

2949300101710-2

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

EXTENDED TO MAY 17, 2021
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

UNITED WAY OF THE CROSSROADS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

101 SOUTH MAIN STREET

Room/suite

500

City or town, state or province, country, and ZIP or foreign postal code

VICTORIA, TX 77901

F Name and address of principal officer: BROOKE GARCIA

SAME AS C ABOVE

D Employer identification number

74-6024990

E Telephone number

361-578-3561

G Gross receipts \$ 735,600.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UNITEDWAYCROSSROADS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1946 M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
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 VII, line 1a)	3	19	
4 Number of independent voting members of the governing body (Part VII, line 1b)	4	19	
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3	
6 Total number of volunteers (estimate if necessary)	6	682	
7a Total unrelated business revenue from Part VIII, column (C), line 2a	7a	0.	
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8	874,762.	720,714.
9 Program service revenue (Part VIII, line 2g)	9	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	633.	587.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	40,212.	5,219.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	915,607.	726,520.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,156,568.	783,205.
14 Benefits paid to or for members (Part IX, column (A), line 4)	14	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	92,808.	110,678.
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	b	56,891.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	67,838.	69,350.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,317,214.	963,233.
19 Revenue less expenses. Subtract line 18 from line 12	19	-401,607.	-236,713.
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20	974,198.	696,651.
21 Total liabilities (Part X, line 26)	21	604,251.	563,417.
22 Net assets or fund balances. Subtract line 21 from line 20	22	369,947.	133,234.

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: <i>[Signature]</i>	Date: 3/24/2021
	JOSH HANCHETT, TREASURER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name: RANDY L. WALKER, CPA	Preparer's signature: <i>[Signature]</i>
	Firm's name: RANDY WALKER & CO	Firm's EIN: 20-3992693
	Firm's address: 7800 IH 10 WEST, STE. 505 SAN ANTONIO, TX 78230	Phone no. 210-366-9430

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

TC 013
SCANNED APR 08 2022
04232352460CT262021

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission

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 \$ 843,157. including grants of \$ 783,205.) (Revenue \$)

SEE SCHEDULE O

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **843,157.**

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Part IV Checklist of Required Schedules

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

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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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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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 3		
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)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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

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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.	19	
b Enter the number of voting members included on line 1a, above, who are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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 **MICHAEL S. KLINGLE, CPA, LLP - 361-578-2721**
202 E SANTA ROSA STREET, VICTORIA, TX 77901

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN QUITTA BOARD MEMBER	1.00	X						0.	0.	0.
(2) DAVID EDWARDS BOARD MEMBER	1.00	X						0.	0.	0.
(3) SALLY BARNES AMAN BOARD MEMBER	1.00	X						0.	0.	0.
(4) MIKE ELGIN BOARD MEMBER	1.00	X						0.	0.	0.
(5) JASON BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(6) MIKE CAVAZOS BOARD MEMBER	1.00	X						0.	0.	0.
(7) ALLISON LACEY BOARD MEMBER	1.00	X						0.	0.	0.
(8) FAYE SANTELLANA BOARD MEMBER	1.00	X						0.	0.	0.
(9) TRAVIS GIBB BOARD MEMBER	1.00	X						0.	0.	0.
(10) GLENDA GIBBS BOARD MEMBER	1.00	X						0.	0.	0.
(11) CALEB STAUDT IMMEDIATE PAST PRESIDENT	3.00	X		X				0.	0.	0.
(12) SHEILA VESLEY PRESIDENT	3.00	X		X				0.	0.	0.
(13) JENNIFER YANCEY SECRETARY	1.00	X		X				0.	0.	0.
(14) JOSH HANCHETT TREASURER	3.00	X		X				0.	0.	0.
(15) GREG CANNON VICE PRESIDENT - CAMPAIGN CHAIR	3.00	X		X				0.	0.	0.
(16) BROOKE BARNES VICE PRESIDENT - INVESTMENT CHAIR	1.00	X		X				0.	0.	0.
(17) NANCY BLACKWELL OFFICER	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEN HARDING OFFICER	1.00	X		X				0.	0.	0.
(19) KELLY PARK OFFICER (REPRESENTS VCUW TRUST)	1.00	X		X				0.	0.	0.
(20) BROOKE GARCIA EXECUTIVE DIRECTOR	40.00			X				35,827.	0.	1,965.
1b Subtotal								35,827.	0.	1,965.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								35,827.	0.	1,965.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

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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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	186,455.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	534,259.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			720,714.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		587.			587.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	6b	Less rental expenses					
	6c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	7b	Less cost or other basis and sales expenses					
	7c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 186,455. of contributions reported on line 1c) See Part IV, line 18	8a	9,080.			
	8b	Less direct expenses	8b	9,080.			
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities See Part IV, line 19	9a				
	9b	Less direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	10a				
10b	Less cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11 a	MISCELLANEOUS	900099	5,219.			5,219.
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d			5,219.			
12 Total revenue. See instructions			726,520.	0.	0.	5,806.	

