	0	00	Return of Organization Exempt F	From li	ncome Tax	OMB No. 1545-0047
Forr	m 99	<b>9</b> 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	-		<sup>is)</sup> 2020
Dena	ortment of	f the Treasury	<ul> <li>Do not enter social security numbers on this form a</li> <li>Go to www.irs.gov/Form990 for instructions and</li> </ul>	Open to Public		
Interr	nal Reven	Inspection				
<u>A</u> F	or the			ending M	AR 31, 2021	
	Check if applicable	e: C Name of	forganization		D Employer identifie	cation number
	Addres	UNIT	ED WAY OF THE CONCHO VALLEY, INC.			
	Name Change	e Doing bi	usiness as		75-08596	62
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/		TURNER		(325) 94	9-3716
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,391,594.
	Amend	SAN	ANGELO, TX 76903		H(a) Is this a group re	
	Applica tion pendin	F Name a	nd address of principal officer: ASHLEY AMMONS		for subordinates	? Yes 🔀 No
		SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:		or 527		list. See instructions
			UWCONCHOVALLEY.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1963 N	State of legal domicile: TX
Pa		Summary				
é		Briefly describ	the organization's mission or most significant activities: TO IN	NCREAS	E THE ORGAN	
anc			Y OF PEOPLE TO CARE FOR ONE ANOTHE			
Governance	2		x  if the organization discontinued its operations or dispos			ets. 22
Š	3					22
ళ			lependent voting members of the governing body (Part VI, line 1b)			6
ties			of individuals employed in calendar year 2020 (Part V, line 2a)			300
Activities			of volunteers (estimate if necessary)			0.
Ac			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		939,221.	1,023,017.
Revenue	9		ce revenue (Part VIII, line 2g)		91.	2,070.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		98,084.	333,024.
ž	11 (		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	28,256.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,037,396.	1,386,367.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		701,968.	676,651.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)		0.	0.
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)		293,646.	217,121.
nse	16a I	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	b	Total fundraisi	ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 127, 55	56.		
Ш		-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		130,746.	280,187.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,126,360.	1,173,959.
		Revenue less	expenses. Subtract line 18 from line 12		-88,964.	212,408.
ssets or				Be	ginning of Current Year	End of Year
sset	20	Total assets (F		······	3,304,691.	3,837,657.
et As nd Bå	-		(Part X, line 26)		83,395.	70,241.
			fund balances. Subtract line 21 from line 20		3,221,296.	3,767,416.
	art II					Innertical and the Port 2025
			I declare that I have examined this return, including accompanying schedules			knowledge and bellet, it is
u ue,	, correct	a, and complete.	. Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge.	

Sign Here	Signature of officer         ASHLEY AMMONS, PRES/CEO         Type or print name and title	Date								
	Print/Type preparer's name Preparer's signature Date	Check PTIN								
Paid	JEFFREY BOZEMAN, CPA JEFFREY BOZEMAN, CPA	self-employed P00183885								
Preparer	Firm's name 🕨 OLIVER, RAINEY, & WOJTEK LLP	Firm's EIN 🕨 75-2138464								
Use Only	Firm's address 2909 SHERWOOD WAY, SUITE 300									
	SAN ANGELO, TX 76901 Phone no. 325-942-6713									
May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)										

	990 (2020) UNITED WAY OF THE CONCHO VALLEY, INC. 75-0859662 Page 2 t III Statement of Program Service Accomplishments
Par	
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
	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. (Code:) (Expenses \$946,641. including grants of \$676,651. ) (Revenue \$2,070.
4a	(Code:) (Expenses \$946,641. including grants of \$676,651. ) (Revenue \$2,070. THE UNITED WAY OF THE CONCHO VALLEY, INC. ADVANCES THE COMMON GOOD,
	CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL, BY FOCUSING ON THE
	THREE KEY BUILDING BLOCKS OF EDUCATION, INCOME AND HEALTH. THE UNITED
	WAY MOVEMENT CREATES LONG LASTING COMMUNITY CHANGE BY ADDRESSING THE
	UNDERLYING CAUSES OF PROBLEMS THAT PREVENT PROGRESS IN THESE AREAS.
	LIVE UNITED IS A CALL TO ACTION FOR EVERYONE TO BECOME A PART OF THE
	CHANGE. ADDITIONALLY, THE UNITED WAY OF THE CONCHO VALLEY, INC. HAS
	ALLOCATED FUNDS TO LOCAL ORGANIZATIONS THAT SUPPORT OUR MISSION IN THE
	AREAS OF EDUCATION, INCOME AND HEALTH.
	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
10	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 946,641.
	Form <b>990</b> (202
032002	2 12-23-20
	2

Form 990 (2					THE	CONCHO	VALLEY,	INC.
Part IV	Checklist of R	equired Sc	hedule	es				

			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
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	х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	X	<u> </u>
)32003	12-23-20	Form	<b>AAO</b> (	(2020)

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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
L	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		x
<b>00</b>	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
032004	12-23-20			(2020)
	4			, -= <b>-</b> )

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Form	990 (2020) UNITED WAY OF THE CONCHO VALLEY, INC. 75-0859	662	P	age <b>5</b>				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	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:							
	Initiation fees and capital contributions included on Part VIII, line 12							
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 L	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120						
		12a						
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	15a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
U	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a		14a		x				
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
.5	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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UNITED WAY OF THE CONCHO VALLEY, INC.

