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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 04-01-2020 , and ending 03-31-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UNITED WAY OF EL PASO COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 NORTH STANTON STREET NO 500

City or town, state or province, country, and ZIP or foreign postal code
EL PASO, TX 79901

D Employer identification number
74-1291051

E Telephone number
(533) 243-4230

G Gross receipts $ 10,233,745

F Name and address of principal officer:
DEBORAH A ZULOAGA
100 NORTH STANTON STREET NO 500
EL PASO, TX 79901

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UNITEDWAYELPASO.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1957

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
MEET THE HUMAN SERVICE NEEDS OF EL PASO COUNTY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	74
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	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)	4,216,506	10,013,211
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,194	4,119
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,110	216,415
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,377,810	10,233,745
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,612,483	1,420,451
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,668,429	1,965,700
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶314,490		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	997,178	1,841,028
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,278,090	5,227,179
19	Revenue less expenses. Subtract line 18 from line 12	99,720	5,006,566

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,595,709	8,545,745
21	Total liabilities (Part X, line 26)	841,840	785,310
22	Net assets or fund balances. Subtract line 21 from line 20	2,753,869	7,760,435

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

****** 2021-08-13
Signature of officer Date

DEBORAH A ZULOAGA PRESIDENT CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00015074

Firm's name ▶ STRICKLER & PRIETO LLP — Firm's EIN ▶ 74-2929617

Firm's address ▶ 201 E MAIN SUITE 1615
EL PASO, TX 799011397 — Phone no. (915) 532-2901

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE THE LIVES OF EL PASO FAMILIES THROUGH THE CARING POWER OF OUR COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses $ 1,205,277 including grants of $ 934,659) (Revenue $)
See Additional Data

4b (Code:) (Expenses $ 932,266 including grants of $) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ 1,203,765 including grants of $) (Revenue $)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,218,547 including grants of $ 485,792) (Revenue $ 216,415)

4e **Total program service expenses ▶** 4,559,855

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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*	22		No
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*	23		No
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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
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*	26		No
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	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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*	33		No
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*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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*	36		No
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*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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**	74		
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**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
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**	No
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**	No
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**	No
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**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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**	No
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**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
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?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
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?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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 in Schedule O*	9			No

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?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶NINA SIROS 100 NORTH STANTON STREET NO 500 EL PASO, TX 79901 (915) 533-2434

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	185,279	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e	2,385,344			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	7,627,867			
	g Noncash contributions included in lines 1a - 1f:$ 1g				
	h **Total.** Add lines 1a-1f . . . . . ▶	10,013,211			
Program Service Revenue		Business Code			
	2a				
	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) . . . . . ▶	4,119			4,119
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
	b Less: direct expenses . . . 8b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
	b Less: direct expenses . . . 9b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . 10a				
	b Less: cost of goods sold . . 10b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a CAMPAIGN AND GRANT FEE	541200	192,082	192,082	
	b OTHER INCOME	561000	24,333	24,333	
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		216,415		
	12 **Total revenue.** See instructions . . . . . ▶		10,233,745	216,415	0 4,119

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,420,451	1,420,451		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	185,279	86,299	86,383	12,597
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,371,471	1,043,488	130,419	197,564
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	57,096	38,669	9,647	8,780
9 Other employee benefits	200,225	160,703	23,887	15,635
10 Payroll taxes	151,629	114,364	19,536	17,729
11 Fees for services (non-employees):				
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 Schedule O)	1,064,047	1,017,397	24,149	22,501
12 Advertising and promotion				
13 Office expenses	157,848	151,423	3,477	2,948
14 Information technology				
15 Royalties				
16 Occupancy	99,076	67,858	16,414	14,804
17 Travel	26,704	26,204	220	280
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,492	83,921	2,749	822
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,310	11,179	23,689	1,442
23 Insurance	9,713	5,820	2,539	1,354
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AMERICORPS LIVING STIPE	246,336	246,336		
b MISCELLANEOUS	51,954	47,169	-1,206	5,991
c PRINTING AND PUBLICATIO	20,961	11,494	1,459	8,008
d DONOR RECOGNITION	4,208	2,341	747	1,120
e All other expenses	36,379	24,739	8,725	2,915
25 **Total functional expenses.** Add lines 1 through 24e	5,227,179	4,559,855	352,834	314,490
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,299,256	1	6,391,510
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,118,286	3	1,980,539
	4	Accounts receivable, net			4	
	5	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			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			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 430,416			
	b	Less: accumulated depreciation	10b 305,714	130,326	10c	124,702
	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		47,841	15	48,994
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,595,709	16	8,545,745
Liabilities	17	Accounts payable and accrued expenses		29,720	17	130,591
	18	Grants payable			18	
	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		812,120	25	654,719
	26	**Total liabilities.** Add lines 17 through 25		841,840	26	785,310
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,251,430	27	7,146,407
	28	Net assets with donor restrictions		502,439	28	614,028
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,753,869	32	7,760,435
	33	Total liabilities and net assets/fund balances		3,595,709	33	8,545,745

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,233,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,227,179
3	Revenue less expenses. Subtract line 2 from line 1	3	5,006,566
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,753,869
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 in 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	7,760,435

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 74-1291051

Name: UNITED WAY OF EL PASO COUNTY

Form 990 (2020)

Form 990, Part III, Line 4a:

COMMUNITY IMPACTUNITED WAY OF EL PASO COUNTY IS A LOCAL NONPROFIT FOCUSED ON ADDRESSING THE NEEDS OF OUR COMMUNITY BY TACKLING THE UNDERLYING ISSUES AFFECTING FAMILIES AND INDIVIDUALS. BY FOCUSING ON FOUR AREAS - EDUCATION, BASIC NEEDS & HEALTH, AND FINANCIAL STABILITY -- UNITED WAY IS PROVIDING THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY BELIEVES: 1) EVERY CHILD SHOULD ENTER SCHOOL WITH THE SKILLS THEY NEED TO LEARN, BE READING AT LEVEL BY THIRD GRADE, AND GRADUATE ON TIME; 2) ALL FAMILIES SHOULD BE STABLE, HEALTHY AND LIVE IN A SAFE ENVIRONMENT; 3) ALL INDIVIDUALS AND FAMILIES SHOULD BE AFFORDED THE OPPORTUNITY TO MOVE TOWARD ECONOMIC SELF-SUFFICIENCY.WE ARE WORKING TO CREATE LONG-TERM, LASTING CHANGE IN EL PASO BY: 1) RECRUITING INDIVIDUALS AND ORGANIZATIONS THAT BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE. 2) DEVELOPING AND IMPLEMENTING OUR PLACE-BASED NEIGHBORHOOD STRATEGIES. 3) RIGOROUSLY EVALUATING EVERY PROGRAM/INITIATIVE/PROJECT TO DETERMINE WHAT WORKS AND WHAT DOESN'T.4) ALWAYS LOOKING FOR THE BEST PRACTICES THAT DEMONSTRATE SUCCESS.5) WORKING WITH DIVERSE STAKEHOLDERS TO REPLICATE THOSE SUCCESSFUL PRACTICES COMMUNITY WIDE. EXPENSES: $934,659