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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	735,097.	735,097.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	48,108.	48,108.		
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	41,316.	18,593.	12,408.	10,315.
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	59,760.	26,892.	18,167.	14,701.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,170.	976.	657.	537.
10 Payroll taxes	7,432.	3,344.	2,248.	1,840.
11 Fees for services (nonemployees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,750.		13,750.	
12 Advertising and promotion	1,081.			1,081.
13 Office expenses	8,879.	942.	1,215.	6,722.
14 Information technology	3,651.		1,278.	2,373.
15 Royalties				
16 Occupancy	13,423.	3,528.	6,871.	3,024.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	11,500.	3,910.	3,795.	3,795.
22 Depreciation, depletion, and amortization	378.		378.	
23 Insurance	4,043.	1,375.	1,334.	1,334.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	9,760.			9,760.
b REPAIRS AND MAINTENANCE	1,733.		704.	1,029.
c DUES AND SUBSCRIPTIONS	1,152.	392.	380.	380.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	963,233.	843,157.	63,185.	56,891.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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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	684,132.	1	522,786.
	2 Savings and temporary cash investments	64,513.	2	64,842.
	3 Pledges and grants receivable, net	223,673.	3	106,457.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,430.	9	603.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,487.		
	b Less accumulated depreciation	10b 9,974.	10c	1,513.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	450.	15	450.
16 Total assets. Add lines 1 through 15 (must equal line 33)	974,198.	16	696,651.	
Liabilities	17 Accounts payable and accrued expenses	251.	17	2,928.
	18 Grants payable	604,000.	18	541,452.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	19,037.
	26 Total liabilities. Add lines 17 through 25	604,251.	26	563,417.
	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		160,341.	27	54,293.
28 Net assets with donor restrictions		209,606.	28	78,941.
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		369,947.	32	133,234.
33 Total liabilities and net assets/fund balances		974,198.	33	696,651.

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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	726,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	963,233.
3	Revenue less expenses Subtract line 2 from line 1	3	-236,713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	369,947.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	133,234.

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 checked="" 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		

Form 990 (2019)

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

Employer identification number

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Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
---------------	--

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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)

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

Schedule A (Form 990 or 990-EZ) 2019 **UNITED WAY OF THE CROSSROADS**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	858,542.	826,131.	1576111.	874,762.	720,714.	4856260.
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	858,542.	826,131.	1576111.	874,762.	720,714.	4856260.
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)						1492477.
6 Public support. Subtract line 5 from line 4						3363783.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	858,542.	826,131.	1576111.	874,762.	720,714.	4856260.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	162.	460.	552.	633.	587.	2,394.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		7,932.	33,754.	40,212.		81,898.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,275.	8,176.			5,219.	15,670.
11 Total support. Add lines 7 through 10						4956222.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	67.87 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	71.75 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2 Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	
2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	
2b		
3 Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI.	
3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	
3b		

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF THE CROSSROADS

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF THE CROSSROADS

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

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2015 AMOUNT: \$ 2,275.

2016 AMOUNT: \$ 8,176.

2019 AMOUNT: \$ 5,219.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019Open to Public
Inspection

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number
74-6024990**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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932051 10-02-19

Schedule D (Form 990) 2019

UNITED WAY OF THE CROSSROADS

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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 exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programe ☐ 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

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

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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				
1b Buildings				
1c Leasehold improvements				
1d Equipment		11,487.	9,974.	1,513.
1e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,513.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

UNITED WAY OF THE CROSSROADS

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM (PPP)	
(3) PAYABLE	19,037.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

19,037.

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 ☒

Schedule D (Form 990) 2019

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	726,520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		726,520.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		726,520.

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

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

1	Total expenses and losses per audited financial statements		1	963,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		963,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		963,233.

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, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE

("CODE") AND COMPARABLE STATE LAW, AND CONTRIBUTIONS TO IT ARE TAX

DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION

DID NOT CONDUCT ANY UNRELATED BUSINESS ACTIVITIES IN THE CURRENT FISCAL

YEAR. THEREFORE, THE ORGANIZATION HAS MADE NO PROVISION FOR FEDERAL INCOME

TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION APPLIES THE PROVISIONS OF FASB ASC TOPIC 740, INCOME

TAXES, (FORMERLY FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO.

Part XIII Supplemental Information *(continued)*

109), WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE
 FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION
 TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES
 GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,
 ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION. THE
 ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
 POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
 THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		SPECIAL EVENTS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	195,535.			195,535.
	2 Less: Contributions	186,455.			186,455.
	3 Gross income (line 1 minus line 2)	9,080.			9,080.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,080.			9,080.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,080.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2019 **UNITED WAY OF THE CROSSROADS**

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- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Part IV	Supplemental Information <i>(continued)</i>
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Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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☒ Yes ☐ No

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?

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 non-cash assistance	(h) Purpose of grant or assistance
BILLY T. CATTAN RECOVERY OUTREACH 1908 N. LAURENT, SUITE 120 VICTORIA, TX 77901		I.R.C. 501(C)(3)	30,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
GOLDEN CRESCENT CASA 120 S. MAIN, SUITE 416 VICTORIA, TX 77902		I.R.C. 501(C)(3)	25,200.	0.			CHILDHOOD SUCCESS
GULF BEND CENTER 6502 NURSERY DRIVE VICTORIA, TX 77904		I.R.C. 501(C)(3)	20,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
HOPE OF SOUTH TEXAS 111 N. GLASS ST. VICTORIA, TX 77901		I.R.C. 501(C)(3)	23,000.	0.			CHILDHOOD SUCCESS
MID-COAST FAMILY SERVICES 1801 N. LAURENT VICTORIA, TX 77901		I.R.C. 501(C)(3)	95,000.	0.			FOOD, SHELTER, AND CLOTHING
STARS CLINIC 117 MEDICAL DR., SUITE 4 VICTORIA, TX 77901		I.R.C. 501(C)(3)	27,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **20.**

