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

Т

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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



| ΑΙ                      | For th               | e 2022 calendar year, or tax year beginning and  | ending        |                              |                               |
|-------------------------|----------------------|--|---------------|------------------------------|-------------------------------|
| B                       | Check if<br>applicat | le: C Name of organization   |               | D Employer identific         | cation number                 |
|                         | Addr                 | UNITED WAY OF ABILENE, INC   |               |                              |                               |
|                         | Name                 |  |               | 75-08087                     | 72                            |
|                         | Initial<br>returr    | Number and street (or P.O. box if mail is not delivered to street address)                                   | Room/suite    | E Telephone number           |                               |
|                         | Final<br>returr      | 240 CVDDECC  | 200           | 325-677-2                    | 1841                          |
|                         | termi<br>ated        | City or town, state or province, country, and ZIP or foreign postal code                                     |               | <b>G</b> Gross receipts \$   | 3,624,669.                    |
|                         | Amer                 | ABILENE, IX 79004-0002   |               | H(a) Is this a group re      |                               |
|                         | Appli<br>tion        | F Name and address of principal officer: DK CATILI ASILDI  |               | for subordinates             | ? Yes X No                    |
|                         | pend                 | SAME AS C ABOVE  |               | H(b) Are all subordinates in | cluded? Yes No                |
| <u> </u>                | Tax-e>               | xempt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) | or 527        | If "No," attach a            | list. See instructions        |
| _                       | Webs                 |  |               | H(c) Group exemption         |                               |
|                         |                      | f organization: X Corporation Trust Association Other  | <b>L</b> Year | of formation: 1956 N         | I State of legal domicile: TX |
| Pa                      | art I                | Summary  |               |                              |                               |
| ĕ                       | 1                    | Briefly describe the organization's mission or most significant activities:                                  |               |                              |                               |
| Activities & Governance |                      | EDUCATION, AND FINANCIAL STABILITY OF EVE  |               |                              |                               |
| ērn                     | 2                    | Check this box if the organization discontinued its operations or dispose                                    |               | 1.1                          | ets.<br>33                    |
| õ                       | 3                    |  |               |                              | 33                            |
| ۍ<br>ه                  | 4                    | Number of independent voting members of the governing body (Part VI, line 1b)                                |               |                              | <u>33</u> 17                  |
| ties                    | 5                    | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                                 |               | ·····                        | 1630                          |
| tivit                   | 6                    | Total number of volunteers (estimate if necessary)   |               |                              | 0.                            |
| Ac                      | / a                  | Total unrelated business revenue from Part VIII, column (C), line 12   |               |                              | 0.                            |
|                         |                      |  |               | Prior Year                   | Current Year                  |
|                         | 8                    | Contributions and grants (Part VIII, line 1h)  |               | 4,169,259.                   | 3,049,707.                    |
| Revenue                 | 9                    | Program service revenue (Part VIII, line 2g)   |               | 0.                           | 0.                            |
| svel<br>Svel            | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |               | 1,738.                       | 19,177.                       |
| ž                       | 11                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                     |               | 53,238.                      | 77,838.                       |
|                         | 12                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                           |               | 4,224,235.                   | 3,146,722.                    |
|                         | 13                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 1             | 2,910,521.                   | 2,101,953.                    |
|                         | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)  |               | 0.                           | 0.                            |
| s                       | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                            |               | 1,006,101.                   | 932,632.                      |
| Expenses                | 16a                  | Professional fundraising fees (Part IX, column (A), line 11e)  |               | 0.                           | 0.                            |
| Del                     | . b                  | Total fundraising expenses (Part IX, column (D), line 25) 298, 4   |               |                              |                               |
| ŵ                       | 17                   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | 320,909.                     | 328,833.                      |
|                         | 18                   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                    |               | 4,237,531.                   | 3,363,418.                    |
|                         | 19                   | Revenue less expenses. Subtract line 18 from line 12   |               | -13,296.                     | -216,696.                     |
| OL SO                   | 3                    |  | Be            | ginning of Current Year      | End of Year                   |
| Assets                  | 20                   | Total assets (Part X, line 16)   |               | 4,262,395.                   | 4,271,145.                    |
|                         | 21                   | Total liabilities (Part X, line 26)  |               | 1,775,167.                   | 1,915,601.                    |
| INet                    | 22                   | Net assets or fund balances. Subtract line 21 from line 20   |               | 2,487,228.                   | 2,355,544.                    |
| Pa                      | art II               | Signature Block  |               |                              |                               |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign         | Signature of officer  | Date                        |  |  |  |  |  |  |
|--------------|---|-----------------------------|--|--|--|--|--|--|
| Here         | DR CATHY ASHBY, PRESIDENT & CEO   |                             |  |  |  |  |  |  |
|              | Type or print name and title  |                             |  |  |  |  |  |  |
|              | Print/Type preparer's name Preparer's signature Date  | Check PTIN                  |  |  |  |  |  |  |
| Paid         | DONNA SCIFRES-SOLOMON, CP DONNA SCIFRES-SOLOMO 11/09  | /23 self-employed P01056185 |  |  |  |  |  |  |
| Preparer     | Firm's name EIDE BAILLY LLP   | Firm's EIN 45-0250958       |  |  |  |  |  |  |
| Use Only     | Firm's address 400 PINE ST., STE. 600   |                             |  |  |  |  |  |  |
|              | ABILENE, TX 79601-5190  | Phone no. 325 - 672 - 4000  |  |  |  |  |  |  |
| May the IF   | May the IRS discuss this return with the preparer shown above? See instructions                       |                             |  |  |  |  |  |  |
| 232001 12-13 | 32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) |                             |  |  |  |  |  |  |

|    | 1990 (2022) UNITED WAY OF ABILENE, INC 75-08087  | 72        | Page <b>2</b> |
|----|--|-----------|---------------|
| Pa | rt III Statement of Program Service Accomplishments  |           |               |
|    | Check if Schedule O contains a response or note to any line in this Part III   |           |               |
| 1  | Briefly describe the organization's mission:   |           |               |
|    | UNITED WAY OF ABILENE PROMOTES THE HEALTH, EDUCATION, AND FINANCI  | AL        |               |
|    | STABILITY OF EVERY PERSON IN WEST CENTRAL TEXAS BY LEVERAGING THE  | ]         |               |
|    | INTELLECTUAL, ORGANIZATIONAL, INSTITUTIONAL, FINANCIAL, FAITH-BAS  | ED,       |               |
|    | AND PERSONAL RESOURCES OF ITS LOCAL COMMUNITIES.   |           |               |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the $\_$                    |           |               |
|    | prior Form 990 or 990-EZ?  | Yes       | XNo           |
|    | If "Yes," describe these new services on Schedule O.   |           |               |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                         | Yes       | XNo           |
|    | 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 exp       | enses.    |               |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper | ises, and | ł             |
|    | revenue, if any, for each program service reported.  |           |               |
| 4a | (Code:) (Expenses \$1,947,027. including grants of \$1,935,100. ) (Revenue \$  | 64,9      | 02.)          |
|    | \$1,935,100 IN GRANT ALLOCATIONS WERE COMMITTED TO 34 NON-PROFIT   | -         |               |
|    | ORGANIZATIONS IN OUR SERVICE AREA. THESE NON-PROFIT ORGANIZATIONS  |           | _~            |
|    | REPRESENT PARTNER AGENCIES AND INITIATIVES THAT SUPPORT PRIORITY   |           |               |
|    | DETERMINED BY COMMITTEES OF LOCAL VOLUNTEERS REPRESENTING THE CIT  |           | S             |
|    | OF WEST CENTRAL TEXAS. THESE PRIORITY ISSUES ARE DESIGNED TO ENSU  |           |               |
|    | THAT BASIC NEEDS ARE MET, YOUTH GRADUATE FROM HIGH SCHOOL READY T  |           | RK            |
|    | OR PURSUE HIGHER EDUCATION, SENIORS LIVE INDEPENDENTLY, FAMILIES   | ARE       |               |
|    | SELF-SUFFICIENT, AND NEIGHBORHOODS ARE SAFE AND FAMILY FRIENDLY.   |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
| 4b | (Code:) (Expenses \$ 831,378 including grants of \$ 166,853) (Revenue \$   |           | )             |
| 40 | COMMUNITY IMPACT PROGRAMS PROVIDE THE 19 COUNTIES OF WEST CENTRAL  | . TEX     | AS /          |
|    | WITH INFORMATION AND REFERRAL SERVICES AND EMERGENCY ASSISTANCE F  |           | 110           |
|    | BASIC NEEDS, SUCH AS SHELTER AND UTILITIES. THESE PROGRAMS PAID  |           |               |
|    | \$166,853 IN DIRECT BENEFITS FOR EMERGENCY ASSISTANCE AND MANAGED  |           |               |
|    | THOUSANDS OF CALLS FOR INFORMATION AND REFERRAL SERVICES.  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
| 4c | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |           | )             |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
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|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
|    |  |           |               |
| 4d | Other program services (Describe on Schedule O.)   |           |               |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     2,778,405.                              |           |               |
| 4e |  | <b>90</b> | 0 (2022)      |

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|      | 330 | (2022) |

Form 990 (2022) UNITED WAY OF ABILENE, INC Part IV Checklist of Required Schedules

|         |   |            | Yes | No       |
|---------|---|------------|-----|----------|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            |     |          |
|         | If "Yes," complete Schedule A   | 1          | Х   |          |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2          | Х   |          |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |     |          |
|         | public office? If "Yes," complete Schedule C, Part I  | 3          |     | X        |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |            |     |          |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4          |     | <u> </u> |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |            |     |          |
|         | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | X X      |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |     |          |
| _       | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |     | X        |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |     |          |
| _       | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |     | X        |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |     | v        |
| -       | Schedule D, Part III  | 8          |     | X        |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |            |     |          |
|         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |     | - v      |
| 40      | 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  | 10         | х   |          |
| 44      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         | Λ   |          |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |            |     |          |
| ~       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.   |            |     |          |
| a       | Part VI   | 11a        | х   |          |
| h       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |            |     | <u> </u> |
| U       | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |     | x        |
| c       | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |            |     |          |
| Ŭ       | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     | x        |
| d       | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |            |     | <u> </u> |
| u       | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        |     | x        |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        | Х   |          |
| 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        |     | x        |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |     |          |
|         | Schedule D, Parts XI and XII  | 12a        |     | x        |
| 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        | Х   |          |
| 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  |            |     |          |
|         | 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   |            |     |          |
|         | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         |     | X        |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            |     |          |
|         | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |     | X X      |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |            |     |          |
|         | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17         |     | X        |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            | v   |          |
| 40      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         | X   | <u> </u> |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"   | 10         |     | v        |
| 00-     | complete Schedule G, Part III   | 19         |     | X<br>X   |
| 20a     |   | 20a<br>20b |     |          |
| ט<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?<br>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200        |     |          |
| ~ 1     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II   | 21         | х   |          |
|         |   |            |     |          |

Form 990 (2022)

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 Form 990 (2022)
 UNITED WAY OF ABILENE, INC

 Part IV
 Checklist of Required Schedules (continued)

|          |   |      | Yes | No       |
|----------|---|------|-----|----------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                   |      |     |          |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   | Х   |          |
| 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  |     |          |
|          | 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                                 |      |     |          |
| 20       | 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,                     |      |     | <u> </u> |
|          | 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 the Schedule L, Part IV,                          |      |     |          |
| 20       | instructions for applicable filing thresholds, conditions, and exceptions):   |      |     |          |
| -        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                         |      |     |          |
| а        |   | 28a  |     | x        |
| Ь        | "Yes," complete Schedule L, Part IV   | 20a  |     | X        |
|          | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  | 200  |     |          |
| C        |   | 28c  |     | x        |
| 29       | "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 200  |     | X        |
| 29<br>30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                     | 23   |     | - 23     |
| 30       |   | 30   |     | x        |
| 24       | contributions? If "Yes," complete Schedule M  | 30   |     | X        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>                | 31   |     |          |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>                         | 20   |     | x        |
| ~~       | Schedule N, Part II   | 32   |     |          |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                      |      |     | x        |
| ~ ~      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     |          |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                       |      | х   |          |
| ~-       | Part V, line 1  | 34   | ~   | x        |
|          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     |          |
| D        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                       | 0.51 |     |          |
|          | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     | <u> </u> |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                      |      |     | v        |
|          | 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                                |      |     | v        |
| •        | 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 on Schedule O for Part VI, lines 11b and 19?                                  |      | v   |          |
| Pa       | Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance               | 38   | Х   |          |
| ra       |   |      |     |          |
|          | Check if Schedule O contains a response or note to any line in this Part V  |      |     |          |
|          |   |      | Yes | No       |
|          | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 38</b>   | -    |     |          |
| b        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  | 4    |     |          |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form    | orm 990 (2022) UNITED WAY OF ABILENE, INC 75-0808772   |               |     |        |  |  |
|---------|--|---------------|-----|--------|--|--|
| Par     | 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,  |               |     |        |  |  |
|         |  | 17            |     |        |  |  |
|         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   |               | X   |        |  |  |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |               |     | X X    |  |  |
|         | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <u>3b</u>     |     |        |  |  |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |               |     | v      |  |  |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | <u>4a</u>     |     | X      |  |  |
| b       | If "Yes," enter the name of the foreign country  |               |     |        |  |  |
| Fa      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  | Ea            |     | x      |  |  |
|         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |               |     | X      |  |  |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | ····          |     | - 23   |  |  |
|         |  |               |     |        |  |  |
| u       | 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).  |               |     |        |  |  |
|         | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo  | or? <b>7a</b> | Х   |        |  |  |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |               | Х   |        |  |  |
| 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            |     | X<br>X |  |  |
| 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       |  |               |     |        |  |  |
| 8       |  |               |     |        |  |  |
| _       | sponsoring organization have excess business holdings at any time during the year?   |               |     |        |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.  |               |     |        |  |  |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?   |               |     |        |  |  |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <u>9b</u>     |     |        |  |  |
| 10      | Section 501(c)(7) organizations. Enter:  |               |     |        |  |  |
| a<br>h  | Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b | _             |     |        |  |  |
| 11      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b<br>Section 501(c)(12) organizations. Enter:  | _             |     |        |  |  |
| ''<br>a | Gross income from members or shareholders  |               |     |        |  |  |
|         | Gross income from other sources. (Do not net amounts due or paid to other sources against  |               |     |        |  |  |
|         | amounts due or received from them.)  |               |     |        |  |  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a           |     |        |  |  |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |               |     |        |  |  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |               |     |        |  |  |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | . 13a         |     |        |  |  |
|         | Note: See the instructions for additional information the organization must report on Schedule O.  |               |     |        |  |  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the   |               |     |        |  |  |
|         | organization is licensed to issue qualified health plans 13b   |               |     |        |  |  |
| с       | Enter the amount of reserves on hand 13c   |               |     |        |  |  |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a           |     | X      |  |  |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b           |     |        |  |  |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |               |     |        |  |  |
|         | excess parachute payment(s) during the year?   | . 15          |     | X      |  |  |
|         | If "Yes," see the 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.  |               |     |        |  |  |
| 17      | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |               |     |        |  |  |
|         | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17            |     |        |  |  |
|         | If "Yes," complete Form 6069.  |               |     |        |  |  |