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

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

				0.01		Yes	No		
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		22					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		22					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervisior	n					
	of officers, directors, trustees, or key employees to a management company or other person?				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?				7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?	,	0-		8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				5				
	tion 21 Choices (This Section B requests information about policies not required by the internal Re	<u>veriue (</u>	<i>JOUE.)</i>			Yes	No		
10-	Did the organization have local chapters, branches, or affiliates?			1	10a	163	X		
	Did the organization have local chapters, branches, or affiliates?				10a		- 23		
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the fo	2 mrc	11a	~			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y	/es," de	scribe						
	in Schedule O how this was done			1	12c	X			
13	Did the organization have a written whistleblower policy?				13	X			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ind	ependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	Х			
	Other officers or key employees of the organization				15b	Х			
	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 arrangen	nent wit	th a						
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its pa	rticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	s						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990- <sup>-</sup>	T (Section 5	501(c)(3)s	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.		,	( )( )	,,				
	Own website Another's website X Upon request Other (explain	n on Sch	nedule ())						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			licy, and	financ	cial			
	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 boo	nke and	recorde						
20	ASHLEY AMMONS - 325-949-3716								
	955 TURNER, SAN ANGELO, TX 76903								
						990			

Form 990 (2020)	UNITED WAY				75-0859662	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employe	Employees, and Independent Contractors									
Check if Scl	nedule O contains a response o	or note to any line in t	nis Part VII							
Section A. Officers, D	irectors, Trustees, Key Empl	oyees, and Highest (	Compensated Emp	loyees						
1a Complete this table	for all persons required to be lis	ted. Report compens	ation for the calend	lar year ending	with or within the organization's	s tax year.				
0	nization's <b>current</b> officers, dire (E), and (F) if no compensation	, , ,	er individuals or orç	ganizations), reg	ardless of amount of compens	ation.				
<ul> <li>List all of the orga</li> </ul>	nization's <b>current</b> key employe	es, if any. See instru	tions for definition o	of "key employe	e."					
• List the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or key employee) who received report- able 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.										
	nization's <b>former</b> officers, key on from the organization and any			nployees who re	eceived more than \$100,000 of					

• 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.

(10) FRED KEY         1.00         X         0.	(A) Name and title	(B) (C) Average hours per box, unless person in					than o s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
(1) ASHLEY AMMONS       40.00       x       85,978.       0.       4,249.         (2) GARRETT ACKER       1.00       x       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (3) BROKE DICKISON       1.00       x       x       0.       0.       0.       0.         (4) ROCHEL DITMORE       1.00       x       x       0.       0.       0.       0.         SECEFTARY       x       x       0.       0.       0.       0.       0.         (5) CARL DETHLOFF       1.00       x       x       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0		(list any hours for related organizations below						,	the organization	organizations	compensation from the organization and related
(2) GARRETT ACKER       1.00       x       x       x       0.       0.       0.         VICE CHAIR       1.00       x       x       0.       0.       0.       0.         DIRECTOR       1.00       x       x       0.       0.       0.       0.         SECRETARY       1.00       x       x       0.       0.       0.       0.         DIRECTOR       1.00       x       x       0.       0.       0.       0.         DIRECTOR       1.00       x       x       0.       0.       0.       0.         DIRECTOR       1.00       x       x       0.       0.       0.       0.         CAMPAIGN CHAIR       x       x       0.       0.       0.       0.       0.         (8) BILL HANCOCK       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (10) FRED KEY       1.00       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.		40.00							05 050		
VICE CHAIR         X         X         X         0.         0.         0.           013)         BROCKE DICKISON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           CAMPAIGN CHAIR         X         X         0.         0.         0.         0.         0.           (6) NICK GEORGE         1.00         X         X         0.		1 00			X				85,978.	0.	4,249.
(3) BROOKE DICKISON       1.00       X       0.       0.       0.         (4) ROCHEL DITMORE       1.00       X       X       0.       0.       0.         (5) CARL DETHLOFF       1.00       X       X       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (6) NICK GEORGE       1.00       X       X       0.       0.       0.       0.         CAMPAIGN CHAIR       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. </td <td>(-)</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td>	(-)	1.00								0	0
DIRECTOR         X         0. <t< td=""><td></td><td>1 00</td><td>х</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00	х		X				0.	0.	0.
(4) ROCHEL DITMORE       1.00       x       x       x       0.       0.       0.         SECRETARY       x       x       x       x       0.       0.       0.         (5) CARL DETHLOFF       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         CAMPAION CHAIR       x       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.		1.00	37							0	0
SECRETARY         X         X         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.		1 00	X						0.	0.	<u> </u>
(5) CARL DETHLOFF       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) NICK GEORGE       1.00       X       0.       0.       0.         CAMPAIGN CHAIR       X       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) BILL HANCOCK       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) NANCY HERNANDEZ       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) FRED KEY       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) SHERE HARDIN       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X </td <td></td> <td>1.00</td> <td>v</td> <td></td> <td>77</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td>		1.00	v		77					0	0
DIRECTOR         X         0. <t< td=""><td></td><td>1 00</td><td>Δ</td><td></td><td>A</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td><u> </u></td></t<>		1 00	Δ		A				0.	0.	<u> </u>
(6)         NICK GEORGE         1.00         X         X         X         0.		1.00	v						0	0	0
CAMPAIGN CHAIR         X         X         X         0.		1 00	Δ						0.	0.	0.
(7)       RAY GONZALEZ       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (8)       BILL HANCOCK       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (9)       NANCY HERNANDEZ       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (10)       FRED KEY       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (11)       SHEREE HARDIN       1.00       X       0. <td< td=""><td></td><td>1.00</td><td>v</td><td></td><td>v</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>		1.00	v		v				0	0	0
DIRECTOR         X         0.         0.         0.         0.           (8)         BILL HANCOCK         1.00         X         0.		1 00	Δ		Δ					0.	0.
(8) BILL HANCOCK       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) NANCY HERNANDEZ       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10) FRED KEY       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) SHEREE HARDIN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (12) DEREK MCINTYRE       1.00       X       0. <td< td=""><td></td><td>1.00</td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>		1.00	x						0	0	0
DIRECTOR         X         0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><b>U</b></td></t<>		1.00									<b>U</b>
(9) NANCY HERNANDEZ       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) FRED KEY       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) SHEREE HARDIN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) DEREK MCINTYRE       1.00       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) KAREN HUFFMAN       1.00       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) JOHN AUSTIN STOKES       1.00       X       0.       0.       0.       0.       0.       0.       0.         (15) JOE MUNOZ       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00	x						0.	0.	0.
DIRECTOR         X         0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1.00									
(10) FRED KEY       1.00       X       0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.         (11) SHEREE HARDIN       1.00       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.0.         (12) DEREK MCINTYRE       1.000       0.0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.0.         (13) KAREN HUFFMAN       1.000       0.0.0.0.0.       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.       0.0.0.0.0.         (14) JOHN AUSTIN STOKES       1.000       0.0.0.0.0.0.0.       0.0.0.0.0.0.         NOMINATION CHAIR       X       X       0.0.0.0.0.0.0.         URECTOR       X       0.0.0.0.0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			x						0.	0.	0.
DIRECTOR         X         0. <t< td=""><td>(10) FRED KEY</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(10) FRED KEY	1.00									
(11) SHEREE HARDIN       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (12) DEREK MCINTYRE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         0IRECTOR       X       0.       0.       0.       0.       0.       0.         0IRECTOR       X       0.       0.       0.       0.       0.       0.         0IRECTOR       X       X       0.       0.       0.       0.       0.         0IRECTOR       X       X       0.       0.       0.       0.       0.       0.         0IRECTOR       X       X       0.	DIRECTOR		x						0.	0.	0.
DIRECTOR         X         0. <t< td=""><td>(11) SHEREE HARDIN</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(11) SHEREE HARDIN	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		х						0.	0.	0.
(13) KAREN HUFFMAN       1.00       X       0.       0.       0.         DIRECTOR       X       1.00       X       0.       0.       0.         (14) JOHN AUSTIN STOKES       1.00       X       X       0.       0.       0.         NOMINATION CHAIR       X       X       0.       0.       0.       0.         (15) JOE MUNOZ       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) SHANE PLYMELL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) DAVID VIGNES       1.00       1.00       1.00       1.00       0.       0.       0.	(12) DEREK MCINTYRE	1.00									
DIRECTOR       X       0.       0.       0.       0.         (14) JOHN AUSTIN STOKES       1.00       X       X       0.       0.       0.         NOMINATION CHAIR       X       X       0.       0.       0.       0.         (15) JOE MUNOZ       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) SHANE PLYMELL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) DAVID VIGNES       1.00       1.00       1.0       1.0       1.00	DIRECTOR		х						0.	Ο.	0.
(14) JOHN AUSTIN STOKES       1.00       X       X       0.       0.       0.         NOMINATION CHAIR       X       X       0.       0.       0.       0.         (15) JOE MUNOZ       1.00       X       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) SHANE PLYMELL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) DAVID VIGNES       1.00       1.	(13) KAREN HUFFMAN	1.00									
NOMINATION CHAIR         X         X         X         0.	DIRECTOR		Х						0.	Ο.	0.
(15) JOE MUNOZ       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (16) SHANE PLYMELL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) DAVID VIGNES       1.00	(14) JOHN AUSTIN STOKES	1.00									
DIRECTORX0.0.0.(16) SHANE PLYMELL1.00X0.0.0.DIRECTORX0.0.0.0.(17) DAVID VIGNES1.000000.	NOMINATION CHAIR		Х		Х				0.	0.	0.
(16) SHANE PLYMELL         1.00         X         0. <td>(15) JOE MUNOZ</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(15) JOE MUNOZ	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(17) DAVID VIGNES 1.00	(16) SHANE PLYMELL	1.00									
			Х						0.	0.	0.
DIRECTOR $ X    0. 0. 0. 0. $	(17) DAVID VIGNES	1.00									
	DIRECTOR		Х						0.	0.	0 • Form <b>990</b> (2020)