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

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION COMMITTEE OF VICTORIA - 4407 HALSEY - VICTORIA, TX 77904		I.R.C. 501(C)(3)	33,900.	0.			FOOD, CLOTHING AND SHELTER
AMERICAN RED CROSS 1501 E. RED RIVER #A-1 VICTORIA, TX 77901		I.R.C. 501(C)(3)	15,000.	0.			FOOD, CLOTHING AND SHELTER
FOOD BANK OF THE GOLDEN CRESCENT 3809 E. RIO GRANDE VICTORIA, TX 77903		I.R.C. 501(C)(3)	29,000.	0.			FOOD, CLOTHING AND SHELTER
GOLDEN CRESCENT HABITAT FOR HUMANITY - 4103 N NAVARRO, SUITE 200 - VICTORIA, TX 77901		I.R.C. 501(C)(3)	32,000.	0.			FOOD, CLOTHING AND SHELTER
PERPETUAL HELP HOME 705 E. SANTA ROSA VICTORIA, TX 77903		I.R.C. 501(C)(3)	40,000.	0.			FOOD, CLOTHING AND SHELTER
VICTORIA MEALS ON WHEELS/SENIOR CITIZENS - 603 E. MURRAY - VICTORIA, TX 77901		I.R.C. 501(C)(3)	47,500.	0.			FOOD, CLOTHING AND SHELTER
BOYS & GIRLS CLUB OF VICTORIA 202 HOPKINS ST. VICTORIA, TX 77901		I.R.C. 501(C)(3)	56,250.	0.			EDUCATION AND MENTORING
BOYS & GIRLS CLUB OF DEWITT COUNTY 1310 E. COURTHOUSE ST CUERO, TX 77954		I.R.C. 501(C)(3)	15,000.	0.			EDUCATION AND MENTORING
COMMUNITIES IN SCHOOLS OF THE GOLDEN CRESCENT - 120 S. MAIN, SUITE 501 - VICTORIA, TX 77902		I.R.C. 501(C)(3)	20,000.	0.			EDUCATION AND MENTORING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE GOLDEN CRESCENT 1806 N. NIMITZ VICTORIA, TX 77901		I.R.C. 501(C)(3)	30,000.	0.			EDUCATION AND MENTORING
GOLDEN CRESCENT HABITAT FOR HUMANITY - 4103 N NAVARRO, SUITE 200 - VICTORIA, TX 77901		I.R.C. 501(C)(3)	20,000.	0.			DISASTER RELIEF
COMMUNITY ACTION COMMITTEE OF VICTORIA - 4407 HALSEY - VICTORIA, TX 77904		I.R.C. 501(C)(3)	8,000.	0.			DISASTER RELIEF
COMMUNITY ACTION COMMITTEE OF VICTORIA - 4407 HALSEY - VICTORIA, TX 77904		I.R.C. 501(C)(3)	24,520.	0.			COVID RELIEF
VICTORIA CHRISTIAN ASSISTANCE MINISTRIES - 108 N LIBERTY ST - VICTORIA, TX 77901		I.R.C. 501(C)(3)	8,000.	0.			COVID RELIEF
VICTORIA HOUSING AUTHORITY 4001 HALSEY STREET VICTORIA, TX 77901			97,472.	0.			AFFORDABLE HOUSING PROJECT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER AND COVID RELIEF	1306	48,108.	0.		

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

UNITED WAY OF THE CROSSROADS ACCEPTS GRANT APPLICATIONS IN APRIL OF EACH YEAR AND HAS A THOROUGH REVIEW PROCESS OF EACH APPLICATION BY A COMMITTEE OF UP TO 20 VOLUNTEERS. THE COMMITTEE VISITS EACH AGENCY'S SITE AND DEVELOPS AN ASSESSMENT ON NEEDS AND RESOURCES OF THE AGENCY. GRANT HEARINGS ARE CONDUCTED DURING A THREE DAY PERIOD IN WHICH EACH AGENCY'S CEO AND TREASURER MAKE A PRESENTATION AND RESPOND TO COMMITTEE QUESTIONS.

AFTER THE COMMITTEE RECOMMENDS ALLOCATIONS, THE EXECUTIVE COMMITTEE,

Part IV	Supplemental Information
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FOLLOWED BY THE FULL BOARD OF DIRECTORS, MAKES THE FUNDING DECISIONS. THE AGENCIES AND UNITED WAY OF THE CROSSROADS SIGN A MEMORANDUM OF AGREEMENT ON THE AMOUNT OF FUNDS TO BE AWARDED, PENDING PERFORMANCE OF THE GRANT REQUIREMENTS. THE EXECUTIVE DIRECTOR MONITORS THE AGENCIES' PERFORMANCE QUARTERLY. CONTINUED FUNDING ALLOCATIONS ARE DEPENDENT UPON THE AGENCY'S ABILITY TO MEET THE FUNDING CONDITIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

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Internal Revenue Service

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FORM 990, PART I, LINE 1 - MISSION

UNITED WAY OF THE CROSSROADS WORKS TO ADVANCE THE COMMON GOOD. THIS
MEANS CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL. THIS IS
ACCOMPLISHED THROUGH OUR FUNDING OF PROGRAMS AND INITIATIVES PROVIDED
BY PARTNER AGENCIES, PARTICIPATION IN COLLABORATIVE EFFORTS AND
INVOLVING OUR COMMUNITY IN SOLUTIONS THAT BENEFIT ALL OF US. WHEN WE
REACH OUT A HAND TO ONE, WE INFLUENCE THE CONDITION OF ALL. OUR
LEADERSHIP UNDERSTANDS THAT WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL,
WHEN FAMILIES ARE FINANCIALLY STABLE AND WHEN PEOPLE HAVE GOOD HEALTH.
THESE RESULTS AND CHANGES HAVE BENEFITS THAT RIPPLE OUT TO THE
COMMUNITY AS A WHOLE.

MORE THAN 60 YEARS, UNITED WAY OF THE CROSSROADS HAS HELD A REPUTATION
AS OUR COMMUNITY'S FUNDRAISER, BUT UNITED WAY DOESN'T JUST RAISE MONEY.
TODAY'S UNITED WAY IS A FOCUSED, RESULTS-DRIVEN SYSTEM WORKING
YEAR-ROUND TO CHANGE COMMUNITY CONDITIONS AND CREATE LASTING SOLUTIONS.
MUCH LIKE A "GENERAL CONTRACTOR" MANAGES ALL ASPECTS OF CONSTRUCTING A
BUILDING, WE MANAGE PEOPLE AND RESOURCES TO CREATE LASTING, POSITIVE
SOLUTIONS IN LIVES THAT NEED IT MOST. THROUGH STRONG PARTNERSHIPS WITH
VOLUNTEERS, LOCAL BUSINESS, GOVERNMENT AND NONPROFIT ORGANIZATIONS,
UNITED WAY ACCOMPLISHES WHAT NO ONE CAN DO ALONE.