| Form 990 ( | 2022) |
|------------|-------|
| David VI   |       |

| UNITED | WAY | OF | ABILENE, | INC |
|--------|-----|----|----------|-----|
|--------|-----|----|----------|-----|

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

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

| Sec | tion A. Governing Body and Management   |              |                     |         |        |         |     |
|-----|---|--------------|---------------------|---------|--------|---------|-----|
|     |   |              |                     |         |        | Yes     | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a           |                     | 33      |        |         |     |
|     | 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           |                     | 33      |        |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | p with       | any other           |         |        |         |     |
|     | officer, director, trustee, or key employee?  |              |                     |         | 2      |         | х   |
| 3   | Did the organization delegate control over management duties customarily performed by or under th                     |              |                     |         |        |         |     |
|     |   |              |                     |         | 3      |         | х   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form S                   |              |                     |         | 4      |         | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's ass                |              |                     |         | 5      |         | Х   |
| 6   | Did the organization have members or stockholders?  |              |                     |         | 6      |         | Х   |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or ap                    |              |                     |         |        |         |     |
|     | more members of the governing body?   |              |                     | 7       | 'a     |         | х   |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                   |              |                     | ·       |        |         |     |
|     | persons other than the governing body?  |              |                     | 7       | 'b     |         | х   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |              |                     |         |        |         |     |
| а   | The governing body?   | 2            | 0                   | E       | Ba     | X       |     |
| b   | Each committee with authority to act on behalf of the governing body?   |              |                     |         | 3b     | х       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea             |              |                     |         |        |         |     |
| -   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |              |                     |         | 9      |         | х   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re                  | venue        | Code )              |         | -      |         |     |
|     |   | <u>venue</u> | 0000.)              |         |        | Yes     | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?  |              |                     |         | 0a     |         | X   |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such ch               |              |                     | . –     |        |         |     |
|     |   | •            | , , ,               | 1       | 0b     |         |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod                    |              |                     | ·· –    | 1a     | Х       |     |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         |              | Ũ                   |         |        |         |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |              |                     | 1:      | 2a     | X       |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |              |                     |         | 2b     | х       |     |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "           |              |                     |         |        |         |     |
|     | on Schedule O how this was done   |              |                     | 1:      | 2c     | x       |     |
| 13  | Did the organization have a written whistleblower policy?   |              |                     |         | 13     | Х       |     |
| 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                    |              |                     |         |        |         |     |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     | ,            | •                   |         |        |         |     |
| а   | The organization's CEO, Executive Director, or top management official  |              |                     | 1       | 5a     | х       |     |
|     | Other officers or key employees of the organization   |              |                     |         | 5b     |         | Х   |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                    |              |                     |         |        |         |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger           | ment v       | /ith a              |         |        |         |     |
|     | taxable entity during the year?   |              |                     | 1       | 6a     |         | Х   |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua              |              |                     |         |        |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 | nizatio      | n's                 |         |        |         |     |
|     | exempt status with respect to such arrangements?  |              |                     | . 1     | 6b     |         |     |
| 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, a                  | nd 990       | )-T (section 501(c) | (3)s or | ıly) a | availat | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                   |              |                     |         |        |         |     |
|     | X Own website X Another's website X Upon request Other (explain   | n on S       | chedule (O)         |         |        |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                     |              | ,                   | and fir | nanc   | ial     |     |
|     | 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 bo                       | oks an       | d records           |         |        |         |     |
|     | DR CATHY ASHBY - (325) 677-1841   |              |                     |         |        |         |     |
|     | 240 CYPRESS ST. SUITE 200, ABILENE, TX 79601  |              |                     |         |        |         |     |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)                     | (B)                    | (C)                            |  | (D)     | (E)          | (F)                             |           |                                 |                                  |                          |
|-------------------------|------------------------|--------------------------------|--|---------|--------------|---------------------------------|-----------|---------------------------------|----------------------------------|--------------------------|
| Name and title          | Average                | (do                            | Position<br>(do not check more than one                          |         | Reportable   | Reportable                      | Estimated |                                 |                                  |                          |
|                         | hours per              | box,                           | box, unless person is both an<br>officer and a director/trustee) |         | compensation | compensation                    | amount of |                                 |                                  |                          |
|                         | week                   |                                | er an  | ia a a  | recio        | r/trus                          | lee)      | from                            | from related                     | other                    |
|                         | (list any<br>hours for | Individual trustee or director |  |         |              |                                 |           | the                             | organizations<br>(W-2/1099-MISC/ | compensation<br>from the |
|                         | related                | e or d                         | tee  |         |              | sated                           |           | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC)     | organization             |
|                         | organizations          | truste                         | al trus  |         | yee          | mpen                            |           | 1099-NEC)                       | 1000 NEO                         | and related              |
|                         | below                  | idual 1                        | In stitutional trustee   | л.      | Key employee | est co<br>oyee                  | er        |                                 |                                  | organizations            |
|                         | line)                  | Indiv                          | Instit   | Officer | Key e        | Highest compensated<br>employee | Former    |                                 |                                  | -                        |
| (1) DR. CATHY ASHBY     | 40.00                  |                                |  |         |              |                                 |           |                                 |                                  |                          |
| PRESIDENT & CEO         |                        |                                |  | Х       |              |                                 |           | 105,760.                        | 0.                               | 13,768.                  |
| (2) GREG WILSON         | 40.00                  |                                |  |         |              |                                 |           |                                 |                                  |                          |
| CFO                     |                        |                                |  | Х       |              |                                 |           | 79,992.                         | 0.                               | 12,000.                  |
| (3) ALEX EAGLE          | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (4) ANNA MELENDEZ       | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (5) BRANNON BARNES      | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (6) CHE SAMPLES         | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (7) MARCUS DUDLEY       | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (8) CORBY FLANAGAN      | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| STEWARDSHIP REVIEW      | 1.00                   | Х                              |  | Х       |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (9) DAYTON BORGER       | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (10) DILLON COBB        | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (11) DR. DAVID YOUNG    | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (12) DR. JOE WALDRON    | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (13) DR. NANCY KUCINSKI | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (14) ETHAN SHEPHERD     | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (15) INGER NORDBY       | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | Х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (16) JENNIFER SNODGRASS | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| DIRECTOR                |                        | х                              |  |         |              |                                 |           | 0.                              | 0.                               | 0.                       |
| (17) JENNY GOODE        | 1.00                   |                                |  |         |              |                                 |           |                                 |                                  |                          |
| 2-1-1 ADVISORY          |                        | Х                              |  | Х       |              |                                 |           | 0.                              | 0.                               | 0.                       |