Form 990, Part III, Line 4b:

PARENTS AS TEACHERSFUNDED BY THE TEXAS PROJECT HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY SUPPORT (HOPES), AND CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS) THROUGH THE ONESTAR FOUNDATION, PARENTS AS TEACHERS, AN EVIDENCE BASED HOME VISITATION PROGRAM, PLACES AN EMPHASIS ON PARENT INVOLVEMENT TO DEVELOP A CHILD'S LEARNING SKILLS. UNITED WAY'S PAT PROGRAM WAS RECOGNIZED AS A BLUE RIBBON AFFILIATE. TO EARN THE QUALITY ENDORSEMENT, AFFILIATES MUST COMPLETE A COMPREHENSIVE SELF-STUDY AND REVIEW PROCESS THAT DEMONSTRATES THEY ARE MEETING OR EXCEEDING THE PARENTS AS TEACHERS ESSENTIAL REQUIREMENTS, ALONG WITH AT LEAST 75 OF THE 100 QUALITY STANDARDS. BETWEEN APRIL 1, 2020 AND MARCH 31, 2021, THE AFFILIATE PROGRAM PROVIDED 4,172 VISITS (35 IN PERSON; 3,302 INTERACTIVE VIDEO CONFERENCING; AND 835 TELECOMMUNICATION), SERVING 388 FAMILIES AND 489 CHILDREN.EXPENSES: $932,266

Form 990, Part III, Line 4c:

EL PASO UNITED FAMILY RESILIENCY CENTERIN THE WAKE OF AUGUST 3, 2019, LOCAL, STATE AND COMMUNITY AGENCIES IDENTIFIED THE NEED TO STAND UP A RESILIENCY CENTER FOR LONG TERM COMMUNITY RECOVERY. IN COLLABORATION WITH COUNTY AND CITY GOVERNMENTS AND FUNDING THROUGH THE OFFICE OF THE GOVERNOR, AGENCY WAS ENTRUSTED TO BE THE BACKBONE AGENCY TO HOST THE CENTER AND LEAD EFFORTS IN LONG TERM RECOVERY.THE EL PASO UNITED FAMILY RESILIENCY CENTER (FRC) OPENED ITS DOORS ON DECEMBER 19, 2019, OFFERING A PLACE OF HEALING AND SUPPORT DEDICATED TO SERVING THOSE DIRECTLY AND INDIRECTLY IMPACTED BY THE TRAGEDY. AGENCY IS DEDICATED TO THE LONG TERM HEALING OF THE COMMUNITY. SERVICES AND PROGRAMS OFFERED BY THE FRC CONTINUE TO EVOLVE ALONG WITH THE NEEDS OF THE COMMUNITY AND OF THOSE AFFECTED BY THE TRAUMATIC EVENT. THROUGHOUT THE COVID-19 PANDEMIC, THE FRC PROVIDED OUTREACH AND HEALING SERVICES TO EL PASOANS THROUGH A VIRTUAL AND HYBRID ENVIRONMENT WHILE THE MAIN CENTER LOCATION WAS CLOSED TO THE PUBLIC. IN ADDITION TO HELPING INDIVIDUALS NAVIGATE THROUGH COMMUNITY RESOURCES, THE FRC WORKS TO REDUCE MENTAL HEALTH STIGMAS THROUGH EDUCATION, OUTREACH, AND TARGETED MESSAGING. THE FRC WILL FACILITATES PROGRAMMING IN NON TRADITIONAL THERAPIES AND SUPPORT SERVICES FOR SPECIALIZED POPULATIONS TO PROMOTE RESILIENCY AND ENCOURAGE HEALING THROUGHOUT THE BROADER COMMUNITY.CONTRACTED RECOVERY SERVICES INCLUDE TRADITIONAL MENTAL HEALTH COUNSELING, PEER SUPPORT GROUPS, ART THERAPY, EQUINE-ASSISTED THERAPY, HEALING THROUGH PHYSICAL MOVEMENT, AND MUCH MORE. BETWEEN APRIL 1, 2020 AND MARCH 31, 2021, THE FRC PROVIDED HEALING AND RECOVERY SERVICES TO 940 INDIVIDUALS THROUGH RESOURCE NAVIGATION AND DIRECT SERVICE, IN COLLABORATION WITH CONTRACTED PROVIDERS. RESILIENCY NAVIGATORS OF THE FRC PROVIDED 1,810 RESOURCES AND REFERRALS IN THE AREAS OF MENTAL AND BEHAVIORAL HEALTH, BASIC NEEDS, FINANCIAL ASSISTANCE, LEGAL ASSISTANCE AND DOCUMENTATION ASSISTANCE. COMMUNITY OUTREACH, THROUGH AN IN-HOUSE PODCAST RELEASED 11 EPISODES, REACHING MORE THAN 836 INDIVIDUALS THROUGH INDIVIDUAL DOWNLOADS. EXPENSES: $1,203,765

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ including grants of $ 485,792) (Revenue $ 216,415)