032007 12-23-20

Form **990** (2020)

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Form	990 (2020) UNITED WA	Y OF TH	ΙE	CC	NC	HC	v v	AI	LEY, INC.	75-085	96	62	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average					<b>C)</b> itior	า		<b>(D)</b> Reportable	(E) Reportable		Fs	(F) timat	ed
		hours per					than d is both		compensation	compensation			nount	
		week		cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)			om th aniza	
		organizations	ruste	al trus		/ee	mpen		(00-2/1099-00130)			•	d relat	
		below	ndividual trustee or director	nstitutional trustee	5	ƙey employee	est co oyee	er					anizat	
		line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
(18)	ERIK SOSOLIK	1.00												
	SURER	1 0 0	Х		X				0.	0	•			0.
	MONTY STANLEY	1.00												•
	UNITY IMPACT CHAIR	1 00	Х				_		0.	0	•			0.
	LARRY JUSTISS	1.00	v		v				0					0
	D CHAIRMAN RON LEWIS	1.00	Х		X		-		0.	0	•			0.
(ZI) DIRE		1.00	x						0.	О				0.
	JOSEPH THOMAS	1.00	^				-		0.	0	•			0.
DIRE		1.00	x						0.	0				0.
	DIANNA SPIEKER	1.00	- 23							0	-			<u> </u>
DIRE			х						0.	0				0.
											+			
			1											
	Subtotal								85,978.	0	_		4,2	49.
С	Total from continuation sheets to Part VI	, Section A							0.	0				0.
d	Total (add lines 1b and 1c)								85,978.	0	•		4,2	49.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	000 of reportable				•
	compensation from the organization												<b>X</b>	0
-													Yes	No
3	Did the organization list any <b>former</b> officer,	-			•	-		Ŭ				•		x
4	line 1a? If "Yes," complete Schedule J for su											3		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		x
5	Did any person listed on line 1a receive or a	,									• –	4		
Ŭ	rendered to the organization? If "Yes," com											5		x
Sec	tion B. Independent Contractors		201	0/ 31		00/3						-		
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than §	100,000 of compen	satio	on fro	om	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)		_	(C		
	Name and business	address	N	ONE	3				Description of s	services	Cor	nper	nsatic	n
								_						
_														
2	Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)							
											Fo	orm	990	(2020)