| Indexted weak     Indexteg weak     Inde  | Form 990 (2022) UNITED W                       |   |  |                        |                         |                         |                                 |        |  | 75-0808                          | 772 F                                      | -age <b>8</b>                |
|---|--|---|--|------------------------|-------------------------|-------------------------|---------------------------------|--------|--|----------------------------------|--|------------------------------|
| Name and title         Average weak weak weak weak weak weak weak wea   | Part VII Section A. Officers, Directors, Trus  | tees, Key Emp   | ploye  | ees,                   |                         |                         | hes                             | t Co   | ompensated Employee                    | s (continued)                    |  |                              |
| International state         International state <thinternate< th="">         International state         <th< td=""><td></td><td>Average<br/>hours per</td><td colspan="2">Position<br/>(do not check more than one<br/>box, unless person is both an</td><td>Reportable compensation</td><td>Reportable compensation</td><td>Estimat<br/>amount</td><td>t of</td></th<></thinternate<> |  | Average<br>hours per                                    | Position<br>(do not check more than one<br>box, unless person is both an |                        | Reportable compensation | Reportable compensation | Estimat<br>amount               | t of   |  |                                  |  |                              |
| (19) JOHN SITTRICK       1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  |  | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | In stitutional trustee | Officer                 | Key employee            | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/ | organizations<br>(W-2/1099-MISC/ | compens<br>from tl<br>organiza<br>and rela | ation<br>ne<br>ition<br>ited |
| (19) JULIANN RELLEY       1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   | (18) JOHN BITTRICK                             | 1.00  |  |                        |                         |                         |                                 |        |  | 0                                |  | •                            |
| DTRECTOR       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  |  | 1 0 0   | Х  |                        |                         |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| 20.0 JUSTIN CROWE       1.00       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |  | 1.00  | v  |                        |                         |                         |                                 |        | 0                                      | 0                                |  | 0                            |
| PART CHAIR       X       X       X       0.       0.       0.         (21) KATE BROWNING       1.00       X       0.       0.       0.       0.         (22) KATE FELAN       1.00       X       0.       0.       0.       0.       0.         (23) KATE FELAN       1.00       X       0.       0.       0.       0.       0.         (24) LEIGH BLACK       1.00       X       0.       0.       0.       0.       0.         (23) LON BEDGRAUSER       1.00       X       X       0.       0.       0.       0.         (24) LEIGH BLACK       1.00       X       X       0.       0.       0.       0.         (25) LON BEDGRAUSER       1.00       X       X       0.       0.       0.       0.         (25) LON BEDGRAUSER       1.00       X       X       0. <td></td> <td>1 00</td> <td>^</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td> <td>0.</td>   |  | 1 00  | ^  |                        |                         |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| (21) KATTE BROWNING       1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |  | 1.00  | v  |                        | v                       |                         |                                 |        | 0                                      | 0                                |  | 0                            |
| DIRECTOR       X       0.       0.       0.       0.         (22) KIRK CANADA       1.00       X       0.       0.       0.       0.         (23) KURS FELAN       1.00       X       0.       0.       0.       0.       0.         (23) KURS FELAN       1.00       X       X       0.       0.       0.       0.         (24) LEICH ELACK       1.00       X       X       0.       0.       0.       0.         (24) LEICH ELACK       1.00       X       X       0.       0.       0.       0.         (25) LON BIEBEIGNENUSER       1.000       X       X       0.       0.       0.       0.         (26) RED STAFFORD       1.000       X       X       0.       0.       0.       0.         (26) RED STAFFORD       1.000       X       X       0.       0.       0.       0.         (26) RED STAFFORD       1.000       X       X       0.   |  | 1 00  | ~  |                        | Δ                       |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| (22) KIER CANADA       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  |  | 1.00  | v  |                        |                         |                         |                                 |        | 0                                      | 0                                |  | 0                            |
| DIRECTOR       X       0.       0.       0.       0.         (23) KYLE FELAN       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.         (24) LETCH BLACK       1.00       X       X       0.       0.       0.         (25) LON BIBIGHAUSER       1.00       X       X       0.       0.       0.         CHAIR       CAIR       1.00       X       X       0.       0.       0.         CAIR       CAIR       1.00       X       X       0.       0.       0.         CAIR       CAIR       0.       0.       0.       0.       0.       0.         CAIR       CAIR       1.00       X       X       0.       0.       0.         CAIR       Community       Investment       0.  |  | 1 00  | Δ  |                        |                         |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| (23)       KYLE FELAN       1.00       X       0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.         CALL BELACK       1.00       X       X       0.0.0.0.0.         CALL BELACK       1.00       X       X       0.0.0.0.0.0.         CALL RELECT       X       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |  | 1.00  | x  |                        |                         |                         |                                 |        | 0                                      | 0                                |  | 0                            |
| DIRECTOR       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |  | 1.00  |  |                        |                         |                         |                                 |        |  | 0.                               |  | <u> </u>                     |
| (24) LEIGH BLACK       1.00       X       X       0.       0.       0.         CHAIR ELECT       X       X       0.       0.       0.       0.         CHAIR ELECT       X       X       0.       0.       0.       0.         CHAIR ELECT       X       X       0.       0.       0.       0.         CHAIR       1.00       X       X       0.       0.       0.       0.         C15 INDERDISTINGT       X       X       0.       0.       0.       0.       0.         C15 INDERDISTINGT       X       X       X       0.   |  | 1.00  | x  |                        |                         |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| CHAIR ELECT       X       X       X       0.       0.       0.         (25) LON BIEBIGHAUSER       1.000       X       X       0.       0.       0.         (26) REED STAFFORD       1.000       X       X       0.       0.       0.       0.         (26) REED STAFFORD       1.000       X       X       0.       0.       0.       0.         (26) REED STAFFORD       1.000       X       X       0.       0.       0.       0.         (26) REED STAFFORD       1.000       X       X       0.       0.       0.       0.         (26) REED STAFFORD       1.000       X       X       0.       0.       0.       0.       0.         (26) REED STAFFORD       1.000       X       X       0.   |  | 1.00  |  |                        |                         |                         |                                 |        |  |                                  |  | <u> </u>                     |
| (25) LON BIEBIGHAUSER       1.00       X       X       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   | CHAIR ELECT                                    |   | x  |                        | х                       |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| CHAIR       X       X       X       X       0       0       0         (26) RED STAFFORD       1.00       X       X       0       0.0       0.0       0.0         (26) RED STAFFORD       1.00       X       X       0       0.0       0.0       0.0         (26) RED STAFFORD       1.00       X       X       0       0.0       0.0       0.0         (26) RED STAFFORD       1.85,752.       0.25,768.       0.25,768.       0.25,768.       0.25,768.         c Total (add lines th and to)       1.85,752.       0.25,768.       0.25,768.       0.25,768.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         (10) the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual       1         4       For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services forandrear       5       X <td>(25) LON BIEBIGHAUSER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> <td></td>   | (25) LON BIEBIGHAUSER                          | 1.00  |  |                        |                         |                         |                                 |        |  |                                  |  |                              |
| COMMUNITY INVESTMENT       X       X       0.       0.       0.         1b Subtotal       185,752.       0.       25,768.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         1 Total (add lines th and tc)       185,752.       0.       25,768.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual       1         3 Did the organization greater than \$150,000?       If "yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual       3       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       4       X         5 Did any person listed on line 1a receive or accrue compensate indigenedent contractors that received more than \$100,000 of compensation from the organization?       X         5 Did any person listed on line 1a receive or accrue accrue compensate indigenedent contractors that received more than \$100,000 of compensation from the organization. Report compensate compensate indigenedent contractors that received more than \$100,000 of compensation from the organization. Report compensate indigenedent contractors  | CHAIR  |   | x  |                        | х                       |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| 1b       Subtotal       185,752.       0.       25,768.         c       Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         2       Total (add lines 1b and 1c)       185,752.       0.       25,768.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation       Compensation         (A)       (B)       (C)       Compensation         NONE       Description of services       <  | (26) REED STAFFORD                             | 1.00  |  |                        |                         |                         |                                 |        |  |                                  |  |                              |
| c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  | COMMUNITY INVESTMENT                           |   | Х  |                        | х                       |                         |                                 |        | 0.                                     | 0.                               |  | 0.                           |
| d Total (add lines 1b and 1c)       185,752.       0.       25,768.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       5       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2   | 1b Subtotal                                    |   |  |                        |                         |                         |                                 |        | 185,752.                               | 0.                               | 25,7                                       | 68.                          |
| 2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3       Did the organization       1         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services       5       X         Section B. Independent Contractors       1       (C)       Compensation for the calendar year ending with or within the organization's tax year.         (A)       NONE       Description of services       Compensation         7       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2       Total number of independent contractors (including but not limited to those listed above) who received more than   | c Total from continuation sheets to Part VI    | I, Section A  |  |                        |                         |                         |                                 |        |  |                                  |  |                              |
| compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4       X   | d Total (add lines 1b and 1c)                  |   |  |                        |                         |                         |                                 |        | 185,752.                               | 0.                               | 25,7                                       | 68.                          |
| 3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual       Image: Schedule J for such individual         4       For any individual listed on line 1a, is the sum of reportable compensation and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual       Image: Schedule J for such individual         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       Image: Schedule J for such person         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       Image: Schedule J for such person         5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2       Total number of independent contractors (including but not limited to those listed above) who received more than       2  | 2 Total number of individuals (including but n | ot limited to th  | ose  | liste                  | d ab                    | ove)                    | who                             | o re   | ceived more than \$100,                | 000 of reportable                |  |                              |
| <ul> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>(A) (C) Compensation</li> <li>NONE</li> <li>Description of services</li> <li>Compensation</li> </ul>   | compensation from the organization             |   |  |                        |                         |                         |                                 |        |  |                                  |  | $\frac{1}{1}$                |
| a       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  |  |   |  |                        |                         |                         |                                 |        |  |                                  | Yes  | No                           |
| <ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i></li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i></li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>(A)</li> <li>(B)</li> <li>(C)</li> <li>Complete this address</li> <li>NONE</li> <li>Description of services</li> <li>Compensation</li> </ul>  | <b>c</b> ,                                     |   |  | -                      | •                       | •                       |                                 | Ŭ      |  |                                  |  | V                            |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       Complete organization of independent contractors (including but not limited to those listed above) who received more than       1       Compensation  |  |   |  |                        |                         |                         |                                 |        |  |                                  | 3  |                              |
| 5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complete the complete contractors (including but not limited to those listed above) who received more than       Image: Complete the complete contractors (including but not limited to those listed above) who received more than   | -  | -   |  | -                      |                         |                         |                                 |        | -                                      | -                                |  | v                            |
| rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       I       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complete the stable of provide the calendar year ending with or within the organization's tax year.       Image: Complete the calendar year ending with or within the organization's tax year.       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the organization of services       X         Image: None       Image: Description of services       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or within the calendar year ending with or within the organization of services       Image: Complete the calendar year ending with or wit   |  |   |  |                        |                         |                         |                                 |        |  |                                  | 4  |                              |
| Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         None       Description of services       Compensation         0       NONE       Description of services       Description         0       Description of services       Description of services       Description         0       Description of services       Description of services   |  |   |  |                        |                         |                         |                                 |        |  |                                  | E  | x                            |
| 1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Comp  |  | plete Schedule  | <u>ə J 10</u>  | or su                  | icn <u>r</u>            | persc                   | <u></u>                         |        |  |                                  | 5  | - 21                         |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services   |  | mpensated ind   | lene   | nder                   | nt co                   | ntra                    | ctor                            | s th   | at received more than \$               | 100 000 of compensat             | tion from                                  |                              |
| (A)<br>Name and business address       NONE       (B)<br>Description of services       (C)<br>Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Im   |  |   |  |                        |                         |                         |                                 |        |  |                                  |  |                              |
| Name and business address       NONE       Description of services       Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation       Image: Compens  |  | ine calendad ye   |  |                        | <u>.g</u>               |                         |                                 |        |  |                                  | (C)  |                              |
|   |  | address   | NC   | ONE                    | 2                       |                         |                                 |        |  | ervices C                        |  | on                           |
|   |  |   |  |                        |                         |                         |                                 |        |  |                                  |  |                              |
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|   |  |   |  |                        |                         |                         |                                 |        |  |                                  |  |                              |
|   | 2 Total number of independent contractors (    | ooludina hut -  | at li-   | aitaa                  | 1 + ~ +                 | haa                     |                                 |        | abova) who received                    | are then                         |  |                              |
|   |  | •   | 51 111   | mec                    |                         | -                       |                                 | .cu i  |  |                                  |  |                              |

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|---|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er         | nplo                           | yee                   | s, a    | nd H         | lighe                        | est    | Compensated Employe | es (continued)  |               |
| (A)   | (B)                    |                                |                       | (0      | C)           |                              |        | (D)                 | (E)             | (F)           |
| Name and title                              | Average                |                                |                       | Pos     | ition        |                              |        | Reportable          | Reportable      | Estimated     |
|   | hours                  | (c                             | hecł                  | all '   | that         | app                          | ly)    | compensation        | compensation    | amount of     |
|   | per                    |                                |                       |         |              |                              |        | from                | from related    | other         |
|   | week                   | ~                              |                       |         |              | o yee                        |        | the                 | organizations   | compensation  |
|   | (list any              | rector                         |                       |         |              | em plo                       |        | organization        | (W-2/1099-MISC) | from the      |
|   | hours for              | or di                          | 96                    |         |              | ated                         |        | (W-2/1099-MISC)     |                 | organization  |
|   | related                | ustee                          | trust                 |         | e            | bens                         |        |                     |                 | and related   |
|   | organizations<br>below | ual tr                         | ional                 |         | ploy6        | t corr                       |        |                     |                 | organizations |
|   | line)                  | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                     |                 |               |
| (27) SAGE DILLER                            | 1.00                   | -                              | -                     | 0       | ×            | Ŧ                            | ш      |                     |                 |               |
| IREASURER                                   |                        | х                              |                       | x       |              |                              |        | 0.                  | 0.              | 0.            |
| (28) SAM FERGUSON                           | 1.00                   |                                |                       |         |              |                              |        |                     |                 |               |
| DIRECTOR                                    |                        | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| (29) SHANNON NIX                            | 1.00                   | 1                              |                       |         |              |                              |        |                     |                 |               |
| DIRECTOR                                    |                        | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| (30) STACI BENAVIDES                        | 1.00                   |                                |                       |         |              |                              |        |                     |                 |               |
| DIRECTOR                                    |                        | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| (31) SUSAN WATTS                            | 1.00                   |                                |                       |         |              |                              |        |                     |                 |               |
| SECRETARY                                   |                        | Х                              |                       | X       |              |                              |        | 0.                  | 0.              | 0.            |
| (32) TERRY HAGLER                           | 1.00                   |                                |                       |         |              |                              |        |                     |                 |               |
| DIRECTOR                                    | 1 0 0                  | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| (33) TODD WILSON<br>DIRECTOR                | 1.00                   | x                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| (34) TRENT POINDEXTER                       | 1.00                   | •                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| DIRECTOR                                    | 1.00                   | х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
| (35) WILL DUNCAN                            | 1.00                   |                                |                       |         |              |                              |        |                     |                 |               |
| DIRECTOR                                    |                        | х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.            |
|   |                        |                                |                       |         |              |                              |        |                     |                 |               |
|   |                        |                                |                       |         |              |                              |        |                     |                 |               |
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|   |                        | 1                              |                       |         |              |                              |        |                     |                 |               |
|   |                        |                                |                       |         |              |                              |        |                     |                 |               |