COMMUNITY BUILDINGWE ACCOMPLISH OUR RESULTS BY BRINGING PEOPLE TOGETHER - SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS AND MEMBERS OF LOCAL NONPROFIT AGENCIES - TO HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. EXPENSES: $82,020EDUCATIONHEALTHY KIDS BACKBONE ORGANIZATION THE AGENCY SERVES AS THE BACKBONE ORGANIZATION FOR THE PASO DEL NORTE HEALTH FOUNDATION'S HEALTHY KIDS PRIORITY AREA. THROUGH OUR BACKBONE WORK, THE AGENCY PROVIDES SUPPORT AND COORDINATION OF ALL HEALTHY KIDS EFFORTS, WHICH AIMS TO IMPROVE HEALTH OUTCOMES BY ENGAGING DISCONNECTED YOUTH IN QUALITY OUT-OF-SCHOOL TIME PROGRAMS FOR CHILDREN AND YOUTH BETWEEN THE AGES OF 5 AND 17. THE BOOST NETWORK IS A HUB FOR OUT-OF-SCHOOL TIME (OST) PROVIDERS/ORGANIZATIONS THAT WORK TOGETHER TO IDENTIFY, EXPLORE, AND CREATE OPPORTUNITIES THAT INCREASE THE QUALITY AND EFFECTIVENESS OF THEIR PROGRAMS FOR YOUTH IN WEST TEXAS, SOUTHERN NEW MEXICO, AND CIUDAD JUAREZ, CHIHUAHUA, MEXICO. THROUGH THE BOOST NETWORK, MEMBERS CAN ENGAGE IN CAPACITY BUILDING AND PROFESSIONAL DEVELOPMENT SESSIONS, SHARE RELEVANT RESOURCES AND INFORMATION, AND PARTICIPATE IN NETWORKING AND OTHER COLLABORATION OPPORTUNITIES. SINCE FORMING IN 2015, THE BOOST NETWORK ENGAGES WITH MORE THAN 40 ORGANIZATIONS THAT PARTICIPATE ON A REGULAR BASIS, AND CONTINUES TO EXPAND ITS GROWING MEMBERSHIP. EXPENSES: $238,928GRADE LEVEL READING INITIATIVE (GLR)SINCE 2013, THE GLR INITIATIVE HAS BEEN PROVIDING CHILDREN WITH ENRICHING ACTIVITIES AND READING MATERIALS THAT REINFORCE AND MOTIVATE SCHOOL LEARNING. OUR FOCUS ON GLR STEMS FROM THE FACT THAT CHILDREN WHO READ AT GRADE LEVEL BY THE TIME THEY ARE IN 3RD GRADE ARE PROVEN TO GRADUATE FROM HIGH SCHOOL ON TIME. OUR AGENCY'S CURRENT STRATEGIES - BUILDING PERSONAL LIBRARIES, ENGAGING CORPORATE VOLUNTEERS AND PROVIDING OUTLETS FOR EARLY LITERACY - SERVE STUDENTS IN UNDER SERVED, UNDERFUNDED AND OVERLOOKED AREAS IN OUR COMMUNITY.AGENCY CONTINUED EFFORTS IN BOOK DISTRIBUTIONS, EXPANDING THE INITIATIVE TO INCLUDE ESTABLISHING A BOOK NOOK IN COLLABORATION WITH SUNLAND PARK MALL AS WELL AS DEVELOPING A NEW ONLINE READ-ALONG PROGRAM TO ENGAGE CORPORATE PARTNERS. DESPITE THE SETBACKS OF IN-PERSON EVENTS THROUGHOUT THE COVID-19 PANDEMIC, THE AGENCY'S GLR INITIATIVE DISTRIBUTED 1,765 BOOKS TO COMMUNITY PARTNERS, SCHOOL DISTRICTS AND FAMILIES PARTICIPATING IN EARLY CHILDHOOD DEVELOPMENT PROGRAMS. IN ADDITION, NEW EFFORTS ENGAGED 29 CORPORATE AND COMMUNITY VOLUNTEERS TO HELP BUILD A LOVE FOR READING IN YOUNG LEARNERS. EXPENSES: $23,155BASIC NEEDSCOVID-19 RESPONSEAGENCY WORKED WITH LOCAL GOVERNMENTS, NONPROFITS AND BUSINESS PARTNERS TO MITIGATE THE DISEASE'S IMPACTS AND PREPARE TO RECOVER AS A COMMUNITY. 1) AGENCY CONTINUED TO FUND MORE THAN 30 PROGRAMS FROM 25 LOCAL AGENCIES THAT DURING THIS TIME ARE SAFELY OR VIRTUALLY CONNECTING WITH CLIENTS TO PROVIDE MUCH-NEEDED SERVICES. 2) FUNDED GET SHIFT DONE PROGRAM, WHICH IS AN INITIATIVE THAT PAYS ADVERSELY AFFECTED HOURLY WORKERS IN THE HOSPITALITY INDUSTRY TO WORK SHIFTS AT THE EL PASOANS FIGHTING HUNGER FOOD BANK. OUR AGENCY SUPPORTED THE PROGRAM'S ADOPTION WITH A $25,000.3) SUPPORTED FAB LAB EL PASO'S COVID-19 RESPONSE EFFORTS THROUGH $5,000 IN FUNDING MEANT TO HELP ADDRESS THE EPIDEMIC'S SUPPLY CHAIN SHORTAGE OF PPE, INCLUDING FACE SHIELDS, N95 MASKS AND RESPIRATORS, AND VENTILATORS, WITHIN THE MEDICAL COMMUNITY WITH 3D PRINTING, DIGITAL FABRICATION, AND RAPID PROTOTYPING TECHNOLOGY. 4) SOURCED, ASSEMBLED AND DELIVERED MORE THAN 1,552 SENIOR CARE KITS FEATURING HYGIENE AND PAPER PRODUCTS FOR OUR VULNERABLE ELDERLY POPULATION. 