THERE ARE BASIC THINGS THAT WE ALL NEED FOR A GOOD LIFE: A QUALITY
EDUCATION THAT LEADS TO A STABLE JOB, INCOME THAT CAN SUPPORT A FAMILY
THROUGH RETIREMENT, AND GOOD HEALTH. TOGETHER, WE CAN BUILD A BETTER
COMMUNITY IN VICTORIA, GOLIAD, DEWITT AND LAVACA COUNTIES AND THE CITY

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

UNITED WAY OF THE CROSSROADS

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OF GONZALES.

FORM 990, PART III, LINE 1

MISSION: TO MOBILIZE AND SUPPORT A UNITED AND RESILIENT CROSSROADS
COMMUNITY THAT CREATES OPPORTUNITIES FOR EVERY PERSON TO HAVE ACCESS TO
A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO
SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH.

VISION: WE WILL BUILD STRONGER, SAFER, AND HEALTHIER COMMUNITIES BY
ENERGIZING AND INSPIRING PEOPLE TO MAKE A DIFFERENCE AND TOGETHER
IMPROVE PEOPLE'S LIVES. TO DO, THIS WE WILL:

(1) ENERGIZE AND INSPIRE PEOPLE TO MAKE A DIFFERENCE, (2) CRAFT HUMAN
CARE AGENDAS WITHIN AND ACROSS OUR COMMUNITIES, (3) BUILD COALITIONS
AND PARTNERSHIPS AROUND THESE AGENDAS, (4) INCREASE INVESTMENTS IN
THESE AGENDAS BY EXPANDING AND DIVERSIFYING OUR OWN DEVELOPMENT EFFORTS
AND SUPPORTING THOSE OF OTHERS, (5) MEASURE, COMMUNICATE, AND LEARN
FROM THE IMPACT OF OUR EFFORTS AND (6) REFLECT THE DIVERSITY OF THE
COMMUNITIES WE SERVE.

STRATEGIC GOAL: TO ACHIEVE MEASURABLE RESULTS IN THREE AREAS: (1)
EDUCATION - HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL, (2) INCOME -
HELPING FAMILIES BECOME STABLE AND INDEPENDENT AND
(3) HEALTH - IMPROVING PEOPLE'S HEALTH.

FORM 990, PART III, LINE 4A

UNITED WAY OF THE CROSSROADS WORKS TO ADVANCE THE COMMON GOOD IN THE

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FOUR COUNTY CROSSROADS REGION (VICTORIA, DEWITT, LAVACA AND GOLIAD COUNTIES) BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL THROUGH ACTIVE LEADERSHIP, COLLABORATION AND PARTICIPATION ACROSS THE REGION WITH GOVERNMENTS, BUSINESSES, OTHER NON-PROFITS AND VOLUNTEERS.

UNITED WAY OF THE CROSSROADS HAS FOUR MAIN FOCUS AREAS - THE 3 DESCRIBED BELOW PLUS DISASTER RECOVERY FOR THE INDIVIDUALS AND FAMILIES HURT BY BOTH HURRICANE HARVEY AND COVID-19. DONATIONS HAVE BEEN USED TO PROVIDE ROOFING MATERIALS, INSULATION, DEBRIS REMOVAL, WASHERS AND DRYERS TO REPLACE THOSE DESTROYED BY HURRICANE HARVEY'S FLOODING OF HOMES, TEMPORARY HOUSING FOR MANY FAMILIES DISPLACED BY THE STORM AND MANY OTHER BASIC NEEDS. COVID-19 RELIEF TO AGENCIES HELPED WITH RENT ASSISTANCE, FOOD DISTRIBUTION, AND MEAL DELIVERIES.

(1) EDUCATION: HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL

- IMPROVING ACCESS TO QUALITY, AFFORDABLE CHILD CARE
- PROVIDING AFTER-SCHOOL AND MENTORING PROGRAMS FOR AT-RISK YOUTH
- PARTNERING WITH SCHOOLS AND PARENTS

LOCAL ORGANIZATIONS PARTNERING IN THESE EFFORTS: THE BOYS & GIRLS CLUB OF VICTORIA, THE BOYS & GIRLS CLUB OF DEWITT COUNTY; COMMUNITIES IN SCHOOLS OF THE GOLDEN CRESCENT, VICTORIA ADULT LITERACY COUNCIL AND THE YMCA OF THE GOLDEN CRESCENT.

(2) INCOME: HELPING FAMILIES BECOME STABLE AND INDEPENDENT

- SUPPORTING BASIC NEEDS
- HELPING PEOPLE OBTAIN JOB TRAINING AND FAMILY SUSTAINING WAGES
- INCREASING AFFORDABLE HOUSING FOR FAMILIES

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

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LOCAL ORGANIZATIONS PARTNERING IN THESE EFFORTS: THE AMERICAN RED CROSS, FOOD BANK OF THE GOLDEN CRESCENT, GOLDEN CRESCENT HABITAT FOR HUMANITY, PERPETUAL HELP HOME, VICTORIA CHRISTIAN ASSISTANCE MINISTRY AND MEALS ON WHEELS VICTORIA.