|   | 1 990 (       |   |                     | OF ABILENE,             | INC                         |                          | 75-0808          | 772 Page 9              |
|---|---------------|---|---------------------|-------------------------|-----------------------------|--------------------------|------------------|-------------------------|
| Pa  | rt VII        | I Statement of Re                                   | venue               |                         |                             |                          |                  |                         |
|   |               | Check if Schedule O o                               | contains a respor   | nse or note to any line |                             |                          | (2)              |                         |
|   |               |   |                     |                         | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt | (C)<br>Unrelated | (D)<br>Revenue excluded |
|   |               |   |                     |                         | Total revenue               |                          | business revenue | from tax under          |
|   |               |   |                     |                         |                             |                          |                  | sections 512 - 514      |
| nts<br>Its  | 1 a           | Federated campaigns                                 | <u>1a</u>           |                         |                             |                          |                  |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b             | Membership dues                                     | 1b                  |                         |                             |                          |                  |                         |
| ې<br>۳۵   | с             | Fundraising events                                  | 1c                  | 171,383.                |                             |                          |                  |                         |
| ar /  | d             | Related organizations                               | 1d                  |                         |                             |                          |                  |                         |
| s, G  | е             | Government grants (contri                           | ibutions) <b>1e</b> | 518,898.                |                             |                          |                  |                         |
| ion   | f             | All other contributions, gifts,                     | grants, and         |                         |                             |                          |                  |                         |
| but   |               | similar amounts not included                        | above 1f            | 2,359,426.              |                             |                          |                  |                         |
| itri<br>O   | g             |   |                     |                         |                             |                          |                  |                         |
| Cor   | h             | Total. Add lines 1a-1f                              |                     |                         | 3,049,707.                  |                          |                  |                         |
|   |               |   |                     | Business Code           | · ·                         |                          |                  |                         |
| Ð   | 2 a           |   |                     |                         |                             |                          |                  |                         |
| vic   | b             |   |                     | _                       |                             |                          |                  |                         |
| Ser   | c             |   |                     |                         |                             |                          |                  |                         |
| ver<br>ver  | d             |   |                     |                         |                             |                          |                  |                         |
| Program Service<br>Revenue                                | u<br>0        |   |                     | _                       |                             |                          |                  |                         |
| Pro   | -<br>-        | All other program convice                           | 10100110            | _                       |                             |                          |                  |                         |
| -   | •             | All other program service                           |                     |                         |                             |                          |                  |                         |
|   | <u>д</u><br>3 | Total. Add lines 2a-2f<br>Investment income (includ |                     |                         |                             |                          |                  |                         |
|   | 3             |   |                     |                         | 19,177.                     |                          |                  | 19,177.                 |
|   |               |   |                     |                         | 19,111.                     |                          |                  | ,_,_,,                  |
|   | 4             | Income from investment o                            | -                   |                         |                             |                          |                  |                         |
|   | 5             | Royalties   | (i) Real            | (ii) Personal           |                             |                          |                  |                         |
|   | -             |   |                     | (II) Personal           |                             |                          |                  |                         |
|   | 6 a           |   | 6a                  |                         |                             |                          |                  |                         |
|   | b             |   | 6b                  |                         |                             |                          |                  |                         |
|   | С             |   | 6c                  |                         |                             |                          |                  |                         |
|   |               | Net rental income or (loss)                         |                     |                         |                             |                          |                  |                         |
|   | 7 a           | Gross amount from sales of                          | (i) Securiti        | es (ii) Other           |                             |                          |                  |                         |
|   |               | assets other than inventory                         | 7a                  |                         |                             |                          |                  |                         |
|   | b             | Less: cost or other basis                           |                     |                         |                             |                          |                  |                         |
| anı   |               | and sales expenses                                  | 7b                  |                         |                             |                          |                  |                         |
| evenue  |               | Gain or (loss)                                      | 7c                  |                         |                             |                          |                  |                         |
| Ř   | d             | Net gain or (loss)                                  |                     |                         |                             |                          |                  |                         |
| Other   | 8 a           | Gross income from fundraising                       |                     |                         |                             |                          |                  |                         |
| đ   |               | including \$ 171                                    | .,383. of           |                         |                             |                          |                  |                         |
|   |               | contributions reported on                           | line 1c). See       |                         |                             |                          |                  |                         |
|   |               | Part IV, line 18                                    |                     | 8a 490,883.             |                             |                          |                  |                         |
|   | b             | Less: direct expenses                               |                     | в 477,947.              |                             |                          |                  |                         |
|   | С             | Net income or (loss) from                           | fundraising event   | ts                      | 12,936.                     |                          |                  | 12,936.                 |
|   | 9 a           | Gross income from gamin                             | g activities. See   |                         |                             |                          |                  |                         |
|   |               | Part IV, line 19                                    |                     | 9a                      |                             |                          |                  |                         |
|   | b             | Less: direct expenses                               |                     | 9b                      |                             |                          |                  |                         |
|   | с             | Net income or (loss) from                           | gaming activities   |                         |                             |                          |                  |                         |
|   | 10 a          | Gross sales of inventory, I                         | ess returns         |                         |                             |                          |                  |                         |
|   |               | and allowances                                      |                     | 10a                     |                             |                          |                  |                         |
|   | b             | Less: cost of goods sold                            |                     | 10b                     |                             |                          |                  |                         |
|   |               | Net income or (loss) from                           |                     | /                       |                             |                          |                  |                         |
|   |               |   |                     | Business Code           |                             |                          |                  |                         |
| sno   | 11 a          | OTHER REVENUE                                       |                     | 900003                  | 64,902.                     | 64,902.                  |                  |                         |
| ane   | b             |   |                     |                         |                             |                          |                  |                         |
| ella<br>eve   | с             |   |                     |                         |                             |                          |                  |                         |
| Miscellaneous<br>Revenue                                  | d             | All other revenue                                   |                     |                         |                             |                          |                  |                         |
| Σ   | е             | Total. Add lines 11a-11d                            |                     |                         | 64,902.                     |                          |                  |                         |
|   | 12            | Total revenue. See instruction                      |                     |                         | 3,146,722.                  |                          | 0.               | 32,113.                 |

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b Legal

С d Lobby

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С

d

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25 26

Other. g

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic

individuals. See Part IV, line 22

| Form 990 (2022)  | UNITED WAY              |          | ABILENE,             | INC  | 7                                      |
|--|-------------------------|----------|----------------------|--|--|
| Part IX Statement of   | Functional Expen        | ses      |                      |  |  |
| Section 501(c)(3) and 501(c)(4)                                | organizations must con  | nplete a | all columns. All ot  | her organizations must co                  | mplete column (A).                     |
| Check if Sche  | dule O contains a respo | onse or  | note to any line i   | n this Part IX                             |  |
| Do not include amounts repor<br>7b, 8b, 9b, and 10b of Part VI | ,                       | Т        | (A)<br>otal expenses | ( <b>B)</b><br>Program service<br>expenses | (C)<br>Management ar<br>general expens |

1,935,100.

166,853.

1,935,100.

166,853.

(C) Management and general expenses

**(D)** Fundraising expenses

|  | 100,055.   | 100,0550   |          |                              |
|--|------------|------------|----------|------------------------------|
| Grants and other assistance to foreign   |            |            |          |                              |
| organizations, foreign governments, and foreign  |            |            |          |                              |
| individuals. See Part IV, lines 15 and 16  |            |            |          |                              |
| Benefits paid to or for members  |            |            |          |                              |
| Compensation of current officers, directors,   |            |            |          |                              |
| trustees, and key employees  | 185,752.   | 75,195.    | 71,127.  | 39,430.                      |
| Compensation not included above to disqualified  |            |            |          |                              |
| persons (as defined under section 4958(f)(1)) and  |            |            |          |                              |
| persons described in section 4958(c)(3)(B)   |            |            |          |                              |
| Other salaries and wages   | 577,910.   | 380,171.   | 94,923.  | 102,816.                     |
| Pension plan accruals and contributions (include   |            |            |          |                              |
| section 401(k) and 403(b) employer contributions)  | 33,459.    | 11,983.    | 7,109.   | 14,367.<br>5,859.<br>10,111. |
| Other employee benefits  | 81,356.    | 49,664.    | 25,833.  | 5,859.                       |
| Payroll taxes  | 54,155.    | 32,166.    | 11,878.  | 10,111.                      |
| Fees for services (nonemployees):  |            |            |          |                              |
| Management   |            |            |          |                              |
| Legal  |            |            |          |                              |
| Accounting   |            |            |          |                              |
| Lobbying   |            |            |          |                              |
| Professional fundraising services. See Part IV, line 17  |            |            |          |                              |
| Investment management fees   |            |            |          |                              |
| Other. (If line 11g amount exceeds 10% of line 25,   |            |            |          |                              |
| column (A), amount, list line 11g expenses on Sch 0.)  | 83,312.    | 786.       | 82,526.  |                              |
| Advertising and promotion  | 42,193.    | 40.        |          | 42,153.                      |
| Office expenses  | 9,888.     | 168.       | 5,998.   | 3,722.                       |
| Information technology   | 15,038.    | 5,451.     | 7,183.   | 2,404.                       |
| Royalties  |            |            |          | · · ·                        |
| Occupancy  | 2,750.     |            | 2,750.   |                              |
| Travel   | 1,505.     | 1,261.     | 10.      | 234.                         |
| Payments of travel or entertainment expenses   |            |            | -        |                              |
| for any federal, state, or local public officials  |            |            |          |                              |
| Conferences, conventions, and meetings   |            |            |          |                              |
| Interest   |            |            |          |                              |
| Payments to affiliates   |            |            |          |                              |
| Depreciation, depletion, and amortization  | 12,821.    | 3,799.     | 9,022.   |                              |
| Insurance  | 23,332.    | 3,038.     | 20,294.  |                              |
| Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |            |            |          |                              |
| amount, list line 24e expenses on Schedule 0.)   |            |            |          |                              |
| COMMUNITY EVENTS   | 62,754.    | 46,590.    | 6,340.   | 9,824.                       |
| MEMBERSHIP INVESTMENT  | 58,297.    |            |          | 58,297.                      |
| OPERATING LEASE EXPENSE  | 36,864.    | 17,248.    | 19,616.  |                              |
| PRINTING   | 11,556.    | 1,423.     | 3,775.   | 6,358.                       |
| All other expenses   | -31,477.   | 47,469.    | -81,808. | 2,862.                       |
| Total functional expenses. Add lines 1 through 24e   | 3,363,418. | 2,778,405. | 286,576. | 298,437.                     |
| 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)   |            |            |          |                              |
|  |            |            |          |                              |

| UNITED | WAY | OF | ABILENE | , INC |
|--------|-----|----|---------|-------|
|--------|-----|----|---------|-------|

75-0808772 Page 11

| וא       |  |   | line in this Doit M  |   |  |  |
|----------|--|---|--|---|--|--|
|          | Uneck if Schedule O contains a response or no                                  | te to any   | IINE IN THIS Part X  | <b>(A)</b><br>Beginning of year   |  | <b>(B)</b><br>End of year  |
| 1        | Cash - non-interest-bearing  |   |  | 1,798,879.  | 1  | 969,861  |
| 2        | •  |   | Г  |   | 2  |  |
| 3        |  |   |  | 1,036,720.  | 3  | 945,903  |
|          |  |   |  |   | 4  | 166,613  |
|          |  |   |  |   | -  |  |
|          |  |   |  |   |  |  |
|          |  |   |  |   | 5  |  |
| 6        |  |   |  |   | _  |  |
| -        |  |   |  |   | 6  |  |
| 7        |  |   |  |   |  |  |
| -        |  |   |  |   |  |  |
|          |  |   |  | 14.714.   |  | 19,269   |
|          |  | I I   |  | / · ·   | -  | ,  |
|          |  | 10a   | 803.055.   |   |  |  |
| b        |  |   |  | 303,088.  | 10c  | 551,032  |
|          |  |   |  |   |  | 1,431,506  |
|          |  |   |  | ,   |  | _,,  |
|          |  |   |  |   |  |  |
|          |  |   |  |   |  |  |
|          |  |   |  | 69.247.   |  | 186,961  |
|          |  |   |  |   |  | 4,271,145  |
|          |  |   |  |   |  | 232,160  |
|          |  |   |  |   |  | 1,447,864  |
|          |  |   |  |   |  | 25,415   |
|          |  |   |  |   |  |  |
|          |  |   |  |   |  |  |
|          |  |   |  |   |  |  |
|          |  |   |  |   |  |  |
|          |  |   |  |   | 22   |  |
| 23       |  |   | F  |   |  |  |
|          |  |   |  |   |  |  |
|          |  |   |  |   | 21   |  |
| 20       |  |   |  |   |  |  |
|          |  | 5 17 Z-+).  |  | 52.857.   | 25   | 210,162  |
| 26       |  |   |  |   |  | 1,915,601  |
| 20       |  |   |  |   |  |  |
|          | -  |   |  |   |  |  |
| 27       |  |   |  | 1,580,843.  | 27   | 1,566,175  |
|          |  |   | F  |   |  | 789,369  |
| 20       |  |   |  | ,   | 20   | ,  |
|          | -  | , one   |  |   |  |  |
| 29       |  |   |  |   | 29   |  |
| 29<br>30 | Paid-in or capital surplus, or land, building, or e                            |   |  |   | 30   |  |
|          | i alo in or capital surplus, or land, building, or e                           | quipinen  |  |   |  |  |
|          |  |   | other funds  |   | 31   |  |
| 31<br>32 | Retained earnings, endowment, accumulated in Total net assets or fund balances |   |  | 2,487,228.  | 31<br>32   | 2,355,544  |
|          | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10a                               | Check if Schedule O contains a response or no           1         Cash - non-interest-bearing           2         Savings and temporary cash investments           3         Pledges and grants receivable, net           4         Accounts receivable, net           5         Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the           6         Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe           7         Notes and loans receivable, net           8         Inventories for sale or use           9         Prepaid expenses and deferred charges           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D           b         Less: accumulated depreciation           11         Investments - publicly traded securities           12         Investments - other securities. See Part IV, line           13         Investments - program-related. See Part IV, line           14         Intangible assets           15         Other assets. See Part IV, line 11           16         Total assets. Add lines 1 through 15 (must equ           17         Accounts payable and accrued expenses           18         Grants payable           21 | Check if Schedule O contains a response or note to any         1       Cash - non-interest-bearing         2       Savings and temporary cash investments         3       Pledges and grants receivable, net         4       Accounts receivable, net         5       Loans and other receivables from any current or former or trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor of Loans and other receivables from other disqualified persunder section 4958(f)(1), and persons described in section votes and bans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         11       Investments - publicly traded securities         12       Investments - program-related. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 33         17       Accounts payable and accrued expenses         18       Grants payable         19       Deferred revenue         20       Tax-exempt bond liabilities         21       Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor | Check if Schedule O contains a response or note to any line in this Part X         1       Cash - non-interest-bearing         2       Savings and temporary cash investments         3       Pledges and grants receivable, net         4       Accounts receivable, net         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         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       803,055.         b Less: accumulated depreciation       10a       803,055.         b Less: accumulated depreciation       10a       803,055.         c Investments - publicly traded securities       10b       252,023.         11       Investments - other securities. See Part IV, line 11       11a       11b         13       Investments - other securities. See Part IV, line 11       11a       11b       11b         14       Intangible assets       10a       252,023.       11b         15       Other asset | Check if Schedule O contains a response or note to any line in this Part X       (A)<br>Beginning of year         1       Cash - non-interest bearing       1,798,879.         2       Savings and temporary cash investments       1,036,720.         3       Pledges and grants receivable, net       209,703.         4       Accounts receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons       209,703.         6       Lcans and other receivables from other disqualified persons (as defined<br>under section 4956(N)(N), and persons described in section 4958(N)(S)       1         7       Notes and loans receivable, net       10a       803,055.         9       Prepaid deferred charges       14,714.         10a       Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D       10a       803,055.         11       Investments - publicly traded securities       830,044.         11       Investments - program-related. See Part IV, line 11       1         14       Intargible assets.       69,247.         15       Other assets. Add lines 11 through 15 (must equal line 33)       4,262,395.         17       Accounts payable and accrued expenses       261,958.         16       Grants payable to any current or former office | Check if Schedule O contains a response or note to any line in this Part X       (A)         Beginning of year         1       Cash - non-interest-bearing       1,798,879.1         2       Savings and temporary cash investments       2         3       Pledges and grants receivable, net       209,703.4         4       Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Leans and other receivables from other disqualified persons (as defined under section 4958(r)(S)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       14, 714.9         9       Prepaid expenses and deferred charges       14, 714.9         10a       803, 055.       b         11       Investments - publicly traded securities       830, 044.11         11       11       13         11       14       69, 247.16         16       Total asets. Add |