032008 12-23-20

	<u>1990</u> rt VI	UNITED WAY OF THE CON	CHO VALLEY,	, INC.	75-0859	662 Page 9
Iu		Check if Schedule O contains a response or note to any lir	e in this Part VIII			
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns <b>1a</b> 863,783.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b				
s, G Ame	с	Fundraising events 1c				
Gift lar		Related organizations 1d	-			
ns, ( Simi		Government grants (contributions) 1e 18,613.	4			
utio er S	f	All other contributions, gifts, grants, and				
Oth		similar amounts not included above If 140,621.	-			
ont	-	Noncash contributions included in lines 1a-1f	1,023,017.			
0 0		Business Code	1,025,017.			
e)	2 a	FEES & CONTRACTS FROM 900099	2,070.	2,070.		
vice	b					
Ser	c					
am eve	d					
Program Service Revenue	е					
Pr	f	All other program service revenue				
	g		2,070.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	38,547.			38,547.
	4	Income from investment of tax-exempt bond proceeds	30,547.			30,547.
	5	Royalties (i) Real (ii) Personal				
	6 a		1			
	b		1			
	c					
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory <b>7a 294</b> , <b>477</b> .				
	b	Less: cost or other basis				
venue		and sales expenses 7b 0.	4			
		Gain or (loss)				204 477
Other Re		Net gain or (loss)	294,477.			294,477.
the	8 a	Gross income from fundraising events (not including \$ of				
0		contributions reported on line 1c). See				
		Part IV, line 18				
	b		1			
	с		28,256.			28,256.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a	-			
	b	· · · · · · · · · · · · · · · · · · ·				
	С					
	10 a	Gross sales of inventory, less returns				
		and allowances 10a	-			
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory				
	С	Business Code				
sno	11 a					
ellaneo evenue	b					
ella evei	c					
Miscellaneous Revenue	d	All other revenue				
2	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	1,386,367.	2,070.	0.	
03200	9 12-23	-20	_			Form <b>990</b> (2020)

032010 12-23-20

#### Form 990 (2020) UNITED WAY OF THE CONCHO VALLEY, INC. Part IX Statement of Functional Expenses

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X

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

Doi	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	676,651.	676,651.		
•	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	070,051.	070,031.		
2					
2	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	90,227.	51,398.	5,356.	33,473.
6	Compensation not included above to disgualified	/			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	111,861.	63,410.	6,536.	41,915.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,033.	8,536.	864.	5,633.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	45,481.		45,481.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,768.		7,768.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4,244.	2,108.	710.	1,426.
13	Office expenses	4,244.	2,100.	/10•	1,420•
14 15	Information technology Royalties				
16	Occupancy	10,263.	4,910.	1,791.	3,562.
17	Travel	1,344.	178.	54.	1,112.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,905.	767.	463.	675.
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,635.	1,348.	1,445.	6,842.
23	Insurance	10,083.	4,055.	3,107.	2,921.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	GRANT EXPENSE	87,446.	87,446.		
b	EQUIPMENT MAINTENANCE	42,118.	16,483.	7,916.	17,719.
С	GIFT CARD EXPENSE	18,020.	18,020.	14 010	110
d	DUES AND SUBSCRIPTIONS	15,184.	155.	14,916.	113.
	All other expenses <u>SEE SCH O</u>	26,696.	11,176.	3,355.	12,165.
25	Total functional expenses. Add lines 1 through 24e	1,173,959.	946,641.	99,762.	127,556.
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)				- 000 ()

Form 990 (2020)

2020.04020 UNITED WAY OF THE CONCHO 02653.01

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07570924 134670 02653.0

32

33

3,221,296.

3,304,691.

32

33

#### 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 2,667. 6,437. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other \_\_\_\_\_<u>10</u>a 327<u>,827</u>. basis. Complete Part VI of Schedule D 273,035. 48,127. 54,792. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 2,390,798. 2,935,244. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 31,729. 31,852. 15 Other assets. See Part IV, line 11 15 3,304,691. 3,837,657. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 15,973. 12,949. Accounts payable and accrued expenses 17 17 11,390. 18 811. 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 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 56,032. 56,481. 25 of Schedule D 83,395. 70,241. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,856,544. 2,277,364. 27 27 Net assets without donor restrictions Net assets with donor restrictions 943,932. 910,872. 28 28 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 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

UNITED WAY OF THE CONCHO VALLEY, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Total net assets or fund balances

Total liabilities and net assets/fund balances

75-0859662 Page 11

1

2

3

4

(B) End of year

475,292.

337,810.

3,767,416.

3,837,657.

Form 990 (2020)

(A) Beginning of year

398,842.

428,758.

Form	990	(2020

1

2

3

4

Part X Balance Sheet

Form	1990 (2020) UNITED WAY OF THE CONCHO VALLEY, INC.	75-08	59662	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,386		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,173		
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,221		
5	Net unrealized gains (losses) on investments	5	333	3,71	12.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,767	/,4:	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L
				000	

Form **990** (2020)

(Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047
2020
Open to Public

Department of the Treasury Internal Revenue Service			► Go to www.irs.gov		Open to Public Inspection						
Name	e of the organizati	on						Employer	r identification number		
		UNIT	ED WAY OF	THE CONCHO VA	ALLEY	, INC.			5-0859662		
Par	tl Reason	for Public (	Charity Status.	(All organizations must c	omplete th	his part.) S	ee instruction	ıs.			
The o	rganization is not a	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2	A school des	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 orga	anization described in s	ection 170	)(b)(1)(A)(ii	ii).				
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and stat	e:									
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [	X An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general j	public described in		
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)								
8	A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
	university:										
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from		
	activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
	income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.		
	See section	509(a)(2). (Co	mplete Part III.)								
11	An organizati	on organized a	and operated exclusion	ively to test for public sa	fety. See	section 50	09(a)(4).				
12	An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or		
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in		
	lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а				supervised, or controlled							
				gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.							
b			-	d or controlled in connect			•		-		
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
			t complete Part IV,								
С		-	• •	g organization operated				lly integrate	ed with,		
		0		s). You must complete I							
d		-		porting organization oper				-			
				zation generally must sat				d an attentiv	veness		
				mplete Part IV, Sections							
е		•		written determination fro			Type I, Type	II, Type III			
				nally integrated supporti							
	Enter the number		•								
g	(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	organization			(described on lines 1-10	Yes	ing document? No	support (see i	-	support (see instructions)		
				above (see instructions))							

