILITY
(8)	HABITAT FOR HUMANITY 104 N 16TH AVE GREELEY CO 80631	84-1091487	3	10,000				FINANCIAL ASSISTANCE
(9)	HABITAT FOR HUMANITY ST. VRAIN VALL PO BOX 333 LONGMONT CO 80502-0333	84-1092616	3	12,600				OLDER ADULTS & HEALT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
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Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HOMEWARD ALLIANCE PO BOX 873 FORT COLLINS CO 80522	27-4641606	3	249,008				EMERGENCY SHELTER
(2)	HOPE AT MIRACLE HOUSE 236 PARK AVE FORT LUPTON CO 80621	46-5508034	3	10,000				FINANCIAL ASSISTANCE
(3)	I HAVE A DRAM FOUNDATION OF BOULDER 5390 MANHATTAN CIR BOULDER CO 80303	84-1150542	3	5,092				COVID-19 RELIEF
(4)	JOBS OF HOPE 1324 10TH AVE GREELEY CO 80631	46-2146247	3	12,600				HOUSEHOLD STABILITY
(5)	LIFE STORIES CHILD & FAMILY ADVOCAC 1640 25TH AVE GREELEY CO 80634	84-1469488	3	10,429				COVID-19 RELIEF
(6)	LUTHERAN FAMILY SERVICES 3800 AUTOMATION WAY, STE 200 FT COLLINS CO 80525	84-0775550	3	14,419				EARLY CHILDHOOD DEVE
(7)	MEALS ON WHEELS GREELEY 2131 9TH ST GREELEY CO 80631	84-0673693	3	31,500				OLDER ADULTS & HEALT
(8)	NORTH RANGE BEHAVIORAL HEALTH 1300 N 17TH AVE GREELEY CO 80631	84-0622660	3	26,500				EARLY CHILDHOOD DEVE
(9)	NOCO VERTERANS RESOURCE CENTER 4650 W 20TH ST, SUITE A GREELEY CO 80634	82-0842029	3	8,000				COVID-19 RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	NOCO VETERANS RESOURCE CENTER 4650 W 20TH ST, SUITE A GREELEY CO 80634	82-0842029	3	6,000				HUNGER FUND
(2)	NORTHERN CO YOUTH FOR CHRIST 134 11TH AVE GREELEY CO 80631	23-7332916	3	11,668				COVID-19 RELIEF
(3)	PARTNER'S MENTORING YOUTH 530 SOUTH COLLEGE AVE, UNIT 1 FORT COLLINS CO 80524	74-2486211	3	15,205				YOUTH SUCCESS
(4)	RENEE WILLARD DBA HUGS AND KISSES 1473 WALNUT ST WINDSOR CO 80550	20-5286441		66,080				HUNGER FUND
(5)	RIGHT TO READ 717 6TH ST GREELEY CO 80631	84-0857486	3	31,000				COVID-19 RELIEF
(6)	RIGHT START PRESCHOOL 2325 EAGLEVIEW CT ERIE CO 80516	26-4723653		12,235				FINANCIAL ASSISTANCE
(7)	RIGHT START PRESCHOOL 2325 EAGLEVIEW CT ERIE CO 80516	26-4723653		13,860				COVID-19 RELIEF
(8)	SAVA CENTER 929 38TH AVE CT GREELEY CO 80634	38-3675536	3	14,175				HOUSEHOLD STABILITY
(9)	SAVA CENTER 929 38TH AVE CT GREELEY CO 80634	38-3675536	3	6,300				YOUTH SUCCESS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	SHILOH HOUSE 6588 W OTTAWA AVE LITTLETON CO 80128	84-0978992	3	10,000				YOUTH SUCCESS
(2)	SHILOH HOUSE 6588 W OTTAWA AVE LITTLETON CO 80128	84-0978992	3	7,535				COVID-19 RELIEF
(3)	SHOOP FAMILY FOUNDATION 6600 W 20TH ST, UNIT 47 GREELEY CO 80634	81-3712081	3	26,429				COVID-19 RELIEF
(4)	SOCCER WITHOUT BORDERS 281 SUMMER STREET, 2ND FLOOR BOSTON MA 02210	20-3786129		15,000				YOUTH SUCCESS
(5)	STEPPING STONES OF WINDSOR 503 WALNUT ST, BOX 105 WINDSOR CO 80550	47-0919769	3	10,010				FINANCIAL ASSISTANCE
(6)	THE AVERY CENTER 1513 11TH AVE GREELEY CO 80631	47-2494559	3	12,500				COVID-19 RELIEF
(7)	THE RESOURCE CENTER 822 14TH ST GREELEY CO 80631	74-2277812	3	5,310				FINANCIAL ASSISTANCE
(8)	THE SALVATION ARMY 30840 HAWTHORNE BLVD RACHO PALOS VERDES CA 90275	94-1156347	3	5,235				COVID-19 RELIEF
(9)	TOWN OF PLATTEVILLE 400 GRAND AVE PLATTEVILLE CO 80651	84-6000711		5,100				FINANCIAL ASSISTANCE