Form **990** (2022)

# Form 990 (2022) UNITED W2

| Form | 990 (2022) UNITED WAY OF ABILENE, INC   | 75-0808  | 772   | Pag           | <sub>ge</sub> 12 |
|------|---|----------|-------|---------------|------------------|
| Par  | rt XI Reconciliation of Net Assets  |          |       |               |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |          |       |               | X                |
|      |   |          |       |               |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1 3      | 146   | 5,71          | 22.              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2        | ,363  | 3 <b>,</b> 4: | 18.              |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3        | -216  | 5,6           | 96.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4 2      | 2,487 | 7,22          | 28.              |
| 5    | Net unrealized gains (losses) on investments  | 5        |       |               |                  |
| 6    | Donated services and use of facilities  | 6        |       |               |                  |
| 7    | Investment expenses   | 7        |       |               |                  |
| 8    | Prior period adjustments  | 8        |       |               |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9        | 85    | 5,0           | 12.              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |       |               |                  |
|      | column (B))   | 10 2     | ,355  | 5,54          | 44.              |
| Par  | rt XII Financial Statements and Reporting   |          |       |               |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |          |       |               |                  |
|      |   |          |       | Yes           | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          |       |               |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.       |       |               |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a    |               | Х                |
|      | 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      | basis,   |       |               |                  |
|      | consolidated basis, or both:  |          |       |               |                  |
|      | Separate basis X 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    | 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 Sche    | 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       |          |       |               |                  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | 3a    | Х             |                  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit |       |               | _                |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          | 3b    | Х             |                  |

Form 990 (2022)

Department of the Treasury Internal Revenue Service

| (Form | 990) |
|-------|------|

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|-------------------|
| 2022              |
|                   |

Open to Public Inspection

| Nan        | ne of | the organization                 |                         |   |                                     |                  |                  |              | dentification number       |
|------------|-------|----------------------------------|-------------------------|---|-------------------------------------|------------------|------------------|--------------|----------------------------|
| <b>D</b> - |       |                                  |                         | ABILENE, INC  |                                     |                  |                  |              | 5-0808772                  |
| Ра         | rt I  | Reason for Public (              | Sharity Status.         | (All organizations must c                             | omplete th                          | nis part.) S     | ee instruction   | S.           |                            |
| The        | orgar | ization is not a private found   | ation because it is: (F | For lines 1 through 12, cl                            | heck only o                         | one box.)        |                  |              |                            |
| 1          |       | A church, convention of ch       | urches, or associatio   | n of churches described                               | l in <b>sectio</b>                  | n 170(b)(1       | I)(A)(i).        |              |                            |
| 2          |       | A school described in sect       | ion 170(b)(1)(A)(ii). ( | Attach Schedule E (Form                               | n 990).)                            |                  |                  |              |                            |
| 3          |       | A hospital or a cooperative      | hospital service orga   | anization described in se                             | ection 170                          | (b)(1)(A)(ii     | ii).             |              |                            |
| 4          |       | A medical research organiz       | ation operated in cor   | njunction with a hospital                             | described                           | in sectio        | n 170(b)(1)(A)   | (iii). Enter | the hospital's name,       |
|            |       | city, and state:                 |                         |   |                                     |                  |                  |              |                            |
| 5          |       | An organization operated for     | or the benefit of a col | lege or university owned                              | l or operate                        | ed by a go       | vernmental u     | nit describe | ed in                      |
|            |       | section 170(b)(1)(A)(iv). (0     |                         | · ·   |                                     | , ,              |                  |              |                            |
| 6          |       | A federal, state, or local go    |                         | nental unit described in                              | section 17                          | 70(b)(1)(A)      | (v).             |              |                            |
|            | X     |                                  | -                       |   |                                     |                  |                  | e deneral r  | oublic described in        |
| •          |       | section 170(b)(1)(A)(vi). (C     |                         |   | onn a gove                          |                  |                  | ie general j |                            |
| 8          |       | A community trust describe       |                         | 1)(A)(vi) (Complete Par                               | + 11 \                              |                  |                  |              |                            |
| 9          | H     | •                                |                         |   |                                     | nd in aanii      | upotion with a   | land grant   |                            |
| 9          |       | An agricultural research org     |                         |   |                                     | -                |                  | -            | -                          |
|            |       | or university or a non-land-o    | grant college of agric  | ulture (see instructions).                            | Enter the i                         | name, city       | , and state of   | the college  | or                         |
| 40         |       | university:                      | 11                      | 11  |                                     |                  |                  |              | d anna a stada faran       |
| 10         |       | An organization that norma       | •                       |   |                                     |                  |                  |              | •                          |
|            |       | activities related to its exen   |                         | •   |                                     |                  |                  |              | •                          |
|            |       | income and unrelated busir       |                         | (less section 511 tax) fro                            | om busines                          | ses acqui        | red by the org   | anization a  | after June 30, 1975.       |
|            |       | See section 509(a)(2). (Co       | -                       |   |                                     |                  |                  |              |                            |
| 11         |       | An organization organized a      | •                       |   | •                                   |                  |                  |              |                            |
| 12         |       | An organization organized a      | •                       | •   | •                                   |                  |                  | •            |                            |
|            |       | more publicly supported or       | ganizations describe    | d in section 509(a)(1) o                              | r section a                         | 509(a)(2).       | See section §    | 509(a)(3). ( | Check the box on           |
|            | _     | _lines 12a through 12d that      | describes the type of   | f supporting organizatior                             | n and com                           | plete lines      | 12e, 12f, and    | 12g.         |                            |
| а          |       | <b>Type I.</b> A supporting orga | anization operated, s   | upervised, or controlled                              | by its supp                         | ported org       | anization(s), ty | pically by   | giving                     |
|            |       | the supported organization       | on(s) the power to reg  | gularly appoint or elect a                            | majority o                          | f the direc      | tors or trustee  | es of the su | upporting                  |
|            |       | organization. You must o         | complete Part IV, Se    | ections A and B.                                      |                                     |                  |                  |              |                            |
| b          |       | <b>Type II.</b> A supporting org | anization supervised    | or controlled in connect                              | tion with its                       | s supporte       | ed organization  | n(s), by hav | ving                       |
|            |       | control or management o          | f the supporting orga   | anization vested in the sa                            | ame perso                           | ns that co       | ntrol or manaç   | ge the supp  | ported                     |
|            |       | organization(s). You mus         | t complete Part IV,     | Sections A and C.                                     |                                     |                  |                  |              |                            |
| с          |       | Type III functionally inte       | grated. A supporting    | g organization operated                               | in connect                          | ion with, a      | and functional   | ly integrate | ed with,                   |
|            |       | its supported organization       | n(s) (see instructions) | ). You must complete I                                | Part IV, Se                         | ctions A,        | D, and E.        |              |                            |
| d          |       | Type III non-functionally        | v integrated. A supp    | orting organization oper                              | ated in cor                         | nnection w       | vith its suppor  | ted organiz  | zation(s)                  |
|            |       | that is not functionally int     | egrated. The organiz    | ation generally must sat                              | isfy a distri                       | ibution rec      | quirement and    | an attentiv  | /eness                     |
|            |       | requirement (see instruct        | ions). You must con     | nplete Part IV, Sections                              | A and D,                            | and Part         | v.               |              |                            |
| е          |       | Check this box if the orga       | ,                       | •   |                                     |                  |                  | II. Type III |                            |
|            |       | functionally integrated, or      |                         |   |                                     |                  | 51 , 51          | , ,,         |                            |
| f          | Ente  | er the number of supported of    |                         | ,               | 0 0                                 |                  |                  |              |                            |
| a          |       | vide the following information   | •                       |   |                                     |                  |                  |              |                            |
|            |       | i) Name of supported             | (ii) EIN                | (iii) Type of organization                            | (iv) Is the orga<br>in your governi | inization listed | (v) Amount of    | monetary     | (vi) Amount of other       |
|            |       | organization                     |                         | (described on lines 1-10<br>above (see instructions)) | Yes                                 | No               | support (see in  | structions)  | support (see instructions) |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            |       |                                  |                         |   |                                     |                  |                  |              | <u> </u>                   |
|            |       |                                  |                         |   |                                     |                  |                  |              |                            |
|            | -     |                                  |                         |   |                                     |                  |                  |              |                            |
| Tota       | al    |                                  |                         |   |                                     |                  |                  |              |                            |

| tions 170(b)(1)(A)(iv) and<br>e organization failed to qualify |           | 8772 Page 2             |
|--|-----------|-------------------------|
| le organization failed to quality                              |           | -                       |
|  |           |                         |
| (c) 2020 (d) 2021  | (e) 2022  | (f) Total               |
| 301549. 3945340.   | 2040707   | 15040026                |
| 501549. 5945540.   | 5049707.  | 15940026.               |
|  |           |                         |
|  |           |                         |
| 301549. 3945340.   | 3049707.  | 15940026.               |
|  |           |                         |
|  |           |                         |
|  |           |                         |
|  |           |                         |
|  |           |                         |
|  |           |                         |
|  |           | 15940026.               |
|  | 1         | <del></del>             |
| (c) 2020 (d) 2021  | (e) 2022  | (f) Total               |
| 301549. 3945340.   | 3049707.  | 15940026.               |
|  |           |                         |
| 17,291. 1,738.   | 19,177.   | 80,526.                 |
|  |           |                         |
|  |           | +                       |
|  |           |                         |
| 19,249. 92,260.  | •         | 16020552                |
|  |           | 16020552.               |
|  | <b>12</b> |                         |
| h, or fifth tax year as a section                              |           |                         |
|  |           | . <u></u>               |
| (f))   |           | 99.50 %                 |
| III (I <i>))</i>   |           | <u>99.50</u><br>99.53 % |
| ٦r   |           | n (f))                  |

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization \_\_\_\_\_L b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990) 2022

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### o)(1)(A)(vi)

| 20    | Ρ | rivate <sup>·</sup> | f |
|-------|---|---------------------|---|
| 23202 | 3 | 12-09-22            |   |

Schedule A (Form 990) 2022

| Private foundation | . If the organization did not check | a box on line 14, | 19a, or 19b, | , check this box and see instructions | 3                        |   |
|--------------------|-------------------------------------|-------------------|--------------|---------------------------------------|--------------------------|---|
| 23 12-09-22        |                                     |                   |              | S                                     | chedule A (Form 990) 202 | 2 |

| qualify under the tests listed<br>Section A. Public Support  | below, please comp     | olete Part II.)     |                       |                     |                       |               |
|--|------------------------|---------------------|-----------------------|---------------------|-----------------------|---------------|
|  | () 0010                | (1) 0010            | ( ) 0000              | ( 1) 0001           | () 0000               | (0 T )        |
| Calendar year (or fiscal year beginning in)  | (a) 2018               | (b) 2019            | (c) 2020              | (d) 2021            | (e) 2022              | (f) Total     |
| 1 Gifts, grants, contributions, and membership fees received. (Do not  |                        |                     |                       |                     |                       |               |
| include any "unusual grants.")   |                        |                     |                       |                     |                       |               |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                        |                     |                       |                     |                       |               |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus-  |                        |                     |                       |                     |                       |               |
| iness under section 513  |                        |                     |                       |                     |                       |               |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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 disqualified persons   |                        |                     |                       |                     |                       |               |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year         |                        |                     |                       |                     |                       |               |
| c Add lines 7a and 7b  |                        |                     |                       |                     |                       |               |
| 8 Public support. (Subtract line 7c from line 6.)  |                        |                     |                       |                     |                       |               |
| Section B. Total Support   |                        |                     |                       |                     |                       |               |
| Calendar year (or fiscal year beginning in)  | (a) 2018               | <b>(b)</b> 2019     | (c) 2020              | (d) 2021            | (e) 2022              | (f) Total     |
| 9 Amounts from line 6  |                        |                     |                       |                     |                       |               |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                        |                     |                       |                     |                       |               |
| <b>b</b> Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975   |                        |                     |                       |                     |                       |               |
| c Add lines 10a and 10b  |                        |                     |                       |                     |                       |               |
| <ul> <li>11 Net income from unrelated business<br/>activities not included on line 10b,<br/>whether or not the business is<br/>regularly carried on</li> </ul>                           |                        |                     |                       |                     |                       |               |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                        |                     |                       |                     |                       |               |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                        |                     |                       |                     |                       |               |
| 14 First 5 years. If the Form 990 is for   | the organization's fi  | rst, second, third, | fourth, or fifth tax  | year as a section   | 501(c)(3) organizatio | n,            |
| check this box and stop here   |                        |                     |                       |                     |                       |               |
| Section C. Computation of Pub  | lic Support Per        | rcentage            |                       |                     |                       |               |
| 15 Public support percentage for 2022  | (line 8, column (f), d | livided by line 13, | column (f))           |                     | 15                    | %             |
| 16 Public support percentage from 202  |                        |                     |                       | <u></u>             | 16                    | %             |
| Section D. Computation of Inve   | stment Income          | e Percentage        |                       |                     |                       |               |
| <ul><li>17 Investment income percentage for 2</li><li>18 Investment income percentage from</li></ul>   |                        |                     | ine 13, column (f))   |                     | 17<br>18              | <u>%</u><br>% |
| <b>19a 33 1/3% support tests - 2022.</b> If th   |                        |                     |                       |                     |                       |               |
| more than 33 1/3%, check this box a  |                        |                     |                       |                     |                       |               |
| b 33 1/3% support tests - 2021. If th  | e organization did n   | not check a box or  | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, ai  | nd            |
| line 18 is not more than 33 1/3%, ch   | eck this box and st    | op here. The orga   | anization qualifies a | as a publicly supp  | orted organization    |               |

(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

| 75- | 0808772 | Page 3 |
|-----|---------|--------|
| 15  | 0000//2 | Page 3 |

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.

documents? If "No," describe in Part VI how the supported organizations are designated. If designated by

under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

1 Are all of the organization's supported organizations listed by name in the organization's governing

2 Did the organization have any supported organization that does not have an IRS determination of status

class or purpose, describe the designation. If historic and continuing relationship, explain.