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

### Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE CONCHO VALLEY, INC. 75-0859662 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

26	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1104669.	1036144.	895,627.	939,221.	1023017.	4998678.			
2	Tax revenues levied for the organ-									
	ization'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	1104669.	1036144.	895,627.	939,221.	1023017.	4998678.			
	Total. Add lines 1 through 3	1104009.	1030144.	095,027.	939,221.	1023017.	4990070.			
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,									
	, ,						535,638.			
6	Public support. Subtract line 5 from line 4.						4463040.			
	ction B. Total Support						11000100			
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	1104669.	1036144.	895,627.	939,221.	1023017.	4998678.			
	Gross income from interest,			-						
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	69,291.	63,826.	55,313.	71,011.	38,547.	297,988.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						5296666.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5/	01(c)(3)				
-	organization, check this box and stor						►			
	ction C. Computation of Publi						04.00			
	Public support percentage for 2020 (I		-			14	84.26 %			
	Public support percentage from 2019					15	87.35 %			
16a	<b>33 1/3% support test - 2020.</b> If the o						► V			
L	stop here. The organization qualifies		-			ar mara abaali thi				
Ľ	<b>33 1/3% support test - 2019.</b> If the c									
174	and stop here. The organization qual 10% -facts-and-circumstances test									
1/2	and if the organization meets the fact	0					-			
	meets the facts-and-circumstances te			-		-	•			
ŀ	10% -facts-and-circumstances test	•	•		•	7a and line 15 is 1				
L.	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	-		-		• •		· ►			
	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 Schedule A (Form 990 or 990-EZ) 2020									

032022 01-25-21

#### Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE CONCHO VALLEY, INC. 75 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus						
4 Tax revenues levied for the organ- ization'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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publ	c Support Per	centage				
15 Public support percentage for 2020 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by l	ine 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					33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box a						►
b 33 1/3% support tests - 2019. If the						%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						►
032023 01-25-21						990 or 990-EZ) 2020
		15	5			-

Schedule A	(Form 990 or 990-EZ) 2020	UNITED	WAY	OF	THE	CONCHO	VALLEY,	INC.	75-0859662	Page 4
Part IV	Supporting Organiz	ations								

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

### Section A. All Supporting Organizations

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

032024 01-25-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

Schedule A (Form 990 or 990-EZ) 2020

10b

07570924 134670 02653.0

### Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE CONCHO VALLEY, INC. 75-0859662 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	L
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.
Section C. Type II Supporting Organizations

 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
 Image: Control organization or management of the support of the suport of the support of the supp

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).
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below

The experimentian is the revent of each of its even stad even instance.

D	rne organiza	luon is the p	barent of each of	ns su	ipported organiza	ations.	Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you su	pported a governmental entity (see instruction <u>s).</u>
--	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*
- **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.** 

**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.* 

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Schedule A (Form 990 or 990-EZ) 2020

No

Yes

2a

2b

3a

3b

2

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	dule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE CONCHO			75-0859662 Page 6
Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

### Schedule A (Form 990 or 990 EZ) 2020 UNITED WAY OF THE CONCHO VALLEY, INC. 75-0859662 Page 7

Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	1		
	(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	[	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e			_	
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-E	EZ) 2020	UNIT	ED W	AY O	F THE	CONCHO	VALLE	Y, IN	īC.	75-0859662	Page 8
Part VI	Supplementa	l Inforr	nation.	Provide	the ex	planations	required by F	Part II, line 10	); Part II, I	ine 17a or	17b; Part III, line 12;	
	Part IV, Section A	, lines 1,	2, 3b, 3c	, 4b, 4c,	5a, 6, 9	9a, 9b, 9c,	11a, 11b, and	d 11c; Part I\	V, Section	B, lines 1	and 2; Part IV, Section , Section B, line 1e; Pa	n C, art V
	Section D, lines 5	, 6, and 8	B; and Pai	rt V, Sec	tion E, I	lines 2, 5,	and 6. Also co	omplete this	part for a	ny additior	nal information.	art v,
	(See instructions.)	)										
032028 01-25-2	:1									Schedul	e A (Form 990 or 990	-EZ) 2020
							20					

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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Employer identification number

······							
	UNITED WAY OF THE CONCHO VALLEY, INC.	75-0859662					
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.					
General Rule							
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu						
Special Rules							
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp )(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 14 putor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the ar hEZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from					
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ring the year, total contributions of more than \$1,000 exclusively for religious, charitable cational purposes, or for the prevention of cruelty to children or animals. Complete Parts n (b) instead of the contributor name and address), II, and III.	, scientific,					

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Employer identification number

75-0859662

### UNITED WAY OF THE CONCHO VALLEY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    1</u>		\$97,544.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$42,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>27,079.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_		\$41,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>61,057.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>23,076.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

75-0859662

### UNITED WAY OF THE CONCHO VALLEY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$49,344.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$23,024.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$40,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   10                                 </u>		\$33,042.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u></u>		\$ <u>88,075.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   12                                 </u>		\$31,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.04020 UNITED WAY OF THE CONCHO 02653.01

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Employer identification number

### UNITED WAY OF THE CONCHO VALLEY, INC.

75-0859662 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 13 X Person Payroll 21,591. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 X Person Payroll 22,180. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

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Page 3

Employer identification number

75-0859662

### UNITED WAY OF THE CONCHO VALLEY, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part	II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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### 07570924 134670 02653.0

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
Name of or	ganization		Employer identification number
UNITEI	WAY OF THE CONCHO VALI	LEY, INC.	75-0859662
Part III		ions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)  \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd <b>7IP</b> + 4	Relationship of transferor to transferee
F			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
F		(a) Transfer of si	
		(e) Transfer of gi	int int
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee
		[	
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>- 1 di t 1</u>			
		(e) Transfer of gi	ift
	Transferee's name, address, a	ad <b>7</b> ID + 4	Relationship of transferor to transferee
F	Transferee's name, address, ai		
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F			
		(e) Transfer of gi	íft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
023454 11-25-	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SCHEDULE D	)
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Department of the Treasury

(Form 9	90)
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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.