(3) HEALTH: IMPROVING PEOPLE'S HEALTH

- INCREASING ACCESS TO CRITICAL HEALTHCARE SERVICES
- REDUCING SUBSTANCE ABUSE, CHILD ABUSE AND DOMESTIC VIOLENCE
- INCREASING HEALTH EDUCATION AND PREVENTIVE CARE

LOCAL ORGANIZATION PARTNERS INCLUDE: BILLY T. CATTAN RECOVERY OUTREACH, GOLDEN CRESCENT CASA, MID-COAST FAMILY SERVICES, HOPE OF SOUTH TEXAS AND THE STARS CLINIC.

THESE 17 SUPPORTED PROGRAMS BY LOCAL AGENCIES ARE DESCRIBED IN DETAIL FURTHER BELOW. MORE THAN 10,000 PEOPLE INCLUDING CHILDREN AND AT-RISK YOUTH, ARE SERVED ANNUALLY BY THESE PROGRAMS. MORE THAN 680 VOLUNTEERS SPEND THEIR TIME AND TALENTS ASSISTING IN THESE EFFORTS.

FORM 990, PART III, LINE 4A - CONTINUATION 1 OF 2

BRIEF DESCRIPTION OF EACH OF THE 17 LOCAL PARTNER AGENCIES:

AMERICAN RED CROSS

THE AMERICAN RED CROSS IS A HUMANITARIAN ORGANIZATION WHERE PEOPLE MOBILIZE TO HELP THEIR NEIGHBORS ACROSS THE STREET, ACROSS THE COUNTY AND ACROSS THE WORLD IN EMERGENCIES. LOCALLY, THE AMERICAN RED CROSS FULFILLS IMMEDIATE NEEDS FOR FOOD, CLOTHING AND SHELTER TO THOSE

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DISPLACED AND TAKES AN ACTIVE ROLE IN PREPARING THE COMMUNITY FOR HURRICANES. RED CROSS HEALTH AND SAFETY SERVICES PROVIDES HEALTH AND SAFETY TRAINING CLASSES TO THE COMMUNITY AND TEACH CPR/AED AND FIRST AID IN THE WORKPLACE.

P: 573-2671/WEBSITE: WWW.REDCROSS.ORG/TX/VICTORIA/

BILLY T. CATTAN RECOVERY OUTREACH

BILLY T. CATTAN RECOVERY OUTREACH, INC. (BTCRO) IS A FAITH-BASED, NON-PROFIT FACILITY THAT PROVIDES OUTPATIENT TREATMENT FOR ADULTS WITH THE DISEASE OF ALCOHOLISM AND CHEMICAL DEPENDENCY. BTCRO PROVIDES GROUP PROCESS, INDIVIDUAL COUNSELING. LIVING IN BALANCE, AND UTILIZES THE 12-STEP PROGRAMS OF AA, NA AND AL-ANON.

P: 576-4673; F: 576-6557/WEBSITE: WWW.BTCRO.ORG

BOYS & GIRLS CLUB OF VICTORIA

THE BOYS & GIRLS CLUB OF VICTORIA PROVIDES DIVERSIFIED ACTIVITIES THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE ACTIVITIES WITH PEERS, AND FAMILY MEMBERS THAT ENABLE YOUTH TO ENHANCE SELF-ESTEEM AND FULFILL THEIR POTENTIAL. BASED ON THE PHYSICAL, EMOTIONAL, CULTURAL, AND SOCIAL NEEDS AND INTERESTS OF BOYS AND GIRLS, AND DEVELOPING PRINCIPLES, THE CLUB OFFERS DIVERSIFIED PROGRAM ACTIVITIES IN FIVE CORE AREAS:

- CHARACTER AND LEADERSHIP DEVELOPMENT
- EDUCATION AND CAREER DEVELOPMENT
- HEALTH AND LIFE SKILLS
- THE ARTS
- SPORT, FITNESS RECREATION

P: 573-4411/WEBSITE: BGCVICTORIA.ORG

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BOYS & GIRLS CLUB OF DEWITT COUNTY

THE BOYS & GIRLS CLUB OF DEWITT COUNTY PROVIDES DIVERSIFIED ACTIVITIES THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE ACTIVITIES WITH PEERS, AND FAMILY MEMBERS THAT ENABLE YOUTH TO ENHANCE SELF-ESTEEM AND FULFILL THEIR POTENTIAL. BASED ON THE PHYSICAL, EMOTIONAL, CULTURAL, AND SOCIAL NEEDS AND INTERESTS OF BOYS AND GIRLS, AND DEVELOPING PRINCIPLES, THE CLUB OFFERS DIVERSIFIED PROGRAM ACTIVITIES WITH THE VCUW GRANT SUPPORTING AN AFTER-SCHOOL MATH ENRICHMENT PROGRAM FOR 3RD TO 6TH GRADERS.

P: (361) 524-0005

COMMUNITY ACTION AGENCY OF VICTORIA

COMMUNITY ACTION CHANGES PEOPLE'S LIVES, EMBODIES THE SPIRIT OF HOPE, IMPROVES COMMUNITIES, AND MAKES AMERICA A BETTER PLACE TO LIVE. THE GRANT FROM VCUW IS SPECIFICALLY FOR DELIVERING HOT MEALS TO STATE APPROVED DISABLED RESIDENTS AND SENIORS RESIDING IN VICTORIA AND DEWITT COUNTIES OUTSIDE OF THE CITY LIMITS. P: 578-2989/WEBSITE: WWW.COMMUNITYACTIONPARTNERSHIP.COM

COMMUNITIES IN SCHOOLS OF THE GOLDEN CRESCENT

COMMUNITIES IN SCHOOLS IS A DROP-OUT PREVENTION PROGRAM THAT HELPS YOUNG TEXANS STAY IN SCHOOL, SUCCESSFULLY LEARN AND PREPARE FOR LIFE. CIS COORDINATES COMMUNITY RESOURCES IN THE LOCAL SCHOOLS TO OFFER SUPPORT AND GUIDANCE TO STUDENTS AND THEIR FAMILIES. CIS STRIVES TO IMPROVE ATTENDANCE, ACADEMIC PERFORMANCE, BEHAVIOR AND TO DECREASE THE DROP-OUT RATE. CIS SERVES YOUTH IN ELEMENTARY, MIDDLE AND HIGH SCHOOLS USING A STRONG CASE MANAGEMENT, INTERDISCIPLINARY APPROACH TO HELPING

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STUDENTS.