5) SUPPORTED LOCAL EFFORTS OF WORLD CENTRAL KITCHEN WITH $20,000 TO PROVIDE MEAL SUPPORTS FOR HEALTHCARE WORKERS AND FIRST RESPONDERS.6) SUPPORTED AREA AGENCY ON AGING WITH $20,000 TO PROVIDE FOOD BOX DELIVERY TO VULNERABLE SENIOR POPULATIONS MOST AT RISK OF DEVELOPING COMPLICATIONS OF COVID-19.EXPENSES: $192,316SENIOR FUNDSENIOR FUND, A PARTNERSHIP BETWEEN OUR AGENCY, AREA AGENCY ON AGING (AAA), AND THE EL PASO TIMES. THE FUND IS AVAILABLE TO HELP LOCAL SENIORS IN NEED. THE FUND PROVIDES FINANCIAL SUPPORT TO COVER THE COST OF ASSISTANCE THAT CANNOT BE COVERED BY AREA AGENCY ON AGING OR ANY OTHER SOCIAL SERVICE ORGANIZATIONS. THE SENIOR FUND VOLUNTEER COMMITTEE REVIEWS AAA WAITING LISTS AND MAKES RECOMMENDATIONS TO PROVIDE FUNDING FOR: DENTAL SERVICES, HEARING AIDS, MEDICATIONS, MEDICAL EQUIPMENT, HOME MODIFICATIONS, AND OTHER REQUESTS. THE SENIOR FUND ASSISTED 14 SENIORS WITH A TOTAL OF $50,000 IN SUPPORT.EXPENSES: $36,158MIGRANT SERVICESWHEN THE MIGRANT HOSPITALITY CENTERS PROVIDING SUPPORT TO ASYLUM SEEKERS IN EL PASO INCREASED, THE AGENCY INCREASED VOLUNTEER CAPACITY. WITH PARTNERS, THE AGENCY LEAD THE EFFORTS IN THE COMMUNITY-WIDE COORDINATION AND MANAGEMENT OF VOLUNTEERS PROVIDING SUPPORT TO HOSPITALITY CENTERS THAT WELCOMED ABOUT 96,000 ASYLUM SEEKERS BETWEEN MAY AND DECEMBER OF 2019.THE EFFORTS STREAMLINED THE VOLUNTEER PROCESS TO BUILD SUSTAINABILITY USING OUR OWN VOLUNTEER MATCH SITE, VOLUNTEERELPASO.ORG. MORE SPECIFICALLY, THE AGENCY DELIVERED ON RECRUITING AND RETAINING LONG-TERM AND ON- CALL VOLUNTEERS FOR THE THEN 26 SHELTERS AT FAITH-BASED ORGANIZATIONS AND THE LARGEST HOSPITALITY CENTER, THE ANNUNCIATION HOUSE'S CENTRO DEL REFUGIADO.THE AGENCY ALSO INCREASED MANY OF THE SHELTERS ABILITY TO CARE FOR THE SICK THROUGH THE RECRUITMENT OF 28 HEALTH PROFESSIONAL VOLUNTEERS FOR THE EL PASO REFUGEE HEALTHCARE PROVIDER COALITION. THESE SKILLED VOLUNTEERS WHICH INCLUDED STUDENTS AND RESIDENTS TREATED MIGRANTS FOR MILD CONDITIONSIN ADDITION TO BUILDING CAPACITY, THE AGENCY SUPPORTED THE COMMUNITY-WIDE EFFORTS BY CREATING THE MIGRANT SERVICES FUND TO DEDICATE DOLLARS TO TRANSPORTATION COSTS, MEALS AND SUPPLIES TO SUPPORT MEAL PREPARATION, PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS, AND BASIC NEEDS SUCH AS CLOTHING, PERSONAL HYGIENE PRODUCTS AND CLEANING SUPPLIES.EXPENSES: $11,281EFSP - EMERGENCY FOOD AND SHELTER PROGRAMTHE AGENCY ADMINISTERS FUNDS FOR THE EFSP WITH MONEY PROVIDED BY THE U.S. DEPARTMENT OF HOMELAND SECURITY'S EMERGENCY AGENCY (FEMA). UWEPC BRINGS TOGETHER DESIGNATED REPRESENTATIVES FROM THE CITY, COUNTY, LABOR ORGANIZATIONS, TRIBAL GOVERNMENT, CHURCH ORGANIZATIONS AND LOCAL AGENCIES TO SERVE ON A BOARD THAT ALLOCATES THE FUNDING. THROUGH A COLLABORATIVE EFFORT, THE GOAL IS TO HELP PEOPLE IN NEED OF EMERGENCY ASSISTANCE. IN AN EFFORT TO MEET THE NEEDS OF HUNGRY AND HOMELESS PEOPLE IN THE UNITED STATES, IN 2020 THE EFSP PROGRAM AWARDED $1,177,592 TO 11 LOCAL ORGANIZATIONS, WHICH PROVIDED COMMUNITY SUPPORT WITH ECONOMIC EMERGENCIES.PHASE 37: THE PROGRAM AWARDED $308,018 TO PARTICIPATING ORGANIZATIONS AND PROVIDED EL PASOANS WITH 358,033 MEALS SERVED, 10,870 NIGHTS OF EMERGENCY SHELTER AND 95 MONTHS OF EMERGENCY RENTAL/MORTGAGE ASSISTANCE.PHASE CARES: THE PROGRAM AWARDED $522,669 TO PARTICIPATING ORGANIZATIONS AND PROVIDED EL PASOANS WITH 1,229,554 MEALS SERVED, 5,839 NIGHTS OF EMERGENCY SHELTER, 10 MONTHS OF UTILITY ASSISTANCE AND 235 MONTHS OF EMERGENCY RENTAL/MORTGAGE ASSISTANCE.PHASE 38: THE PROGRAM AWARDED $346,905.00 TO PARTICIPATING ORGANIZATIONS AND PROVIDED EL PASOANS WITH 447,095 MEALS SERVED, 12,302 NIGHTS OF EMERGENCY SHELTER, 48 MONTHS OF UTILITY ASSISTANCE AND 94 MONTHS OF EMERGENCY RENTAL/MORTGAGE ASSISTANCE.LOCAL RECIPIENTS VARIED BY GRANT PHASE: CENTER AGAINST SEXUAL & FAMILY VIOLENCE, CHILD CRISIS CENTER OF EL PASO, EL PASO COUNTY GENERAL ASSISTANCE, EL PASO HUMAN SERVICES INC., EL PASOANS FIGHTING HUNGER FOOD BANK, KATIE'S FOOD PANTRY, LA POSADA HOME, INC., OPPORTUNITY CENTER FOR THE HOMELESS, PROJECT BRAVO INC., THE SALVATION ARMY AND UNITED WAY OF EL PASO COUNTY. EXPENSES: $8,158