- 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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.)

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

| Schedule A | (Form 990) | ) 2022        | UNITED        | WAY     | OF | ABILENE, | INC |
|------------|------------|---------------|---------------|---------|----|----------|-----|
| Part IV    | Suppor     | rting Organiz | zations (cont | tinued) |    |          |     |

2

Yes No

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 1  | 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 on lines 11b and   |     |     |    |
|    | 11c below, the governing body of a supported organization?   | 11a |     |    |
| b  | A family member of a person described on line 11a above?   | 11b |     |    |
| с  | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |     |     |    |
|    | detail in Part VI.   | 11c |     |    |
| ec | tion B. Type I Supporting Organizations  |     |     |    |
|    |  |     | Yes | No |
| I  | 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the |     |     |    |
|    | supported organization, possible for the benefit of any supported organization other than the supported arganization powers during the tax year.   | 1   |     |    |

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

| SUDEIVISEL   |                  |                 |
|--------------|------------------|-----------------|
| Section C. T | pe II Supporting | o Organizations |

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

| Section D. | All Type III | Supporting | Organizations |
|------------|--------------|------------|---------------|

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

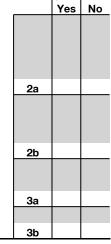
#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy | , the Integral Part Test during the year | ar (see instructions). |
|---|--|--|------------------------|
| - |  |  |                        |

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| с | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). |
|---|---|---|
|   |   |   |

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 on 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.



| <b>a</b> ı  | dule A (Form 990) 2022       UNITED WAY OF ABILENE,         t V       Type III Non-Functionally Integrated 509(a)(3) Supportionally   | ng Organi                                | zations        | 75-0808772 Pag                 |
|---|---|--|----------------|--------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualify  |  |                | Part VI). See instruction      |
| ect   | All other Type III non-functionally integrated supporting organizations mu  | <u>ist complete s</u>                    | (A) Prior Year | (B) Current Year<br>(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  |                |                                |
| _   | Other expenses (see instructions)   | 7  |                |                                |
| 7   |   |  |                |                                |
| 7<br>8  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8  |                |                                |
| 8   |   | 8  | (A) Prior Year | (B) Current Year<br>(optional) |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8  | (A) Prior Year |                                |
| 8<br>ect  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)<br>ion B - Minimum Asset Amount  | 8  | (A) Prior Year |                                |
| ect   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see   | 8  | (A) Prior Year |                                |
| ect   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):   |  | (A) Prior Year |                                |
| ect   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)<br>ion B - Minimum Asset Amount<br>Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):<br>Average monthly value of securities   | 1a                                       | (A) Prior Year |                                |
| 8<br>ect<br>1<br>a<br>b<br>c                                      | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances   | 1a<br>1b                                 | (A) Prior Year |                                |
| 8<br>ect<br>1<br>a<br>b<br>c<br>d                                 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets   | 1a<br>1b<br>1c                           | (A) Prior Year |                                |
| 8<br>ect<br>1<br>a<br>b<br>c<br>d                                 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)  | 1a<br>1b<br>1c                           | (A) Prior Year |                                |
| 8<br>ect<br>1<br><u>a</u><br><u>b</u><br>c<br>d<br>e              | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see         instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors  | 1a<br>1b<br>1c                           | (A) Prior Year |                                |
| 8<br>ect<br>1<br>2<br>6<br>2                                      | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see         instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         (explain in detail in Part VI):  | 1a<br>1b<br>1c<br>1d                     | (A) Prior Year |                                |
| 8<br>ect<br>1<br>2<br>2<br>3                                      | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see         instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets   | 1a<br>1b<br>1c<br>1d<br>2                | (A) Prior Year |                                |
| 8<br>ect<br>1<br>2<br>2<br>3                                      | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors<br>(explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.   | 1a<br>1b<br>1c<br>1d<br>2                | (A) Prior Year |                                |
| 8<br>ect<br>1<br>1<br><u>a</u><br>b<br>c<br>d<br>e<br>2<br>3<br>4 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see         instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,                   | 1a<br>1b<br>1c<br>1d<br>2<br>2<br>3      | (A) Prior Year |                                |
| 8<br>ect<br>1<br>a<br>b<br>c<br>d                                 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         ion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 1a<br>1b<br>1c<br>1d<br>2<br>2<br>3<br>4 | (A) Prior Year |                                |

#### c.

| Sec | tion 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 integrated Type III supporting organization (see |   |              |  |  |  |

instructions).

Schedule A (Form 990) 2022

| Sche | dule A (Form 990) 2022 UNITED WAY OF                          | 'ABILENE, INC                      |                                       | 7    | 5-0808772 Pag                             |
|------|---|------------------------------------|---------------------------------------|------|---|
| _    | rt V Type III Non-Functionally Integrated 509                 | (a)(3) Supporting Orga             | nizations (continu                    | ied) |   |
| Sect | ion D - Distributions   |                                    | loontine                              |      | Current Year                              |
|      | Amounts paid to supported organizations to accomplish exe     | empt purposes                      |                                       | 1    | •   |
|      | Amounts paid to perform activity that directly furthers exem  |                                    |                                       |      |   |
|      | organizations, in excess of income from activity              |                                    |                                       | 2    |   |
| 3    | Administrative expenses paid to accomplish exempt purpos      | es of supported organization       | S                                     | 3    |   |
| 4    | Amounts paid to acquire exempt-use assets                     |                                    |                                       | 4    |   |
| 5    | Qualified set-aside amounts (prior IRS approval required - pl | rovide details in <b>Part VI</b> ) |                                       | 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 t | he organization is responsive      | 1                                     |      |   |
|      | (provide details in <b>Part VI</b> ). See instructions.       | 5                                  |                                       | 8    |   |
| 9    | Distributable amount for 2022 from Section C, line 6          |                                    |                                       | 9    |   |
| 10   | Line 8 amount divided by line 9 amount                        |                                    |                                       | 10   |   |
|      | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions        | (ii)<br>Underdistributior<br>Pre-2022 | ·    | (iii)<br>Distributable<br>Amount for 2022 |
| 1    | Distributable amount for 2022 from Section C, line 6          |                                    |                                       |      |   |
| 2    | Underdistributions, if any, for years prior to 2022 (reason-  |                                    |                                       |      |   |
|      | able cause required - explain in Part VI). See instructions.  |                                    |                                       |      |   |
| 3    | Excess distributions carryover, if any, to 2022               |                                    |                                       |      |   |
| а    | From 2017   |                                    |                                       |      |   |
| b    | From 2018   |                                    |                                       |      |   |
| с    | From 2019   |                                    |                                       |      |   |
| d    | From 2020   |                                    |                                       |      |   |
| е    | From 2021   |                                    |                                       |      |   |
| f    | Total of lines 3a through 3e                                  |                                    |                                       |      |   |
|      | Applied to underdistributions of prior years                  |                                    |                                       |      |   |
|      | Applied to 2022 distributable amount                          |                                    |                                       |      |   |
|      | Carryover from 2017 not applied (see instructions)            |                                    |                                       |      |   |
| i    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                                    |                                       |      |   |
| 4    | Distributions for 2022 from Section D,                        |                                    |                                       |      |   |
|      | line 7: \$  |                                    |                                       |      |   |
| а    | Applied to underdistributions of prior years                  |                                    |                                       |      |   |
|      | Applied to 2022 distributable amount                          |                                    |                                       |      |   |
|      | Remainder. Subtract lines 4a and 4b from line 4.              |                                    |                                       |      |   |
| 5    | Remaining underdistributions for years prior to 2022, if      |                                    |                                       |      |   |
| -    | any. Subtract lines 3g and 4a from line 2. For result greater |                                    |                                       |      |   |
|      | than zero, explain in <b>Part VI.</b> See instructions.       |                                    |                                       |      |   |
|      |   |                                    |                                       |      |   |
| 6    | Remaining underdistributions for 2022. Subtract lines 3h      |                                    |                                       |      |   |

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

2 Page 7

| Schedule A | (Form 990) 2022   | UNITED                               | WAY C                       | )F AB                 | BILENE                        | , INC       | 75-0808772 Page 8  |
|------------|---|--------------------------------------|-----------------------------|-----------------------|-------------------------------|-------------|--|
| Part VI    | Supplemental Inform<br>Part IV, Section A, lines 1<br>line 1; Part IV, Section D, | , 2, 30, 30, 40,<br>lines 2 and 3; F | 4c, 5a, 6, 9<br>art IV, Seo | 9a, 9b, s<br>ction E, | 9c, 11a, 11c<br>lines 1c, 2a, | 2b, 3a, and | Part II, line 17a or 17b; Part III, line 12;<br>Part IV, Section B, lines 1 and 2; Part IV, Section C,<br>d 3b; Part V, line 1; Part V, Section B, line 1e; Part V,<br>e this part for any additional information. |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |
|            |   |                                      |                             |                       |                               |             |  |

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

INC

OMB No. 1545-0047

# 2022

Employer identification number

75-0808772

| Schedule   | В |
|------------|---|
| (Form 990) |   |

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

| 5                  | ·  |
|--------------------|--|
| Filers of:         | Section:   |
| Form 990 or 990-EZ | X 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  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |
|                    |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)



UNITED WAY OF ABILENE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |   | \$ <u>230,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$ <u>252,500.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |   | \$ <u>75,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |   | \$75,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)               |

UNITED WAY OF ABILENE, INC

Name of organization

Employer identification number

75 - 0808772

Schedule B (Form 990) (2022)

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed.           |
|------------------------------|---|---|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |
|                              |   | \$  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |
|                              |   | \$  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |
|                              |   | \$  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate<br>(See instructions.)  |
|                              |   | \$  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |
|                              |   | \$  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate<br>(See instructions.)  |