Internal Revenue Service	
Name of the organizat	ion

UNITED WAY OF THE CONCHO VALLEY, INC.

Employer identification number 75-0859662

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fur	ds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(	<b>b)</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	-		
	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 a	dvisors in writing that grant funds car	n be used o	nly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purp	ose conferr	ing
De				
Par			90, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			prically important land area
	Protection of natural habitat	Preservatio	on of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the fo	orm of a co	
	day of the tax year.			Held at the End of the Tax Year
-				2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	r the organi	zation during the tax
4	year ► Number of states where property subject to conservation eas			
- 5	Does the organization have a written policy regarding the per		Lof	
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ				in outcomonie daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation eas	sements during the year
	► \$	·····g -· ····g - ····g - ····		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	i Art, Historical Treasures, or	Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	ent and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research	in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these	items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	ind balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e 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 tre		ncial gain, p	provide
	the following amounts required to be reported under FASB A	-		<b>N</b> A
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	5 TOR FORM 990.		Schedule D (Form 990) 2020
03205	12-01-20			

2	8				
-		-	-	-	

		WAY OF THE					59662	
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant us	e of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other	0.0				
с	Preservation for future generations						,	
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpose	in Part :	XIII	
5	During the year, did the organization solicit or	•		•				
Ū	to be sold to raise funds rather than to be ma		•				Yes	No No
Pa	t IV Escrow and Custodial Arrang					Part IV I <sup>i</sup>		
	reported an amount on Form 990, Par		to it the organization			r arcri, n	110 0, 01	
19	Is the organization an agent, trustee, custodia		any for contributions	or other assets no	t included			
Id							Yes	No
L	on Form 990, Part X?					∟	Jies	
a	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				A	
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo						Yes	
	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>	
Pa	<b>t V Endowment Funds.</b> Complete in	the organization and	swered "Yes" on Fo	rm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance	1,693,403.	2,203,834.	2,275,646	. 2,19	7,281.	1,	823,119.
b	b Contributions 100. 275. 228,270							
	Net investment earnings, gains, and losses	656,816.	-242,960.	46,037	. 22	3,828.		249,366.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	114,931.	267,471.	117,849	. 14	5,738.	:	103,474.
f	Administrative expenses							
g	End of year balance	2,235,388.	1,693,403.	2,203,834	. 2,27	5,646.	2,	197,281.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)	) held as:		,_ <u>`</u>	,i	
	Board designated or quasi-endowment		%					
	Permanent endowment	%						
		%						
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should							
2-	Are there endowment funds not in the posses		tion that are hold an	d administered for	the execution	ion		
38		ssion of the organiza	tion that are new an	ia administered for	the organizati	ion	[·	
	by:							Yes No X
	(i) Unrelated organizations						3a(i)	
_	(ii) Related organizations						3a(ii)	<u> </u>
	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Pa	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	X, line 10.			
	Description of property	(a) Cost or of	• • •		Accumulated	1	(d) Book	value
		basis (investm	,	· · ·	depreciation			
1a	Land			7,500.				,500.
b	Buildings		19	4,570.	167,06	1.	27	<u>,509.</u>
	Leasehold improvements							
d	Equipment			8,298.	74,71			8,582.
	Other		3	7,459.	31,25	8.	6	5,201.
	I. Add lines 1a through 1e. (Column (d) must ea			· · ·				,792.
		<u>,</u>		· · · · · · · · · · · · · · · · · · ·		chedule		990) 2020

Schedu	ıle D (Form 990) 2020	UNITED	WAY	OF THE	CONCHO	VALLEY,	INC.	75	-0859662	Page 3
Part	VII Investments -	Other Securi	ties.							
	Complete if the or	ganization answer	ed "Yes"	on Form 99	0, Part IV, line	11b. See Form	990, Part X,	line 12.		
(a) De	escription of security or cate	GOTY (including name o	of security)	<b>(b)</b> Bo	ook value	(c) Method	d of valuatio	n: Cost or end	-of-year market v	alue
(1) Fina	ancial derivatives									
(2) Clo	sely held equity interests									
(3) Oth										
	CERTIFICATES	GOF DEPOS	SIT	6	99,854.	END-OF	-YEAR	MARKET	VALUE	
(B)	INVESTMENTS				•					
	AREA FOUNDAT	ION		2,2	35,390.	END-OF	-YEAR	MARKET	VALUE	
(D)					•					
(E)										
(F)										
(G)										
(H)										
	Col. (b) must equal Form 99	0. Part X. col. (B) lir	ne 12.) 🕨	2,9	35,244.					
	VIII Investments -			_/-						
	Complete if the or	•		on Form 99	0 Part IV line	11c See Form	990 Part X	line 13		
	(a) Description o		04 100		ook value				-of-year market v	alue
(1)	()								, ,	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	Col. (b) must equal Form 99	0. Part X. col. (B) lir	ne 13.) 🕨							
Part										
	Complete if the or	ganization answer	ed "Yes"	on Form 99	0, Part IV, line	11d. See Form	990, Part X.	line 15.		
	·	0		Description					(b) Book va	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	<u> Column (b) must equal F</u>	orm 990 Part X o	ol (R) line	15)						
Part		es.	. <u>or. (D</u> / III.c	, 1 <b>0</b> ,j						
	Complete if the or	ganization answer	ed "Yes"	on Form 99	0, Part IV, line	11e or 11f. See	Form 990,	Part X, line 25.		
1.		Description of liabi			, ,		,	,	(b) Book va	alue
(1)	Federal income taxes		-							
(2)	ALLOCATIONS	& DESIGNA	TIONS	S PAYA	BLE				56	,481.
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	Column (b) must equal F	orm 990 Part X o	ol (R) line	25)					56	,481.
	bility for uncertain tax po		• • •	,						
	anization's liability for ur					-			-	