P: 576-5872/WEBSITE: HTTP://GOLDENCRESCENT.COMMUNITIESINSCHOOLS.ORG

FOOD BANK OF THE GOLDEN CRESCENT

THE FOOD BANK OF THE GOLDEN CRESCENT IS ONE OF 20 FOOD BANKS IN TEXAS.

A FOOD BANK IS A NON-PROFIT, CENTRAL CLEARING HOUSE WHICH SOLICITS,
COLLECTS, STORES AND DISTRIBUTES EDIBLE SALVAGED AND SURPLUS FOODS.

THE FOOD IS DISTRIBUTED TO INDIVIDUALS THOUGH NON-PROFIT, 501(3)(C),
AGENCIES WHO PROVIDE MEALS OR EMERGENCY FOOD TO NEEDY, ELDERLY OR SICK
CLIENTS WITHOUT CHARGE.

THE FOOD BANK OF THE GOLDEN CRESCENT CURRENTLY SERVES 96+ AGENCIES AND
FAITH BASED ORGANIZATIONS THROUGHOUT THE CALHOUN, COLORADO, DEWITT,
GOLIAD, GONZALES, JACKSON, LAVACA, MATAGORDA, REFUGIO, VICTORIA AND
WHARTON COUNTIES. P: 578-0591/WWW.TFBGC.ORG

GOLDEN CRESCENT CASA

THE MISSION OF CASA (COURT APPOINTED SPECIAL ADVOCATES) IS TO UTILIZE
TRAINED VOLUNTEERS APPOINTED BY THE COURT TO ADVOCATE FOR THE BEST
INTEREST OF CHILDREN WHO HAVE BEEN ABUSED AND NEGLECTED AND ASSIST IN
PLACING THEM IN NURTURING, PERMANENT HOMES.

A CASA VOLUNTEER GIVES A "VOICE" TO THE CHILD THEY ARE RESPONSIBLE FOR
AND ACTS AS THE "EYES AND EARS" FOR A JUDGE. AS AN ADVOCATE FOR THEIR
CHILD, THEY INVESTIGATE, RESEARCH, AND COMPLETE TASKS TO ENSURE THE
SUCCESSFUL OUTCOME FOR THEIR CHILD'S FUTURE, WHILE GOING THROUGH A
TEDIOUS, COURT AND FOSTER CARE PROCESS.

GOLDEN CRESCENT CASA SERVES NINE COUNTIES: CALHOUN, COLORADO, DEWITT,
GOLIAD, GONZALES, JACKSON, LAVACA, REFUGIO AND VICTORIA.

P: 573-3734/ WEBSITE: WWW.GOLDENCRESCENTCASA.ORG

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GOLDEN CRESCENT HABITAT FOR HUMANITY

HABITAT FOR HUMANITY IS A NON-PROFIT CHRISTIAN ECUMENICAL HOUSING MINISTRY THAT BUILDS QUALITY, LOW COST HOMES IN PARTNERSHIP WITH LOW-INCOME FAMILIES AND THE VICTORIA AND DEWITT COUNTY COMMUNITIES.

VOLUNTEERS BUILD THE HOUSES, WHICH ARE FUNDED BY DONATIONS FROM FOUNDATIONS, CORPORATIONS, LOCAL BUSINESSES AND INDIVIDUALS. QUALIFYING FAMILIES PURCHASE THEIR HOMES AT COST AND PAY THE PURCHASE PRICE BACK OVER A 30-YEAR PERIOD WITH NO INTEREST. THESE MONTHLY PAYMENTS CREATE A SUSTAINABLE FUNDING SOURCE AND ARE RECYCLED INTO BUILDING MORE HOMES FOR OTHER NEEDY FAMILIES. PARTNER FAMILIES ARE REQUIRED TO WORK 300 HOURS OF "SWEAT EQUITY" PER ADULT, 80 HOURS OF WHICH MUST BE EXPENDED ON THEIR OWN HOUSE.

573-2511/WEBSITE: HTTP://WWW.GOLDENCRESCENTHABITAT.ORG/

HOPE OF SOUTH TEXAS

HOPE OF SOUTH TEXAS IS A LOCAL CHILDREN'S ADVOCACY CENTER (CACS) SERVING CHILDREN IN VICTORIA AND OUR SURROUNDING AREA WITH LOCAL PROFESSIONALS INVESTIGATING AND PROSECUTING CHILD ABUSE, A COMMITTED BOARD OF DIRECTORS, DEDICATED DONORS, VOLUNTEERS, STAFF AND CORPORATE AND GOVERNMENT PARTNERS. HOPE OF SOUTH TEXAS PROVIDES YOUNG VICTIMS WITH THE UNIQUE SERVICES THEY NEED TO BEGIN THEIR JOURNEY TO HOPE, JUSTICE AND HEALING, EVALUATION AND ASSESSMENT. INFORMATION SHARING AND NETWORKING IS CRITICAL TO INNOVATION IN THE CHILD ABUSE FIELD. WE BELIEVE IN THE POWER OF A COLLECTIVE VOICE TO SUCCESSFULLY EFFECTUATE SYSTEMIC CHANGE THAT WILL IMPACT THE LIVES OF CHILDREN SCARRED BY VIOLENCE AND ABUSE.