(Code:) (Expenses $ 1,218,547 including grants of $) (Revenue $)

FINANCIAL STABILITYAGENCY HELPED MORE PEOPLE KEEP THEIR HARD EARNED MONEY WITH THE EASY SELF PREPARATION TOOL, MYFREETAXES.COM. THE AGENCY ALSO COLLABORATED WITH CANUTILLO ISD TO PROVIDE SUPPORT OF THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM, PROVIDING A RESOURCE FOR IN-PERSON TAX ASSISTANCE. IN FALL OF 2020, AGENCY ESTABLISHED A PILOT PROGRAM TO CONNECT EL PASO FAMILIES WITH CONTINUED EDUCATION AND JOB-SKILL BUILDING PROGRAMS. "SKILLS FOR SUCCESS" WORKS WITH PARENTS ENROLLED IN THE PARENTS AS TEACHERS PROGRAM TO PROVIDE THEM WITH RESOURCES AND EDUCATIONAL COURSES TO HELP ADVANCE THEIR CAREERS. IN ADDITION, AGENCY COLLABORATES WITH WORKFORCE SOLUTIONS BORDERPLEX TO IDENTIFY IN-DEMAND CAREER FIELDS AND CERTIFICATIONS AS WELL AS PROVIDE TECHNOLOGY, CHILDCARE, FOOD BENEFITS AND OTHER SUPPORTS TO ENSURE SUCCESS OF THE FAMILY'S EFFORTS. AS OF MARCH 31, 2021, THERE WERE SIX FAMILIES ENROLLED IN THE SKILLS FOR SUCCESS PILOT PROGRAM. EXPENSES: $9,675COMMUNITY ENGAGEMENTVOLUNTEERELPASO.ORGVOLUNTEERELPASO.ORG HAS ALLOWED AGENCY TO CONNECT MORE THAN 9,200 DEDICATED EL PASOANS TO HUNDREDS OF VOLUNTEER OPPORTUNITIES THROUGH THE MOBILE FRIENDLY WEBSITE. FROM APRIL 2020 THROUGH MARCH 2021, THE ONLINE PORTAL FACILITATED 1,054 RESPONSES TO VOLUNTEER NEEDS WITHIN THE EL PASO COMMUNITY. WHILE DEMAND FOR VOLUNTEERS WAS HIGH THROUGH THE COVID-19 PANDEMIC, MANY AGENCIES FOUND IT DIFFICULT TO RECRUIT INDIVIDUALS WILLING TO PROVIDE IN-PERSON SERVICE. THE VOLUNTEERELPASO.ORG PORTAL WAS ESSENTIAL FOR MAKING THESE CONNECTIONS. BOTH AGENCIES AND VOLUNTEERS HAVE UTILIZED VOLUNTEERELPASO TO EXPAND THEIR REACH AND SUPPORT THE NEEDS OF THE COMMUNITY. VOLUNTEERELPASO.ORG CONTINUES TO BE ONE OF THE REGION'S TOP METHODS OF FINDING VOLUNTEER OPPORTUNITIES.EXPENSES: $18,704YOUNG LEADERS SOCIETY (YLS)YOUNG LEADERS SOCIETY (YLS) WAS FOUNDED IN 2008 TO PROVIDE A PLATFORM FOR YOUNG PROFESSIONALS IN EL PASO TO DEVELOP AS LEADERS, NETWORK WITH PEERS AND GIVE BACK THROUGH VOLUNTEERISM. OVER THE PAST DECADE, THE YOUNG LEADERS SOCIETY HAS ESTABLISHED ITSELF AS A DONOR NETWORK THAT REDEFINES WHAT IT MEANS TO BE A YOUNG LEADER IN THE BORDERLAND REGION, PROUDLY BOASTING MORE THAN 201 DEDICATED MEMBERS. THE SOCIETY ALSO HOSTED THE 4TH ANNUAL ENGAGE: YOUNG PROFESSIONALS LEADERSHIP SUMMIT, INSIGHTFUL TALKS FROM SOME OF THE REGION'S MOST SEASONED LEADERS AND UP AND COMING THINKERS AND DOERS. THIS YEAR, THE VIRTUAL SUMMIT INCLUDED A KEYNOTE ADDRESS FROM RON STALLWORTH. IN 2014, STALLWORTH WROTE BLACK KLANSMAN ABOUT HIS UNDERCOVER EXPERIENCE WITH THE COLORADO SPRINGS POLICE DEPARTMENT. THE FILM ADAPTION OF THE BOOK WAS CALLED BLACKKKLANSMAN. THE FILM WAS RELEASED ON AUGUST 10, 2018 AND WON AN ACADEMY AWARD FOR BEST-ADAPTED SCREENPLAY. THE SUMMIT ALSO FEATURED THREE PANEL DISCUSSIONS. INVESTING IN WELLNESS FEATURED SPEAKERS DR. DEBORAH ONTIVEROS, PUBLIC SAFETY PSYCHOLOGIST; DR. JESSICA CHACON, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER; AND DR. LEAH WHIGHAM, THE UNIVERSITY OF TEXAS HEALTH SCIENCES CENTER AT HOUSTON. MODERATOR WAS PEARL CONTRERAS, TFCU. THE PANEL BREAKING BARRIERS INCLUDED DR. WILLIAM SERRATA, EL PASO COMMUNITY COLLEGE; JASON CHAMBERS, OPM RESOURCES, LLC; AND LAURA BUTLER. ROXANNE JONES, UNITED WAYS OF TEXAS SERVED AS MODERATOR. THE APPLAUDING RESILIENCE PANEL INCLUDED ANGELICA ROSALES, FOUNDER OF HOUSE OF HOPE, VILLA MARIA, AND THE WILLIE SANCHEZ ROSALES FAMILY CENTER; CYNTHIA CONROY, WESTSTAR; EMILIA CARRERA, THE ROCKEFELLER FOUNDATION; AND RODNEY PRUNTY, UNITED WAY OF CENTRAL NEW MEXICO. TOMMY GABRIEL, WESTSTAR SERVED AS MODERATOR. EXPENSES: $27,562RISECREATED BY YOUNG ADULTS FOR YOUNG ADULTS, THIS UNIQUE DONOR NETWORK INVITES YOUNG PROFESSIONALS TO PARTICIPATE IN A MOVEMENT THAT ENCOURAGES COMMUNITY ENGAGEMENT AND PHILANTHROPY. WITH THE MOTTO #GIVEBACKHANGOUT, RISE MEMBERS GATHER TO COMPLETE HANDS-ON VOLUNTEER OPPORTUNITIES FOLLOWED BY SOCIAL ENGAGEMENT EVENTS WITH THEIR FELLOW RISE MEMBERS. RISE MEMBERS ASSISTED WITH ACTIVITY VIDEOS FOR OUR PARENTS AS TEACHERS PROGRAM AND DONATION DRIVES. IN RESPONSE TO THE COVID-19 PANDEMIC, EVENTS SUCH AS THE LEARN WITH CHEF RULIS EVENT WENT VIRTUAL. THEY ALSO COHOSTED THE VIRTUAL CONVERSATION SERIES COMMUNITY MATTERS, VOLUNTEERED WITH OUR DAY OF ACTION DONATION DRIVE SUPPORTING OUR SENIOR FUND, AND ASSISTED WITH EFFORTS SUPPORTING COMPLETION OF THE 2020 CENSUS.EXPENSES: $7,051AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) FUNDED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, SEVEN VISTA MEMBERS INCREASED THE AGENCY'S ORGANIZATIONAL CAPACITY AS WELL AS, MOBILIZED RESOURCES FOR THE AGENCY'S STAKEHOLDERS INCLUDING; EL PASO COUNTY HOUSING AUTHORITY, FIRSTLIGHT COMMUNITY FOUNDATION AND THE OFFICE OF THE COUNTY JUDGE. VISTA MEMBERS ALSO CREATED STEAM CAMPS FOR YOUTH, RECRUITED VELLO VOLUNTEERS TO TUTOR STUDENTS, CREATED SOCIAL MEDIA AND WEBSITE CONTENT TO PROMOTE THE AFFORDABLE CARE ACT, RECRUITED ADDITIONAL AGENCIES TO JOIN THE BORDERLAND OUT OF SCHOOL TIME NETWORK AND ORGANIZED HEALTH AND CAREER FAIRS TO CONNECT COUNTY PUBLIC HOUSING AND PARENTS AS TEACHERS FAMILIES WITH RESOURCES.VISTA'S SERVE THE COMMUNITY WHILE SUCCESSFULLY BUILDING THEIR PROFESSIONAL CAREERS. THEY RECEIVE A LIVING STIPEND ON A MONTHLY BASIS AND EDUCATIONAL AWARD AT THE END OF THE SERVICE YEAR.EXPENSES: $21,334REALIZE BOARD TRAINING THE AGENCY IN PARTNERSHIP WITH THE PASO DEL NORTE HEALTH FOUNDATION, IS WORKING TO ENSURE THE SUCCESS OF NONPROFIT ORGANIZATIONS THAT SERVE OUR COMMUNITIES. THROUGH WORKSHOPS, TRAINING AND SUMMITS, THE REALIZE BOARD TRAINING IS ASSURING ALL NONPROFIT BOARD OF DIRECTORS ARE FULLY PREPARED TO UNDERTAKE THEIR CRITICAL RESPONSIBILITIES. FROM APRIL 2019 THROUGH MARCH 2020, THE PROGRAM PROVIDED EIGHT LUNCH AND LEARN TRAININGS, 12 INDIVIDUAL BOARD TRAININGS, AND A FOUR-WEEK TRAINING FOR A COHORT OF 16 YOUNG LEADER SOCIETY MEMBERS. THE PROGRAM ALSO HOSTED 60 INDIVIDUALS DURING ITS 3RD ANNUAL FALL SUMMIT IN LAS CRUCES AND EL PASO. THIS HALF-DAY EVENT FEATURED SUSAN DECKER, A SENIOR GOVERNANCE CONSULTANT FOR BOARDSOURCE.EXPENSES: $74,296CENSUS 2020AGENCY IS ENGAGING IN CENSUS 2020 EFFORTS TO ENSURE A COMPLETE AND ACCURATE COUNT OF OUR COMMUNITY. AGENCY EFFORTS INCLUDE, COORDINATION WITH OUT-OF-SCHOOL TIME AND EARLY LEARNING/CHILD CARE PROVIDER PARTNERS TO INCREASE AWARENESS ABOUT THE UNDERCOUNT OF KIDS IN TEXAS INCLUDING PROVIDING PARENTS AS TEACHER (PAT) PARENT EDUCATORS WITH CENSUS 2020 INFORMATION TO ALLOW THEM TO PROMOTE FILLING OUT THE QUESTIONNAIRE WITH THEIR FAMILIES; AND SUPPORTING LOCAL QUESTIONNAIRE ASSISTANCE CENTERS THROUGH MARKETING AND COMMUNICATION EFFORTS. EXPENSES: $7,764 DESIGNATIONSDONORS TO THE UNITED WAY OF EL PASO COUNTY MAY DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC NON-PROFIT AGENCIES. FOR 990 REPORTING PURPOSES, THESE DESIGNATIONS TO SPECIFIC AGENCIES ARE REPORTED AS REVENUE AS WELL AS PROGRAM EXPENSE. UNITED WAY OF EL PASO COUNTY DOES NOT PROVIDE FISCAL OR PROGRAM OVERSIGHT FOR FUNDS DESIGNATED TO A SPECIFIC AGENCY. THE UWEPC HONORS THESE DESIGNATIONS MADE TO THE AGENCIES. COMBINED FEDERAL CAMPAIGN, AND STATE, CITY AND COUNTY EMPLOYEE CAMPAIGN DESIGNATIONS ARE MADE TO EACH MEMBER ORGANIZATION BY DISTRIBUTING A PROPORTIONATE SHARE OF RECEIPTS BASED ON DONOR DESIGNATIONS TO EACH MEMBER AGENCY. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS UNDERGO SCREENING TO VERIFY COMPLIANCE WITH PROVISIONS OF THE PATRIOT ACT AND CURRENT STATUS AS A 501(C)3 ORGANIZATION.EXPENSES: $417,686