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 UNITED WAY OF THE CONCHO V	ALLEY,	INC.	75-0	0859662	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,939,	548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	333,712.			
b	Donated services and use of facilities		222,010.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e		,722.
3	Subtract line 2e from line 1			3	1,383,	826.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	7,768.			
b	Other (Describe in Part XIII.)		-5,227.			
с	Add lines 4a and 4b			4c		<u>,541.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,386,	. <u>367.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	1,393,	,428.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	222,010.			
b	Prior year adjustments	. 2b				
с	Other losses	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	222,	,010.
3	Subtract line 2e from line 1			3	1,171,	418.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,768.			
b	Other (Describe in Part XIII.)	4b	-5,227.			
с	Add lines 4a and 4b			4c		541.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,173,	,959.
Pa	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b a	and 2b; Part V, line 4	1; Part X	(, line 2; Part X	I,

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; Pa lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE MISSION OF THE UNITED WAY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

### FUNDRAISING EXPENSE

032054 12-01-20

-5,227.

-5,227.

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990	or For	m 99	0-EZ.			Open to Public	
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer id		
Name of the organization		WAY OF THE CONCHO	JALI	EY,	, INC.		75-0859	entification number 9662	
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not	
		ed funds through any of the following	g activ	ities. (	Check all that apply.				
a 📃 Mail solicitat	ions	e 🦲 Solicitat	ion of	non-g	overnment grants				
—	email solicitations				nment grants				
c Phone solici		g 🔄 Special	fundra	ising	events				
d In-person so		or oral agreement with any individual	(includ	ina of	ficers directors trus	tees	or		
		art VII) or entity in connection with pr				,	Ye	s 🗌 No	
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreer	ments under which th	าe fur	ndraiser is to b	e	
			(iii)	Did		(v)	Amount paid		
(i) Name and addres		(ii) Activity	(iii) fundr have ci	ustody	(iv) Gross receipts	tò (c	fundraiser	(vi) Amount paid to (or retained by)	
or entity (func	iraiser)		or con contribu	trol of utions?	from activity		ted in col. (i)	organization	
			Yes	No					
						<u> </u>			
						<u> </u>			
						<u> </u>			
Total									
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration	
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or :	990-E	Z. 9	3cheo	dule G (Form	990 or 990-EZ) 2020	

032081 11-25-20

 Schedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF THE CONCHO VALLEY, INC.
 75-0859662 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr			÷ :	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			POWER OF THE		NONE	(add col. (a) through
					(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	14,870.	18,613.		33,483
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	14,870.	18,613.		33,483
	4	Cash prizes				
S	5	Noncash prizes	414.			414
xpense	6	Rent/facility costs	3,389.			3,389
Direct Expenses	7	Food and beverages	1,424.			1,424.
	8 9	Entertainment				
	-	Other direct expenses Direct expense summary. Add lines 4 through		1	•	5,227.
	11	Net income summary. Subtract line 10 from I				28,256
0	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.		· · · ·	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
_						
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
03208	82 11	-25-20			Schedule G (Fe	DI

Sch	edule G (Form 990 or 990-EZ) 2020 UNITED WAY OF THE CONCHO VALLEY, INC. 75-0	859662	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Ра	<b>TT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
03208	83 11-25-20 Schedule G (Forr	n 990 or 990	)-EZ) 2020
	34		

Schedule G	(Form 990 or 990-EZ) Supplemental Info	UNITED N	VAY	OF	THE	CONCHO	VALLEY,	INC.	75-0859662	Page 4
Part IV	Supplemental Info	ormation (contin	nued)							
									Schedule G (Form 990 or	990-EZ
32084 04-01-2	20									

SCHEDULE I		irants and Oth					c	DMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2020	
Department of the Treasury	Comp		Attach to For				C	Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforr	nation.			Inspection
Name of the organization UNITED	WAY OF THE	CONCHO VALL	EY, INC.					tification number 5-0859662
Part I General Information on Gra	nts and Assistance							
1 Does the organization maintain record criteria used to award the grants or		-			-			Yes 🗌 No
2 Describe in Part IV the organization	's procedures for monite	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance	e to Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for a	iny
recipient that received more t	than \$5,000. Part II can		onal space is need	ed.	(f) Mathad of	1	1	
<b>1 (a)</b> Name and address of organizati or government	ion <b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant ssistance
BOYS AND GIRLS CLUB OF MENARD								
213 E SAN SABA AVE								
MENARD, TX 76859	26-3174725	501(C)(3)	29,902.	٥.	CASH		GENERAL SUPE	PORT
BOYS AND GIRLS CLUB OF SAN ANGE INC - P.O. BOX 107 - SAN ANGELO TX 76902		501(C)(3)	52,199.	0.	CASH		GENERAL SUPP	PORT
			,					
CHILDREN'S ADVOCACY CENTER OF T INC P.O. BOX 5195 - SAN ANGE TX 76902	'	501(C)(3)	79,545.	0.	CASH		GENERAL SUPP	PORT
CONCHO VALLEY REGIONAL FOOD BAN OF TX - 1313 HILL ST - SAN ANGE TX 76903		501(C)(3)	33,196.	0.	CASH		GENERAL SUPP	PORT
GALILEE COMMUNITY DEVELOPMENT 1404 S OAKES								
SAN ANGELO, TX 76903	75-2865891	501(C)(3)	24,440.	0.	CASH		GENERAL SUPE	PORT
GIRL SCOUTS OF CENTRAL TEXAS 3047 W AVE A								
SAN ANGELO, TX 76903	74-1109644	501(C)(3)	42,188.	0.	CASH		GENERAL SUPE	PORT
2 Enter total number of section 501(c			,			•	• •	15.
3 Enter total number of other organiz			·····	<u></u>	······			
LHA For Paperwork Reduction Act N	otice, see the Instruction	ons for Form 990.					Schedule I	(Form 990) 2020