PHONE: 361-573-4673/WEBSITE: WWW.CACTX.ORG

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MID-COAST FAMILY SERVICES

THE MISSION OF MID-COAST FAMILY SERVICES IS TO HELP INDIVIDUALS AND FAMILIES BY ELIMINATING FAMILY VIOLENCE, HOMELESSNESS, AND SUBSTANCE ABUSE. A WIDE RANGE OF SERVICES ARE OFFERED IN A MULTI-COUNTY AREA INCLUDING SUBSTANCE ABUSE SCREENING AND REFERRAL, YOUTH SUBSTANCE ABUSE PREVENTION AND INTERVENTION PROGRAMS, FAMILY VIOLENCE PREVENTION AND INTERVENTION, AND A HOUSING PROGRAM FOR THE CHRONICALLY HOMELESS.

P: 575-7842/WEBSITE: WWW.MIDCOASTFAMILY.ORG

PERPETUAL HELP HOME

PERPETUAL HELP HOME, INC. IS A CHRISTIAN BASED RESTORATIVE JUSTICE ORGANIZATION ASSISTING WOMEN BREAK THE CYCLE OF INCARCERATION, DRUG ADDICTION, AND HOMELESSNESS THROUGH MAKING LIFE CHANGES, REGARDLESS OF RACE, COLOR OR CREED. WOMEN ARE HELPED TO BECOME PRODUCTIVE MEMBERS OF SOCIETY WITH TRANSITIONAL SUPPORT, NEW LIFE-SKILLS TRAINING, AND PERMANENT SUPPORTIVE HOUSING. THE AGENCY REACHES OUT TO THE COMMUNITY THROUGH PROGRAMS LIKE OUR CENTER FOR PEACE, DISPUTE RESOLUTION CENTER, PROVIDING VICTORIA AND SURROUNDING COMMUNITIES WITH MEDIATION TRAINING, AND CHRISTIAN WOMEN'S JOB CORPS JOB SKILLS TRAINING PROGRAM.

P: 575-5335/WEBSITE: WWW.PERPETUALHELPHOME.ORG

STARS CLINIC

SOUTH TEXAS ASSESSMENT & REFERRAL SERVICES (STARS), FORMERLY KNOWN AS CHILD STUDY CLINIC, HAS SERVED THE VICTORIA COUNTY AREA SINCE 1964, FOCUSING ON CHILDREN WITH SPECIAL HEALTH CARE NEEDS. THE CLINIC DOES NOT TREAT OR SEE ANY WELL BABIES. STARS PROVIDES THE FOLLOWING

SERVICES:

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number
74-6024990

NEURO-DEVELOPMENTAL EVALUATIONS, PREEMIE DEVELOPMENTAL CLINICS,
NUTRITIONAL SUPPORT, CONDITION OF CARE, SPECIALISTS/THERAPY REFERRAL
AND A GENETICS CLINIC.

P: 575-0681; F: 575-0100

VICTORIA ADULT LITERACY

THE MISSION OF THE VICTORIA ADULT LITERACY COUNCIL IS TO INCREASE ADULT
LITERACY THROUGH FREE INSTRUCTION AND COMMUNITY OUTREACH TO IMPROVE THE
WORKFORCE AND RAISE THE QUALITY OF THE LIFE IN THE VICTORIA AREA.

TUTORS WORK WITH THE EDUCATIONALLY DEPRIVED TO IMPROVE THEIR SKILLS SO
THEY MAY BECOME MORE PRODUCTIVE CITIZENS IN THE WORKFACE AND ALSO BE
ABLE TO HELP THEIR CHILDREN NOT ONLY WITH SCHOOL, BUT LIFE SKILLS AS
WELL.

P: 573-7323/WEBSITE: WWW.VICTORIALITERACYCOUNCIL.ORG

FORM 990, PART III, LINE 4A - CONTINUATION 2 OF 2

VICTORIA CHRISTIAN ASSISTANCE MINISTRY

VICTORIA CHRISTIAN ASSISTANCE MINISTRY (VCAM) PROVIDES CHARITABLE
ASSISTANCE TO INDIVIDUALS AND FAMILIES IN THE VICTORIA AREA. IT IS
POSITIONED AS A "SAFETY NET" FOR THE NEEDIEST MEMBERS OF OUR COMMUNITY
FOCUSED ON PROVIDING THE ESSENTIAL SERVICES TO FAMILIES AND INDIVIDUALS
IN A CRISIS SITUATION. EMERGENCY FOOD BOXES ARE DISTRIBUTED UP TO ONCE
A MONTH TO FAMILIES, FOOD BOXES ARE PROVIDED TO CASE-MANAGERS FROM AREA
NON-PROFIT AGENCIES FOR FAMILIES IN NEED AND LIMITED FINANCIAL
ASSISTANCE IS GIVEN TO PREVENT THE LOSS OF UTILITY SERVICE, AND FOR
ESSENTIAL PRESCRIPTION MEDICATIONS.

P: 572-0048

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

MEALS ON WHEELS VICTORIA/SENIOR CITIZENS CENTERS

THE MEALS ON WHEELS VICTORIA/SENIOR CITIZENS CENTERS PROVIDE SERVICES FOR ANYONE AGE 60 AND OVER WITH TWO SENIOR CENTERS FOR PARTICIPANTS TO ENGAGE IN FUN RECREATIONAL ACTIVITIES, SOCIALIZATION AND NUTRITIOUS, GOOD MEALS. OVER 100 MEALS ARE DELIVERED TO THE HOMES OF THE ILL ELDERLY EVERY DAY, MONDAY THROUGH FRIDAY. SAFE TRANSPORTATION IS PROVIDED FOR SENIORS IN NEED. PROGRAMS OPERATE ON GRANTS AND DONATIONS.
P: 576-2189/WEBSITE: WWW.MOWVICTORIA.ORG