Schedule B (Form 990) (2022) Name of organization

Employer identification number

(d) Date received

75-0808772

\$

(d) Date received

# UNITED WAY OF ABILENE, INC I

| Schedule                  | B (Form 990) (2022)   |  | Page <b>4</b>   |  |  |  |
|---------------------------|---|--|---|--|--|--|
| Name of o                 | organization  |  | Employer identification number  |  |  |  |
| UNITE                     | D WAY OF ABILENE, INC   |  | 75-0808772  |  |  |  |
| Part III                  |   |  | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |
|                           | completing Part III, enter the total of exclusively religious, ch | naritable, etc., contributions of \$1,000 or | less for the year. (Enter this info. once.)                             |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if additional s                  | pace is needed.                              |   |  |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift                              | (d) Description of how gift is held                                     |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   | (e) Transfer of gif                          | ït  |  |  |  |
|                           | Transferee's name, address, an                                    | d ZIP + 4                                    | Relationship of transferor to transferee                                |  |  |  |
|                           |   | [  |   |  |  |  |
|                           |   |  |   |  |  |  |
| (a) No.                   |   |  |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c) Use of                                    |  | (d) Description of how gift is held                                     |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   | it   |   |  |  |  |
|                           | Transferee's name, address, an                                    | d <b>7I</b> P + 4                            | Relationship of transferor to transferee                                |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use of gift                              | (d) Description of how gift is held                                     |  |  |  |
| Part I                    | (   | (-,  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           | I   | (e) Transfer of git                          |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           | Transferee's name, address, an                                    | Id ZIP + 4                                   | Relationship of transferor to transferee                                |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
| (a) No.<br>from           |   |  |   |  |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift                              | (d) Description of how gift is held                                     |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   | (e) Transfer of gif                          | it  |  |  |  |
|                           | Transferee's name, address, an                                    | d ZIP + 4                                    | Relationship of transferor to transferee                                |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |
|                           |   |  |   |  |  |  |

| (Forr  | HEDULE D<br>n 990)                      | Part IV, line 6, 7, 8, 9, 10,                                   | nization answered "Yes       | s" on Form 990,             | ŀ                | OMB No. 154                                       | 2     |
|--------|---|---|------------------------------|-----------------------------|------------------|---|-------|
|        | ment of the Treasury<br>Revenue Service | م<br>Go to www.irs.gov/Form990                                  |                              | ne latest information.      |                  | Inspection  |       |
| Nam    | e of the organizati                     |   |                              |                             |                  | identification                                    |       |
| -      |   | UNITED WAY OF ABILE   |                              |                             |                  | 5-080877  |       |
| Pa     |   | ations Maintaining Donor Advised                                |                              | Similar Funds or A          | ccounts. (       | Complete if the                                   |       |
|        | organizatio                             | n answered "Yes" on Form 990, Part IV, line<br>I                |                              | d fundo                     | (h) Funda and    |   | ta    |
|        | <b>T</b> . <b>i</b> . <b>i i i</b>      |   | (a) Donor advise             |                             | (b) Fullus allu  | l other account                                   | .5    |
| 1      |   | nd of year  |                              |                             |                  |   |       |
| 2<br>3 |   | f contributions to (during year)<br>f grants from (during year) |                              |                             |                  |   |       |
| 4      |   | t end of year   |                              |                             |                  |   |       |
| 5      |   | on inform all donors and donor advisors in v                    | vriting that the assets he   | ld in donor advised fun     | ds               |   |       |
| -      | •                                       | on's property, subject to the organization's                    | •                            |                             |                  | Yes   | No    |
| 6      |   | on inform all grantees, donors, and donor a                     |                              |                             |                  |   |       |
|        | for charitable purp                     | ooses and not for the benefit of the donor or                   | donor advisor, or for an     | y other purpose confer      | ring             |   |       |
|        | impermissible priv                      |   |                              |                             |                  | Yes   | No No |
| Pa     | t II Conserv                            | ation Easements. Complete if the org                            | anization answered "Ye       | s" on Form 990, Part IV     | , line 7.        |   |       |
| 1      |   | servation easements held by the organization                    |                              | -                           |                  |   |       |
|        |   | n of land for public use (for example, recreat                  | tion or education)           | Preservation of a hist      |                  |   |       |
|        |   | f natural habitat   |                              | Preservation of a cert      | ified historic s | tructure  |       |
| •      |   | n of open space   |                              |                             |                  |   | 1     |
| 2      | day of the tax year                     | through 2d if the organization held a qualifi                   | ed conservation contrib      | ution in the form of a co   |                  | sement on the |       |
| •      | 5                                       |   |                              |                             | 2a               |   |       |
| a<br>b |   | onservation easements   |                              |                             | 2a<br>2b         |   |       |
| c      | ° °                                     | vation easements on a certified historic stru                   | icture included in (a)       |                             | 20<br>2c         |   |       |
| d      |   | vation easements included in (c) acquired a                     |                              |                             | 20               |   |       |
|        |   |   |                              |                             | 2d               |   |       |
| 3      |   | vation easements modified, transferred, rele                    |                              |                             | ization during   | the tax   |       |
|        | year                                    |   |                              |                             |                  |   |       |
| 4      | Number of states                        | where property subject to conservation eas                      | ement is located             |                             |                  |   |       |
| 5      | Does the organiza                       | tion have a written policy regarding the peri                   | odic monitoring, inspect     | tion, handling of           |                  |   |       |
|        |   | orcement of the conservation easements it                       |                              |                             |                  | Yes   | No    |
| 6      | Staff and voluntee                      | r hours devoted to monitoring, inspecting, I                    | handling of violations, ar   | nd enforcing conservation   | on easements     | during the yea                                    | r     |
| _      |   | <u> </u>  |                              |                             |                  |   |       |
| 7      | Amount of expens                        | ses incurred in monitoring, inspecting, hand                    | ling of violations, and en   | forcing conservation ea     | sements durir    | ng the year                                       |       |
| 8      |   | <br>vation easement reported on line 2(d) above                 | a satisfy the requirement    | ts of section $170(h)(A)/P$ | ) <i>(</i> i)    |   |       |
| 0      | and section 170(h                       |   |                              |                             |                  | Yes   | No    |
| 9      | •                                       | )(4)(B)(II)?<br>be how the organization reports conservation    |                              |                             |                  |   |       |
| Ū      |   | d include, if applicable, the text of the footn                 |                              | -                           |                  | he  |       |
|        | organization's acc                      | ounting for conservation easements.                             | -                            |                             |                  |   |       |
| Pa     | t III Organiza                          | ations Maintaining Collections of                               | Art, Historical Tre          | asures, or Other S          | Similar Ass      | ets.  | -     |
|        | Complete i                              | f 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 reve | enue statement and bal      | ance sheet wo    | orks  |       |
|        | of art, historical tre                  | easures, or other similar assets held for pub                   | lic exhibition, education    | , or research in furthera   | nce of public    |   |       |
|        | service, provide in                     | Part XIII the text of the footnote to its finan                 | cial statements that des     | cribes these items.         |                  |   |       |
| b      | •                                       | elected, as permitted under FASB ASC 958                        | •                            |                             |                  |   |       |
|        |   | sures, or other similar assets held for public                  | exhibition, education, or    | r research in furtheranc    | e of public ser  | vice,   |       |
|        | •                                       | ing amounts relating to these items:                            |                              |                             | *                |   |       |
|        |   | ded on Form 990, Part VIII, line 1                              |                              |                             | •                |   |       |
|        | (III) Assets Include                    | ed in Form 990, Part X  |                              |                             | Þ                |   |       |

| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid | е   |  |
|---|---|-----|--|
|   | the following amounts required to be reported under FASB ASC 958 relating to these items:                                   |     |  |
| а | Revenue included on Form 990, Part VIII, line 1   | \$_ |  |
| b | Assets included in Form 990, Part X   | \$  |  |

Schedule D (Form 990) 2022

| Sche     | dule D (Form 990) 2022 UNITED   | WAY OF ABIL                      | ENE, INC               |                         |                            | 75-08         | 08772      | 2 Pa    | 1ge <b>2</b> |
|----------|---|----------------------------------|------------------------|-------------------------|----------------------------|---------------|------------|---------|--------------|
|          | t III Organizations Maintaining C   | ollections of Art                | , Historical Tre       | easures, or Ot          | her Simila                 | ar Assets     | contin     | ued)    |              |
| 3        | Using the organization's acquisition, accession                               | on, and other records            | , check any of the     | following that mal      | ke significant             | use of its    |            |         |              |
|          | collection items (check all that apply):                                      |                                  |                        |                         |                            |               |            |         |              |
| а        | Public exhibition   | d                                | Loan or exc            | hange program           |                            |               |            |         |              |
| b        | Scholarly research  | е                                | Other                  |                         |                            |               |            |         |              |
| С        | Preservation for future generations   |                                  |                        |                         |                            |               |            |         |              |
| 4        | Provide a description of the organization's co                                | ellections and explain           | how they further the   | ne organization's e     | exempt purp                | ose in Part   | XIII.      |         |              |
| 5        | During the year, did the organization solicit of                              | r receive donations o            | f art, historical trea | sures, or other sin     | nilar assets               | _             | _          |         |              |
|          | to be sold to raise funds rather than to be ma                                |                                  |                        |                         | <u></u>                    |               | Yes        |         | No           |
| Par      |   |                                  | te if the organizatio  | n answered "Yes         | on Form 99                 | 0, Part IV, I | line 9, or |         |              |
|          | reported an amount on Form 990, Par   |                                  |                        |                         |                            |               |            |         |              |
| 1a       | Is the organization an agent, trustee, custodia                               |                                  | •                      |                         |                            | _             | ٦.,        |         | 1            |
|          | on Form 990, Part X?  |                                  |                        |                         |                            | L             | Yes        |         | No           |
| b        | If "Yes," explain the arrangement in Part XIII a                              | and complete the foll            | owing table:           |                         |                            | T             | Amount     |         |              |
|          | Destination to desta  |                                  |                        |                         |                            | +             | Amount     |         |              |
|          | Beginning balance   |                                  |                        |                         |                            | -             |            |         |              |
|          | Additions during the year   |                                  |                        |                         |                            | -             |            |         |              |
| f        | Distributions during the year   |                                  |                        |                         |                            |               |            |         |              |
| '<br>2a  | Ending balance<br>Did the organization include an amount on Fo                |                                  |                        |                         |                            |               | Yes        |         | No           |
|          | If "Yes," explain the arrangement in Part XIII.                               |                                  |                        |                         | • • • • • •                |               |            |         |              |
| Par      |   |                                  |                        |                         |                            |               |            |         | <u>.</u>     |
|          |   | (a) Current year                 | (b) Prior year         | (c) Two years ba        |                            | years back    | (e) Four   | years l | back         |
| 1a       | Beginning of year balance   | 69,247.                          | 60,782.                | 53,92                   | 6.                         | 46,528.       |            | 49,9    | 927.         |
| b        | Contributions   |                                  |                        |                         |                            |               |            |         |              |
| с        | Net investment earnings, gains, and losses                                    | -7,947.                          | 8,465.                 | 6,85                    | 6.                         | 7,398.        |            | -3,3    | 399.         |
| d        | Grants or scholarships  |                                  |                        |                         |                            |               |            |         |              |
|          | Other expenditures for facilities   |                                  |                        |                         |                            |               |            |         |              |
|          | and programs  |                                  |                        |                         |                            |               |            |         |              |
| f        | Administrative expenses   |                                  |                        |                         |                            |               |            |         |              |
| g        | End of year balance   | 61,300.                          | 69,247.                | 60,78                   | 2.                         | 53,926.       |            | 46,5    | 528.         |
| 2        | Provide the estimated percentage of the curr                                  | ent year end balance             | (line 1g, column (a    | )) held as:             |                            |               |            |         |              |
| а        | Board designated or quasi-endowment   |                                  | _%                     |                         |                            |               |            |         |              |
| b        | Permanent endowment 100   | %                                |                        |                         |                            |               |            |         |              |
| с        | Term endowment  | %                                |                        |                         |                            |               |            |         |              |
|          | The percentages on lines 2a, 2b, and 2c show                                  | uld equal 100%.                  |                        |                         |                            |               |            |         |              |
| 3a       | Are there endowment funds not in the posses                                   | ssion of the organizat           | tion that are held a   | nd administered for     | or the                     |               | г          |         |              |
|          | organization by:  |                                  |                        |                         |                            |               |            | Yes     | No           |
|          | (i) Unrelated organizations   |                                  |                        |                         |                            |               | 3a(i)      | x       |              |
|          | (ii) Related organizations  |                                  |                        |                         |                            |               | 3a(ii)     |         | X            |
| b        | If "Yes" on line 3a(ii), are the related organiza                             |                                  |                        |                         |                            |               | 3b         |         |              |
| 4<br>Dar | Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm |                                  | vment funds.           |                         |                            |               |            |         |              |
| T ai     | Complete if the organization answered   |                                  | Part IV line 11a S     | ee Form 000 Par         | t X line 10                |               |            |         |              |
|          |   |                                  |                        |                         |                            | tod           |            |         |              |
|          | Description of property   | (a) Cost or ot<br>basis (investm | • • •                  | t or other (<br>(other) | c) Accumula<br>depreciatio |               | (d) Bool   | value   | ;            |
| 19       | Land  |                                  |                        | ()                      |                            |               |            |         |              |
|          | Buildings   |                                  |                        |                         |                            |               |            |         |              |
|          | Leasehold improvements  |                                  | 63                     | 9,624.                  | 131,5                      | 53.           | 508        | 3,07    | /1.          |
|          | Equipment   |                                  |                        | 3,431.                  | 120,4                      |               |            | 2,96    |              |
|          | Other   |                                  |                        | ,                       | / -                        |               |            | ,       |              |
|          | . Add lines 1a through 1e. (Column (d) must e                                 |                                  | ( column (R) line 1    | 0c.)                    |                            |               | 551        | L,03    | 32.          |
|          |   |                                  |                        | *                       |                            |               |            |         |              |