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRYSTAL LONG CHAIR	2.00	X		X				0	0	0
RUBEN HERNANDEZ CHAIR ELECT	2.00	X		X				0	0	0
ROSEANNE DE LA FUENTE RUEDA TREASURER	2.00	X		X				0	0	0
NATHAN WORLEY SECRETARY	2.00	X		X				0	0	0
CYNTHIA CONROY VICE CHAIR	2.00	X		X				0	0	0
ROSEMARY MARIN PAST CHAIR	2.00	X		X				0	0	0
DR ARMANDO AGUIRRE DIRECTOR	1.00	X						0	0	0
TERESA ALARCON DIRECTOR	1.00	X						0	0	0
DAVID ARANDA DIRECTOR	1.00	X						0	0	0
CHRISTOPHER ARRIOLA DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACOB CINTRON DIRECTOR	1.00	X						0	0	0
DR JOSE MANUEL DE LA ROSA DIRECTOR	1.00	X						0	0	0
ELIZABETH DIPP-METZGER DIRECTOR	1.00	X						0	0	0
DON KARL DIRECTOR	1.00	X						0	0	0
NICK LA MANTIA DIRECTOR	1.00	X						0	0	0
ALBERTO LOPEZ DIRECTOR	1.00	X						0	0	0
LEILA MELENDEZ DIRECTOR	1.00	X						0	0	0
ROBERT MOORE DIRECTOR	1.00	X						0	0	0
MARCELA NAVARRETE DIRECTOR	1.00	X						0	0	0
ELIZABETH O'HARA DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CP PATSATZIS DIRECTOR	1.00	X						0	0	0
JERRY ROMERO DIRECTOR	1.00	X						0	0	0
MITZI SHANNON DIRECTOR	1.00	X						0	0	0
STEVEN SMITH DIRECTOR	1.00	X						0	0	0
VJ SMITH DIRECTOR	1.00	X						0	0	0
WAYNE SOZA DIRECTOR	1.00	X						0	0	0
JULIE SUMMERFORD-PEARSON DIRECTOR	1.00	X						0	0	0
BRAD TAYLOR DIRECTOR	1.00	X						0	0	0
MONICA VARGAS-MAHAR DIRECTOR	1.00	X						0	0	0
OMAR VILLA DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HECTOR VILLEGAS DIRECTOR	1.00	X						0	0	0
REBECCA WHITAKER GONZALES DIRECTOR	1.00	X						0	0	0
TROY WYATT DIRECTOR	1.00	X						0	0	0
ALEJANDRO YU DIRECTOR	1.00	X						0	0	0
DEBORAH A ZULOAGA PRESIDENT/CEO	47.00			X				111,113	0	0
NINA SIROS VICE PRESIDENT	45.00			X				74,166	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY

Employer identification number
74-1291051

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,836,138	3,647,182	3,801,049	4,216,506	10,013,211	25,514,086
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	3,836,138	3,647,182	3,801,049	4,216,506	10,013,211	25,514,086
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) . .						
6 **Public support.** Subtract line 5 from line 4.						25,514,086

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	3,836,138	3,647,182	3,801,049	4,216,506	10,013,211	25,514,086
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	6,286	7,164	9,876	12,194	4,119	39,639
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	129,837	127,122	125,098	149,110	216,415	747,582
11 **Total support.** Add lines 7 through 10						26,301,307

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	97.010 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	96.740 %

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

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

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

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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 line 10b below.*	10a		
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).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 line 2a 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 lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" 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**		

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):	1		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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)

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

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

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

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY

Employer identification number
74-1291051

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
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 ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

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:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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				
b Buildings				
c Leasehold improvements				
d Equipment	430,416		305,714	124,702
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				124,702

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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) ACCRUED COMPENSATED ABSENCES	51,705
(3) DESIGNATIONS PAYABLE	339,680
(4) ALLOCATIONS PAYABLE	263,334
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	654,719

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	9,816,059
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	9,816,059
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	417,686		
c	Add lines **4a** and **4b**			4c	417,686
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	10,233,745

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

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

1	Total expenses and losses per audited financial statements			1	4,809,493
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	4,809,493
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	417,686		
c	Add lines **4a** and **4b**			4c	417,686
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	5,227,179

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-1291051
Name: UNITED WAY OF EL PASO COUNTY

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 417,686.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 417,686.

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY

Employer identification number
74-1291051

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 37

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 37

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ALLOCATIONS ALLOCATIONS TO AGENCY PROGRAMS ARE ONE OF THE MEANS THROUGH WHICH THE UNITED WAY ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR THREE FOCUS AREAS, EDUCATION, BASIC NEEDS, AND INCOME. UNITED WAY RECOGNIZES THAT NONPROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN EL PASO COUNTY. AGENCIES RECEIVING PROGRAM FUNDING FROM UNITED WAY UNDERGO STAFF AND VOLUNTEER SCREENING BEFORE BEING AWARDED FUNDING. THE APPLICATION PROCESS INCLUDES: -- EXPLANATION OF THE PROPOSED USE OF FUNDS AND MEASURABLE OUTCOMES TO SUPPORT SPECIFIC TARGETED COMMUNITY OUTCOMES --REVIEW OF AGENCIES FOR SOUND GOVERNANCE, AND OPERATIONAL AND FISCAL POLICIES --VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT --VERIFICATION OF CURRENT 501(C)3 STATUS FUNDED AGENCIES ARE REQUIRED TO PROVIDE UNITED WAY WITH PERIODIC REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED AND WHAT OUTCOMES HAVE BEEN ACHIEVED. DONOR DESIGNATED FUNDS - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS UNDERGO SCREENING TO VERIFY COMPLIANCE WITH PROVISIONS OF THE PATRIOT ACT AND CURRENT STATUS AS A 501(C)3 NONPROFIT ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 74-1291051
Name: UNITED WAY OF EL PASO COUNTY

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

(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
ADVOCACY CENTER FOR CHILDREN OF EL PASO 1100 E CLIFF DR BLDG D EL PASO, TX 79902	74-2741621	501(C)(3)	9,363				PROGRAM SERVICES
AMERICAN RED CROSS EL PASO CHAPTER PO BOX 972236 EL PASO, TX 79997	53-0196605	501(C)(3)	46,027				DISASTER SERVICES

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

(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
BIG BROTHERS BIG SISTERS OF EL PASO 1801 WYOMING SUITE 101 EL PASO, TX 79902	74-1970973	501(C)(3)	25,352				MENTORING AT RISK YOUTH
BOY SCOUTS OF AMERICA YUCCA COUNCIL 7601 LOCKEED EL PASO, TX 79925	74-1109834	501(C)(3)	43,365				EXPLORING AND UNIDOS PROPERAMOS

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

(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
BOYS & GIRLS CLUBS OF EL PASO 801 S FLORENCE EL PASO, TX 79901	74-1145974	501(C)(3)	31,609				PROJECT LEARN
EL PASO COMMUNITY FOUNDATION 333 N OREGON ST EL PASO, TX 79901	74-1204335	501(C)(3)	25,000				GET SHIFT DONE

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

(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
COURT APPOINTED SPECIAL ADVOCATES 221 N KANSAS ST SUITE 1501 EL PASO, TX 79901	74-1950407	501(C)(3)	44,860				COURT APPOINTED SPECIAL ADVOCATES
CATHOLIC COUNSELING SERVICES 499 SAINT MATHEWS ST EL PASO, TX 79907	74-1109833	501(C)(3)	43,605				COUNSELING

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

(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
CENTER AGAINST SEXUAL AND FAMILY VIOLENCE 580 GILES RD EL PASO, TX 79915	74-1945924	501(C)(3)	59,069				EMERGENCY SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE & SEXUAL ASSAULT
CHILD CRISIS CENTER OF EL PASO 2100 N STEVENS EL PASO, TX 79930	74-2055761	501(C)(3)	45,415				EMERGENCY SHELTER, CRISIS NURSERY

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

(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
DIOCESAN MIGRANT & REFUGEE SERVICES INC 2400 E YANDELL EL PASO, TX 79903	74-2723627	501(C)(3)	55,393				CRIME VICTIMS UNIT
EL PASO CENTER FOR CHILDREN 2200 N STEVENS EL PASO, TX 79930	74-1695944	501(C)(3)	50,945				RUNAWAY SHELTER

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

(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
EL PASO CHILD GUIDANCE CENTER 2701 E YANDELL EL PASO, TX 79903	74-1043335	501(C)(3)	66,281				MENTAL HEALTH INTERVENTION FOR ABUSED CHILDREN
CREATIVE KIDS 504 SAN FRANCISCO AVE EL PASO, TX 79901	74-2910251	501(C)(3)	22,500				PROJECT AIM

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

(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
EL PASO VILLA MARIA INC 920 S OREGON EL PASO, TX 79901	74-0621343	501(C)(3)	25,321				TRANSITIONAL LIVING.
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIR EL PASO, TX 79927	45-2893839	501(C)(3)	95,778				MOBILE FOOD BANK