BARBARA BAUER BRIGGS YMCA

THE BARBARA BAUER BRIGGS YMCA IS PART OF A WORLDWIDE CHARITABLE NOT-FOR-PROFIT ORGANIZATION. THE MISSION OF THE YMCA IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL". AS A PREMIER SOCIAL SERVICE AGENCY, THE YMCA INCORPORATES OUR FOUR SPECIFIC CHARACTER VALUES OF RESPECT, RESPONSIBILITY, HONEST, AND CARING TO BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES. THE YMCA OFFERS PROGRAMS FOR ALL AGES SUCH AS:

- AFTER SCHOOL CARE AND SUMMER DAY CAMP
- YOUTH SOCCER, BASKETBALL, BASEBALL, VOLLEYBALL, FLAG FOOTBALL AND MORE
- SWIM LESSONS FOR CHILDREN AND ADULTS
- YOUTH DEVELOPMENT, KARATE, AND TEEN LEADERSHIP PROGRAMS
- ADULT HEALTH AND WELLNESS PROGRAMS
- GROUP EXERCISE AND TEAM SPORTS

P: 575-0511 EX. 232/WEBSITE: WWW.YMCAVICTORIA.ORG

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED AS FOLLOWS:

ARTICLE I - NAME CHANGE

ARTICLE III, SECTION 1 - NUMBER OF BOARD MEMBERS CHANGED FROM 18-21 TO
12-15

ARTICLE III, SECTION 7 - CHANGED QUORUM TO ONE DEFINITION (50%) REGARDLESS
OF ACTION.

ARTICLE IV - CHANGED NOMINATING COMMITTEE FROM NO LESS THAN 5 DIRECTORS TO
NO MORE THAN 5 DIRECTORS.

ARTICLE V, SECTION 1 - REMOVED 2 OF THE 3 VICE PRESIDENT POSITIONS SO THAT
THERE IS ONLY 1 VICE PRESIDENT.

ARTICLE V, SECTION 5 - REMOVED PLURAL VICE PRESIDENT LANGUAGE.

ARTICLE III, SECTION 5 - REMOVED PLURAL VICE PRESIDENT LANGUAGE.

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

A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY ANNUALLY

THE VICTORIA COUNTY UNITED WAY (VCUW) BOARD MEMBERS ARE REQUIRED TO

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

ANNUALLY SUBMIT AN UPDATED "CONFLICT OF INTEREST POLICY & DISCLOSURE FORM."

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

THE SEARCH COMMITTEE & CHAIRMAN OF THE BOARD CONSULTED WITH BOTH THE UNITED WAY WORLDWIDE [UWWW] AND UNITED WAY OF TEXAS [UWTX] AND ALSO REVIEWED BENCHMARKING & MIDPOINT DATA FOR SIMILAR SIZE LOCAL UNITED WAY ORGANIZATIONS.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR YEAR.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

UNITED WAY OF THE CROSSROADS

101 S. MAIN STREET SUITE 500

VICTORIA, TX 77901

EMPLOYER IDENTIFICATION NUMBER: 74-6024990

FOR THE YEAR ENDING JUNE 30, 2020

UNITED WAY OF THE CROSSROADS IS MAKING THE DE MINIMIS SAFE HARBOR

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

ELECTION UNDER REG. SEC. 1.263(A)-1(F).

Corporations Section
P O Box 13697
Austin, Texas 78711-3697

Certified Return Receipt # 7020 1810 0002 2074 4585

Ruth R. Hughs
Secretary of State



Office of the Secretary of State

September 04, 2020

Attn VICTORIA COUNTY UNITED WAY

Victoria County United Way
101 S MAIN ST STE 500
Victoria, TX 77901 USA

RE United Way of the Crossroads, Inc.
File Number 36681001

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Come visit us on the internet at <https://www.sos.texas.gov/>

Phone (512) 463-5555
Prepared by Elizabeth "Annie" Denton

Fax (512) 463-5709
TID 10323

Dial 7-1-1 for Relay Services
Document: 993747140002

Corporations Section
P O Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State



Office of the Secretary of State

CERTIFICATE OF FILING OF

United Way of the Crossroads, Inc.
36681001

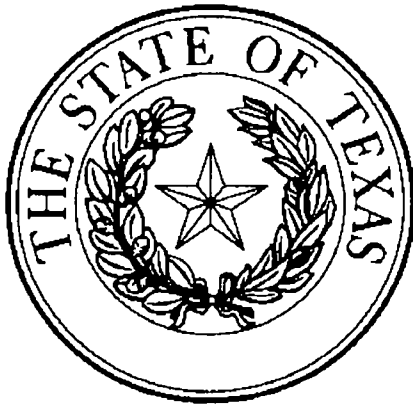
[formerly VICTORIA COUNTY UNITED WAY, INC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below

Dated: 09/02/2020

Effective 09/02/2020



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

Come visit us on the internet at <https://www.sos.texas.gov/>

Phone (512) 463-5555
Prepared by Elizabeth "Annuc" Denton

Fax: (512) 463-5709
TID: 10303

Dial: 7-1-1 for Relay Services
Document 993747140002

Form 424

(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions



This space reserved for office use.

Certificate of Amendment

Entity Information

The name of the filing entity is:

Victoria County United Way, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below)

- | | |
|---|---|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 36681001

The date of formation of the entity is: 09/12/1975

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

United Way of the Crossroads, Inc.

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
(Complete either A or B, but not both Also complete C)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ B. The registered agent is an individual resident of the state whose name is:

Brooke	D	Garcia	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

101 S. Main Street, Suite 500	Victoria	TX	77901
<i>Street Address (No P O Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form Please read the instructions to this form for further information on format

Text Area (The attached addendum, if any, is incorporated herein by reference)

☐ **Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☐ **Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

☐ **Delete** each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 09/02/2020

By: _____

Brooke Garcia

Signature of authorized person

Brooke Garcia, Executive Director

Printed or typed name of authorized person (see instructions)

Print

Reset