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF NORTHERN COLORADO FOU 1620 RESERVOIR ROAD GREELEY CO 80631	84-6044833	3	5,735				COVID-19 RELIEF
(2)	WELD FOOD BANK 1108 11TH ST GREELEY CO 80631	74-2244826	3	8,993				DONOR DESIGNATIONS
(3)	WELD FOOD BANK 1108 11TH ST GREELEY CO 80631	74-2244826	3	30,000				HOUSEHOLD STABILITY
(4)	WELD FOOD BANK 1108 11TH ST GREELEY CO 80631	74-2244826	3	15,750				OLDER ADULTS & HEALT
(5)	WOMEN TO WOMEN PO BOX 336962 GREELEY CO 80633	26-4224007	3	10,000				HOUSEHOLD STABILITY
(6)	YOUTH AND FAMILY CONNECTIONS 2835 W 10TH GREELEY CO 80634	33-1119333	3	9,750				COVID-19 RELIEF
(7)	YOUTH FOR A CHANGE 2490 W 26TH AVE, SUITE 110-A DENVER CO 80211	20-2501002	3	70,000				TUTORS
(8)	60+ RIDE 800 8TH AVE, SUITE 229 GREELEY CO 80631	20-4429783	3	15,750				OLDER ADULTS & HEALT
(9)	60+ RIDE 800 8TH AVE, SUITE 229 GREELEY CO 80631	20-4429783	3	16,000				COVID-19 RELIEF

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

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

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

Schedule I (Form 990) (2020)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

- u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- u Attach to Form 990.
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Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF WELD COUNTY

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84-6011918

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	X		175,471	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (MEETINGS)	X	1776	72,537	FMV
26 Other u (SUPPLIES)	X	19308	97,762	FMV
27 Other u (AUCTION ITEMS)	X	110	13,841	FMV
28 Other u ()				

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**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

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FORM 990 - ORGANIZATION'S MISSION

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY. WE EXIST
TO IMPROVE THE LIVES OF PEOPLE IN WELD COUNTY. WE ARE A PROVEN METHOD TO
TACKLE THE COMMUNITY'S MOST PRESSING CONCERNS. UNITED WAY OF WELD COUNTY
FIGHTS FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN
OUR COMMUNITY.

FORM 990, PART III - ADDITIONAL INFORMATION

PROVIDING AND MANAGING DIRECT SERVICE PROGRAMS - UNITED WAY OF WELD COUNTY
UTILIZING ITS MANAGMENT CAPACITY TO DIRECTLY ACHIEVE PROGRAMMATIC RESULTS
WHEN COMMUNITY SERVICES ARE NEEDED, COST EFFICIENCY CAN BE ACHIEVED AND
UNITED WAY HAS THE CAPACITY TO RESPOND ON ITS FOCUS AREA CONCERNS. EXAMPLES
OF THIS INCLUDE: PROMISES OFT CHILDREN WORKS TO IMPLEMENT PROGRAMS AND
BUILD COMMUNITY CAPACITY SO THAT ALL CHILDREN ARE HEALTHY AND READY FOR
SCHOOL; VOLUNTEER ENGAGEMENT CONNECTS INDIVIDUALS AND ORGANIZATIONS TO
VOLUNTEER OPPORTUNITIES THROUGHOUT WELD COUNTY AND ORGANIZES DAY OF ACTION.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

UNITED WAY OF WELD COUNTY MANAGES AN AMERICORPS VISTA PROGRAM FOR WELD AND
LARIMER COUNTIES WITH THE PLACEMENT AND SUPPORT OF UP TO 18 VISTAS IN OVER
10 NONPROFIT AGENCIES AND SCHOOLS. EACH VISTA PROVIDES 40 HOURS A WEEK OF
SYSTEMS BUILDING TO THESE ORGANIZATIONS FOR ONE YEAR.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE

Name of the organization

Employer identification number

UNITED WAY OF WELD COUNTY

84-6011918

DIRECTOR AND THEN IT WILL BE REVIEWED BY THE FINANCE COMMITTEE. THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF DIRECTORS AND STAFF SIGN A CONFLICT OF INTEREST FORM ANNUALLY. IF A CONFLICT OF INTEREST EXISTS, A BOARD MEMBER CANNOT VOTE OR ABSTAINS FROM VOTING, DEPENDING ON THE ISSUE AND THE BOARD MEMBER'S INVOLVEMENT IN THE MATTER BEING VOTED ON. POTENTIAL CONFLICTS OF INTEREST ARE IDENTIFIED WHEN PREPARING FOR BOARD AGENDA ITEMS AND A BOARD MEMBER MAY BE EXCLUDED FROM VOTING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR STARTS WITH THE SAME PROCESS AS OTHER DIRECTORS; RESEARCH IS CONDUCTED USING UNITED WAY WORLDWIDE AND COLORADO NON-PROFIT SURVEYS TO COMPARE THE SALARIES OF OTHER EXECUTIVE DIRECTORS IN SIMILAR-SIZED ORGANIZATIONS AND IN COMPARABLE REGIONS. EXPERIENCE OF THE INDIVIDUAL AND PERFORMANCE REVIEWS ARE ALSO TAKEN INTO CONSIDERATION TO ARRIVE AT THE COMPENSATION. THE AMOUNT RECOMMENDED IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE AND ULTIMATELY TO THE FULL GOVERNING BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION FOR CEO AND DIRECTORS ARE BASED ON SURVEYS CONDUCTED BY UNITED WAY WORLDWIDE AND COLORADO NON-PROFITS, AND COMPARED TO ORGANIZATIONS OF SIMILAR SIZE AND REGION. THE EXECUTIVE DIRECTOR COMPILES THE INFORMATION, PRESENTS THE RECOMMENDED COMPENSATION TO THE EXECUTIVE COMMITTEE ALONG WITH DATA THAT SHOWS THE AVERAGE COMPENSATION FOR THE POSITION IN THE SURVEYS.

Name of the organization

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UNITED WAY OF WELD COUNTY

84-6011918

THE ULTIMATE APPROVAL FOR DIRECTOR SALARIES IS THE EXECUTIVE DIRECTOR WITH RECOMMENDATIONS FROM THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

OTHER FEES

\$ 1,087,271

\$ 20,556

\$ 9,433

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DONOR DESIGNATIONS

\$ -160,770

DONOR DESIGNATIONS

\$ 160,770

Form **990****Two Year Comparison Report****2019 & 2020**For calendar year 2020, or tax year beginning **07/01/20**, ending **06/30/21**

Name

Taxpayer Identification Number

UNITED WAY OF WELD COUNTY**84-6011918**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	3,364,855	4,638,066	1,273,211
	2. Membership dues and assessments			
	3. Government contributions and grants	1,219,004	2,069,726	850,722
	4. Program service revenue	68,407	153,407	85,000
	5. Investment income	20,739	38,228	17,489
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	6,003	79,959	73,956
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	58,034	29,267	-28,767
	12. Total revenue. Add lines 1 through 11	4,737,042	7,008,653	2,271,611
Expenses	13. Grants and similar amounts paid	1,936,485	1,503,621	-432,864
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	210,939	231,091	20,152
	16. Salaries, other compensation, and employee benefits	1,383,356	1,513,806	130,450
	17. Professional fundraising fees			
	18. Other professional fees		1,139,981	1,139,981
	19. Occupancy, rent, utilities, and maintenance	100,547	68,561	-31,986
	20. Depreciation and Depletion	25,674	25,674	
	21. Other expenses	1,886,701	1,598,267	-288,434
	22. Total expenses. Add lines 13 through 21	5,543,702	6,081,001	537,299
	23. Excess or (Deficit). Subtract line 22 from line 12	-806,660	927,652	1,734,312
Other Information	24. Total exempt revenue	4,737,042	7,008,653	2,271,611
	25. Total unrelated revenue			
	26. Total excludable revenue	153,183	300,861	147,678
	27. Total assets	4,664,478	5,895,187	1,230,709
	28. Total liabilities	1,768,643	1,723,492	-45,151
	29. Retained earnings	2,895,835	4,171,695	1,275,860
	30. Number of voting members of governing body	23	20	
31. Number of independent voting members of governing body	23	20		
32. Number of employees	43	47		
33. Number of volunteers	891	403		

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 38,228		14			
TOTAL	<u>\$ 38,228</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 1,117,260	\$ 1,087,271	\$ 20,556	\$ 9,433
TOTAL	<u>\$ 1,117,260</u>	<u>\$ 1,087,271</u>	<u>\$ 20,556</u>	<u>\$ 9,433</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT & MAINTENANCE	\$ 51,966	\$ 44,111	\$	\$ 7,855
DUES, FEES & SUBSCRIPTION	6,951	6,551		400
MILEAGE	6,598	4,987		1,611
TELEPHONE	6,121	6,121		
TOTAL	<u>\$ 71,636</u>	<u>\$ 61,770</u>	<u>\$ 0</u>	<u>\$ 9,866</u>