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

(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
FAMILY SERVICES OF EL PASO 6040 SURETY DR EL PASO, TX 79905	74-1152612	501(C)(3)	52,113				HEALTHY LIVING COUNSELING PROGRAM
GIRL SCOUTS OF THE DESERT SOUTHWEST 9700 GIRL SCOUT WAY EL PASO, TX 79924	74-1189693	501(C)(3)	18,861				LEADERSHIP DEVELOPMENT EXPERIENCE

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

(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
KELLY MEMORIAL FOOD PANTRY 801 N MESA EL PASO, TX 79902	27-4507018	501(C)(3)	7,600				FOOD PANTRY
JUNIOR ACHIEVEMENT 150 S ALTO MESA SUITE D EL PASO, TX 79912	74-1565161	501(C)(3)	21,253				HIGH SCHOOL HERO'S

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

(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
KIDS EXCEL OF EL PASO 1120A TEXAS AVE EL PASO, TX 79901	20-1783383	501(C)(3)	24,750				ARTS EDUCATION OUTREACH
FAB LAB 601 N OREGON STE2 EL PASO, TX 79901	46-3572259	501(C)(3)	18,000				MOBILE MAKERSPACE

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

(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
OPPORTUNITY CENTER FOR THE HOMELESS PO BOX 63 EL PASO, TX 79941	74-2634199	501(C)(3)	50,745				WILLIE SANCHEZ ROSALES FAMILY CENTER
PASO DEL NORTE CHILDREN'S DEVELOPMENT CENTER 1101 E SCHUSTER EL PASO, TX 79902	74-1312313	501(C)(3)	25,262				EL PAPALOTE INCLUSIVE CHILD DEVELOPMENT

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

(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
PROJECT VIDA 3607 RIVERA AVE EL PASO, TX 79905	74-2481679	501(C)(3)	117,051				ROOTS & WINGS HOMELESS PREVENTION AND RECOVERY, EARLY CHILDHOOD DEVELOPMENT, AFTER-SCHOOL ENRICHMENT PROGRAM, MICROENTERPRISE TECHNICAL ASSISTANCE PROGRAM
REYNOLDS HOUSE NON-PROFIT CORPORATION 8023 SAN JOSE EL PASO, TX 79915	74-2649847	501(C)(3)	32,703				BEYOND SHELTERS MOVING FORWARD

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

(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
THE SALVATION ARMY PO BOX 10756 EL PASO, TX 79905	86-0096791	501(C)(3)	33,146				RED SHIELD FAMILY CENTER
VETERANS NON PROFIT 4317 DYER STREET EL PASO, TX 79930	47-3361628	501(C)(3)	15,000				THANKSGIVING DINNERS FOR VETERANS

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

(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
YWCA EL PASO DEL NORTE REGION 201 E MAINSUITE 400 EL PASO, TX 79901	74-1109650	501(C)(3)	85,408				DOMESTIC VIOLENCE SUPPORTIVE SERVICES, AFTER SCHOOL PROGRAM, LIFT (LEARN INVEST FOCUS TRAIN)
COMMUNITY HEALTH CHARITIES OF TEXAS 16414 N SAN PEDRO STE 940 SAN ANTONIO, TX 78232	75-0954584	501(C)(3)	14,357				DESIGNATION

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

(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
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939	94-3067804	501(C)(3)	13,836				DESIGNATION
LOCAL INDEPENDENT CHARITIES OF TEXAS 13740 RESEARCH BLVD R-4 AUSTIN, TX 78750	94-3219813	501(C)(3)	8,779				DESIGNATION.

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

(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
AMERICA'S CHARITIES 14150 NEWBROOK DR SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	11,075				DESIGNATION
EL PASO CHILDRENS HOSPITAL FOUNDATION 1400 HARDWAY SUITE 220 EL PASO, TX 79903	81-2298318	501(C)(3)	6,265				DESIGNATION

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

(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
TEXAS TECH FOUNDATION INC 1508 KNOXVILLE AVE LUBBOCK, TX 79409	75-6043842	501(C)(3)	7,396				DESIGNATIONS
EARTHSHARE OF TEXAS 707 WEST AVENUE SUITE 203 AUSTIN, TX 78701	74-2627643	501(C)(3)	5,287				DESIGNATIONS

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

(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
SOCIETY OF ST VINCENT DE PAUL 2104 NORTH PIEDRAS STREET EL PASO, TX 79930	91-1789800	501(C)(3)	5,896				PROGRAM SERVICES

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY

Employer identification number
74-1291051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EACH CONTRIBUTOR TO THE UNITED WAY IS AN INDIVIDUAL MEMBER OF THE CORPORATION FOR THE YEAR FOR WHICH CONTRIBUTION WAS GIVEN AND SHALL BE ENTITLED TO ATTEND AND VOTE AT ALL MEMBERSH IP MEETINGS DURING THAT PERIOD. EACH MEMBER SHALL BE ENTITILED TO ONE VOTE AT SUCH MEETING S.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER SHALL BE ENTITILED TO ONE VOTE AT MEMBERSHIP MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. AFTER APPROVAL BY THE FINANCE CO MMITTEE, THE 990 IS THEN RATIFIED BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MANAGEMENT REVIEWS THE ANNUAL CONFLICT OF INTEREST STATEMENTS PROVIDED BY THE GOVERNING BO ARD. IT ALSO REVIEWS THE DISBURSEMENT TRANSACTIONS THROUGHOUT THE YEAR TO IDENTIFY ANY CON FLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION AMOUNT OF THE OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION WILL MAIL ITS FORMS 1023 AND 990 UPON REQUEST. THE AUDITED FINANCIAL STAT EMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL MAIL ITS FORMS 1023 AND 990 UPON REQUEST. THE AUDITED FINANCIAL STAT EMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990 THE ALLOCATIONS REPORTED ON T HIS 990 ARE RECORDED ON THE ACCRUAL BASIS AND ARE TO BE PAID OUT OVER TWELVE MONTHS. THE D ESIGNATIONS REPORTED ON THIS 990 ARE RECORDED ON THE ACCRUAL BASIS AND REPRESENT THE DESIG NATIONS TO BE PAID OUT OVER THE SAME TWELVE MONTH PERIOD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER: PROGRAM SERVICE EXPENSES 967,371. MANAGEMENT AND GENERAL EXPENSES 16,761. FUNDRAISI NG EXPENSES 17,246. TOTAL EXPENSES 1,001,378. MEMBERSHIP DUES: PROGRAM SERVICE EXPENSES 50 ,026. MANAGEMENT AND GENERAL EXPENSES 7,388. FUNDRAISING EXPENSES 5,255. TOTAL EXPENSES 62 ,669.