### UNITED WAY OF THE CONCHO VALLEY, INC.

		CONCHO VALL					75-0859662 Pag
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CD FAMILY SHELTER > O BOX 5018							
SAN ANGELO, TX 76902	75-1584080	501(C)(3)	27,763.	0	CASH		GENERAL SUPPORT
	75 1504000	501(0)(5)	27,703.		enon		
DZONA COMMUNITY CENTER							
P.O. BOX 41							
DZONA, TX 76943	75-1897769	501(C)(3)	34,354.	0.	CASH		GENERAL SUPPORT
SAN ANGELO EARLY CHILDHOOD CENTER							
519 JULIAN ST							
SAN ANGELO, TX 76903	75-0968319	501(C)(3)	50,564.	0.	CASH		GENERAL SUPPORT
SONRISAS THERAPEUTIC RIDING, INC.							
PO BOX 1093		501 ( 2) ( 2)	00.673				
SAN ANGELO, TX 76903	75-2173731	501(C)(3)	29,673.	0.	CASH		GENERAL SUPPORT
TX SOUTHWEST COUNCIL - BSA							
104 W RIVER SRIVE							
SAN ANGELO, TX 76901	75-0800617	501(C)(3)	18,986.	0.	CASH		GENERAL SUPPORT
,							
VEST TEXAS COUNSELING & GUIDANCE							
CENTER - 242 N MAGDALEN ST - SAN							
NGELO, TX 76903	75-1561599	501(C)(3)	87,588.	0.	CASH		GENERAL SUPPORT
MCA OF SAN ANGELO, TEXAS							
53 SOUTH RANDOLPH							
AN ANGELO, TX 76903	75-0800698	501(C)(3)	65,847.	0.	CASH		GENERAL SUPPORT
LOUIDE AND DDUG ADUGD CONNET							
LCOHOL AND DRUG ABUSE COUNCIL							
33 HOUSTON HARTE EPWY	75-1609328	501(C)(3)	55,971.	•	CASH		GENERAL SUPPORT
SAN ANGELO, TX 76901	75-1003528	201(C)(2)	55,971.	0.	CASH		SENERAL SUPPORT
CONCHO VALLEY HOME FOR GIRLS							
PO BOX 3772							
SAN ANGELO, TX 76902	23-7102643	501(C)(3)	44,435.	0.	CASH		GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

75-0859662

Page **2** 

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



UNITED WAY OF THE CONCHO VALLEY, INC.

75-0859662

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE UNITED WAY OF THE CONCHO VALLEY'S MISSION IS TO INCREASE THE

ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER BY ATTRACTING AND

ENGAGING HUMAN, FINANCIAL AND CREATIVE RESOURCES. SERVING AS A CONVENER

AND CATALYST AROUND KEY COMMUNITY HEALTH AND HUMAN SERVICE ISSUES;

FOCUSING HUMAN AND FINANCIAL RESOURCES ON ACHIEVING VISIBLE, MEASURABLE

RESULTS AGAINST PRIORITIZED COMMUNITY NEEDS; ENCOURAGING EFFICIENT,

COLLABORATIVE PARTNERSHIPS AMONG HUMAN SERVICE PROVIDERS; AND

COMMUNICATING AND EDUCATING THE COMMUNITY ABOUT THE KEY ISSUES IN THE

REGION AND UNITED WAY'S IMPACT ON THEM. IT ADVANCES THE COMMON GOOD,

CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL, BY FOCUSING ON THE

THREE KEY BUILDING BLOCKS OF EDUCATION, INCOME AND HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD MEMBERS COLLECTIVELY VOTE TO GOVERN ACTIONS OF THE UNITED WAY OF THE CONCHO VALLEY.

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

FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE, THEN TO THE EXECUTIVE COMMITTEE, THEN TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

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

INDIVIDUALS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY

TO DISCLOSE POTENTIAL CONFLICTS. THE FORM IS REVIEWED AND ANY INDIVIDUALS

WITH CONFLICTS ARE REQUIRED TO RECUSE THEMSELVES FROM THE CONFLICT.

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

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Employer identification numb
UNITED WAY OF THE CONCHO VALLEY, INC.	75-0859662
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE BOARD	OF DIRECTORS AND
PERSONNEL COMMITTEE.	
COMPENSATION IS REVIEWED ANNUALLY BY THE PERSONNEL COMMI	TTEE AND EXECUTIVE
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FI	NANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
PRINTING & COPYING:	
PROGRAM SERVICE EXPENSES	5,471.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,359.
TOTAL EXPENSES	7,830.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,191.
TOTAL EXPENSES	6,191.
TELEPHONE & NETWORKS:	
PROGRAM SERVICE EXPENSES	2,929.
MANAGEMENT AND GENERAL EXPENSES	1,065.
FUNDRAISING EXPENSES	2,131.
TOTAL EXPENSES	6,125.
	Schedule O (Form 990 or 990-EZ) 20

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Schedule O (Form 990 or 990-EZ) 2020 Page 2									
Name of the organization	UNITED	WAY	OF	THE	CONCHO	VALLEY,	INC.	Employer identification number 75-0859662	

MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,568.
MANAGEMENT AND GENERAL EXPENSES	1,848.
FUNDRAISING EXPENSES	5.
TOTAL EXPENSES	3,421.
POSTAGE & SHIPPING:	
PROGRAM SERVICE EXPENSES	1,208.
MANAGEMENT AND GENERAL EXPENSES	442.
FUNDRAISING EXPENSES	1,479.
TOTAL EXPENSES	3,129.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	26,696.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

032212 11-20-20