Schedule D (Form 990) 2022

| (A)        |   |   |   |                        |
|------------|---|---|---|------------------------|
| (B)        |   |   |   |                        |
| (C)        |   |   |   |                        |
| (D)        |   |   |   |                        |
| (E)        |   |   |   |                        |
| (F)        |   |   |   |                        |
| (G)        |   |   |   |                        |
| (H)        |   |   |   |                        |
| Total. (Co | ol. (b) must equal Form 990, Part X, col. (B) line 12.)   |   |   |                        |
| Part V     | III Investments - Program Related.  |   |   |                        |
|            | Complete if the organization answered "Yes"   | on Form 990, Part IV, line              | 11c. See Form 990, Part X, line 13.       |                        |
|            | (a) Description of investment   | (b) Book value                          | (c) Method of valuation: Cost or en       | d-of-year market value |
| (1)        |   |   |   |                        |
| (2)        |   |   |   |                        |
| (3)        |   |   |   |                        |
| (4)        |   |   |   |                        |
| (5)        |   |   |   |                        |
| (6)        |   |   |   |                        |
| (7)        |   |   |   |                        |
| (8)        |   |   |   |                        |
| (9)        |   |   |   |                        |
|            | ol. (b) must equal Form 990, Part X, col. (B) line 13.)   |   |   |                        |
| Part I)    | X Other Assets.   | •                                       |   |                        |
|            | Complete if the organization answered "Yes"   | on Form 990, Part IV, line              | 11d. See Form 990, Part X, line 15.       |                        |
|            | (a)   | Description                             |   | (b) Book value         |
| (1)        |   |   |   |                        |
| (2)        |   |   |   |                        |
| (3)        |   |   |   |                        |
| (4)        |   |   |   |                        |
| (5)        |   |   |   |                        |
| (6)        |   |   |   |                        |
| (7)        |   |   |   |                        |
| (8)        |   |   |   |                        |
| (9)        |   |   |   |                        |
|            | olumn (b) must equal Form 990, Part X, col. (B) line  | - 15 )                                  |   |                        |
| Part X     | Other Liabilities.  | - 10.)                                  |   |                        |
|            | Complete if the organization answered "Yes"   | on Form 990. Part IV. line              | 11e or 11f. See Form 990. Part X. line 25 | 5.                     |
| 1.         | (a) Description of liability  | · · · , · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·     | (b) Book value         |
|            | Federal income taxes  |   |   |                        |
|            | PAYROLL LIABILITIES   |   |   | 84,501.                |
|            | OPERATING LEASE LIABILITY   |   |   | 125,661.               |
|            |   |   |   | 125,001                |
| (4)        |   |   |   |                        |
| (5)        |   |   |   |                        |
| (6)        |   |   |   |                        |
| (7)        |   |   |   |                        |
| (8)        |   |   |   |                        |
| <u>(9)</u> |   |   |   | 210 160                |
|            | olumn (b) must equal Form 990, Part X, col. (B) line  |   |   | 210,162.               |
|            | lity for uncertain tax positions. In Part XIII, provide<br>nization's liability for uncertain tax positions under |   |   |                        |

## Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security)   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                      |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Fotal</b> (Col. (b) must equal Form 000, Dart V, col. (D) line 12.) |                |   |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2022 UNITED WAY OF ABILENE, INC

#### UNITED WAY OF ABILENE, INC

Add lines 2a through 2d

Subtract line 2e from line 1

c Add lines 4a and 4b

| Sche | dule D  | (Form 990) 2022        | UNITED            | WAY       | OF      | ABILENE          | INC         |       |                  | 75-   | 0808772 | Page 4 |
|------|---------|------------------------|-------------------|-----------|---------|------------------|-------------|-------|------------------|-------|---------|--------|
| Par  | t XI    | Reconciliation         | of Revenue        | per Au    | udite   | d Financial S    | tatement    | s Wit | h Revenue per Re | turn. |         |        |
|      |         | Complete if the org    | anization answer  | ed "Yes   | " on F  | orm 990, Part IV | , line 12a. |       |                  |       |         |        |
| 1    | Total r | evenue, gains, and o   | other support per | r audited | d finan | icial statements |             |       |                  | 1     | 3,741,  | ,674.  |
| 2    | Amou    | nts included on line   | 1 but not on Forn | n 990, F  | Part VI | II, line 12:     |             |       |                  |       |         |        |
| а    | Net ur  | nrealized gains (losse | es) on investment | :s        |         |                  |             | 2a    |                  |       |         |        |
| b    | Donat   | ed services and use    | of facilities     |           |         |                  |             | 2b    | 138,099.         |       |         |        |
| с    | Recov   | eries of prior year gr | ants              |           |         |                  |             | 2c    |                  |       |         |        |

2d

4a

4b

| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                |    |           | 5  | 3,146,722. |  |  |  |  |
|----|--|----|-----------|----|------------|--|--|--|--|
| Pa | Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. |    |           |    |            |  |  |  |  |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                    |    |           |    |            |  |  |  |  |
| 1  | Total expenses and losses per audited financial statements                                     |    |           | 1  | 3,859,557. |  |  |  |  |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:                              |    |           |    |            |  |  |  |  |
| а  | Donated services and use of facilities   | 2a | 39,286.   |    |            |  |  |  |  |
| b  | Prior year adjustments   | 2b |           |    |            |  |  |  |  |
| с  | Other losses   | 2c |           |    |            |  |  |  |  |
|    | Other (Describe in Part XIII.)   | 2d |           |    |            |  |  |  |  |
| е  | Add lines 2a through 2d  |    |           | 2e | 39,286.    |  |  |  |  |
| 3  | Subtract line 2e from line 1   |    |           | 3  | 3,820,271. |  |  |  |  |
| 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 |           |    |            |  |  |  |  |
| b  | Other (Describe in Part XIII.)   | 4b | -456,853. |    |            |  |  |  |  |
| с  | Add lines 4a and 4b  |    |           | 4c | -456,853.  |  |  |  |  |
| 5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)               |    |           | 5  | 3,363,418. |  |  |  |  |
| Pa | t XIII Supplemental Information.   |    |           |    |            |  |  |  |  |

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

#### PART V, LINE 4:

d

е

3

4

b

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

#### ENDOWMENT FUNDS ARE INTENDED TO SUPPORT UNITED WAY OF ABILENE AND ITS

NETWORK OF AGENCIES AND PROGRAMS.

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### SCH G NET FUNDRAISING EXPENSES

#### PART XII, LINE 4B - OTHER ADJUSTMENTS:

### SCH G NET FUNDRAISING EXPENSES

2e

3

4c

5

-456,853.

138,099.

3,603,575.

-456,853.

3,146,722.

-456,853.

-456,853.

| (continued) |      |  |
|-------------|------|--|
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| SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities  |  |  |   |  |   |            |  |   |  |  |
|---|--|--|---|--|---|------------|--|---|--|--|
| (Form 990)  |  | e organization answered "Yes" on<br>organization entered more than \$15  |   |  |   | or 19, o   | or if the  | 2022  |  |  |
| Department of the Treasury  |  | Attach to Form 990 c   |   |  |   |            |  | Open to Public  |  |  |
| Internal Revenue Service<br>Name of the organization  |  | o www.irs.gov/Form990 for instruc  | ctions  | and th   | ne latest information   | n.         | Employer is  | Inspection<br>lentification number                      |  |  |
| Name of the organization  |  | WAY OF ABILENE, IN   | ~   |  |   |            | 75-080   |   |  |  |
| Part I Fundrais   |  | Complete if the organization answe   |   | 'es" or  | Form 990 Part IV I  | ine 17     |  |   |  |  |
|   | complete this part   |  | ica i   | 00 01  | r onn 000, r ar nv, i   |            | . 1 0111 000 1   |   |  |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, Pa | <b>f</b> Solicitat<br><b>g</b> Special<br>or oral agreement with any individual<br>art VII) or entity in connection with p | tion of<br>tion of<br>fundra<br>(incluc       | non-g<br>gover<br>aising o<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? | -          | Ye   |   |  |  |
| <b>b</b> If "Yes," list the 10 compensated at le  | •  | viduals or entities (fundraisers) pursua<br>organization.  | ant to  | agreer   | nents under which th  | he fun     | draiser is to I  | De  |  |  |
| (i) Name and address of individual or entity (fundraiser)   |  | (ii) Activity  | (iii)<br>fundr<br>have c<br>or cor<br>contrib | ustody<br>ntrol of                               | (iv) Gross receipts from activity   | tò (o<br>f | Amount paid<br>r retained by<br>undraiser<br>ed in col. <b>(i)</b> | (vi) Amount paid<br>to (or retained by)<br>organization |  |  |
|   |  |  | Yes   | No   |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
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|   |  |  |   |  |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
| Total   |  |  |   |  |   |            |  |   |  |  |
| 3 List all states in whitor licensing.  | ich the organizatio  | n is registered or licensed to solicit c   | ontrib  | utions   | or has been notified  | it is e    | xempt from I   | registration  |  |  |
|   |  |  |   |  |   |            |  |   |  |  |
|   |  |  |   |  |   |            |  |   |  |  |

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

Schedule G (Form 990) 2022

UNITED WAY OF ABILENE, INC

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

|        |                                 |  | (a) Event #1<br>WINTER<br>LIGHTFEST  | (b) Event #2                                     | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--------|---------------------------------|--|--|--|--------------------------|--|
| 2      |                                 |  | (event type)   | (event type)                                     | (total number)           |  |
| 0000   | 1                               | Gross receipts   | 662,266.   |  |                          | 662,266  |
|        | 2                               | Less: Contributions  | 171,383.   |  |                          | 171,383  |
|        | 3                               | Gross income (line 1 minus line 2)   | 490,883.   |  |                          | 490,883  |
|        | 4                               | Cash prizes  |  |  |                          |  |
|        | 5                               | Noncash prizes   |  |  |                          |  |
|        | 6                               | Rent/facility costs  |  |  |                          |  |
|        | 7                               | Food and beverages   | 38,411.  |  |                          | 38,411   |
|        | 8                               | Entertainment  | 299,382.   |  |                          | 299,382  |
|        | 9                               | Other direct expenses  |  |  |                          | 140,154  |
|        | 10                              | Direct expense summary. Add lines 4 through  |  | ·  |                          | 477,947  |
|        | 11                              | Net income summary. Subtract line 10 from li   |  |  |                          | 12,936   |
| 1      | rt I                            |  | answered "Yes" on Form   | 1990, Part IV, line 19, or re                    | eported more than        |  |
| т      |                                 | \$15,000 on Form 990-EZ, line 6a.  |  | (1.) Dull take (instant                          |                          |  |
|        |                                 |  | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (ad<br>col. (a) through col. (d       |
|        |                                 |  |  | billgo/progressive billgo                        |                          |  |
|        | 4                               |  |  |  |                          |  |
| t      |                                 | Gross revenue  |  |  |                          |  |
|        | 2                               | Cash prizes  |  |  |                          |  |
|        | -                               | саси ридов   |  |  |                          |  |
|        | 3                               | Noncash prizes   |  |  |                          |  |
|        | 4                               | Rent/facility costs  |  |  |                          |  |
| וי     | _                               |  |  |  |                          |  |
| ╉      | 5                               | Other direct expenses  |  |  | Yes %                    |  |
|        | 6                               | Volunteer labor  | │  | Yes %  | └── Yes %<br>└── No      |  |
| н      | 0                               | Volunteer labor  |  |  |                          |  |
| I      |                                 |  |  |  |                          |  |
|        | 7                               | Direct expense summary. Add lines 2 through  | n 5 in column (d)  |  |                          |  |
|        | 7                               | Direct expense summary. Add lines 2 through  | n 5 in column (d)  |  |                          |  |
|        | 7<br>8                          |  |  |  |                          |  |
|        | _                               | Direct expense summary. Add lines 2 through<br>Net gaming income summary. Subtract line 7  |  |  |                          |  |
|        | 8                               |  | í from line 1, column (d)  |  |                          |  |
|        | 8<br>Ent                        | Net gaming income summary. Subtract line 7   | from line 1, column (d)  |  |                          | Yes N  |
| a      | <b>8</b><br>Ent                 | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu   | from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these                             | states?  |                          | Yes N  |
| а      | <b>8</b><br>Ent                 | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu<br>he organization licensed to conduct gaming a                     | from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these                             | states?  |                          | Yes N  |
| a<br>b | 8<br>Ent<br>Is t                | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu-<br>the organization licensed to conduct gaming ac<br>No," explain: | from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these                             | states?  |                          |  |
| a<br>b | 8<br>Ent<br>Is t<br>If "I<br>We | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu<br>he organization licensed to conduct gaming a                     | from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these<br>evoked, suspended, or te | states?  |                          |  |

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Schedule G (Form 990) 2022

| Sch | edule G (Form 990) 2022   | UNITED WAY                | OF           | ABILEN          | E, INC             |                           | 75-08    | 808'       | 772     | Page 3 |
|-----|---|---------------------------|--------------|-----------------|--------------------|---------------------------|----------|------------|---------|--------|
| 11  | Does the organization conduct gar   | ning activities with nor  | nmem         | bers?           |                    |                           |          | · 🗌        | Yes     | No     |
|     | Is the organization a grantor, benef  |                           |              |                 |                    |                           |          |            |         |        |
|     | to administer charitable gaming?  |                           |              |                 |                    |                           |          | · 🗌        | Yes     | No No  |
| 13  | Indicate the percentage of gaming   | activity conducted in:    |              |                 |                    |                           |          |            |         |        |
| á   | The organization's facility   |                           |              |                 |                    |                           |          | 13a        |         | %      |
|     | An outside facility   |                           |              |                 |                    |                           |          | 13b        |         | %      |
| 14  | Enter the name and address of the   | person who prepares       | the o        | rganization's ( | gaming/special ev  | ents books and record     | ls:      |            |         |        |
|     | Name  |                           |              |                 |                    |                           |          |            |         |        |
|     | Address   |                           |              |                 |                    |                           |          |            |         |        |
| 15a | Does the organization have a contr  | ract with a third party f | from v       | whom the orga   | nization receives  | gaming revenue?           |          | <u> </u>   | Yes     | No No  |
|     | If "Yes," enter the amount of gamir<br>of gaming revenue retained by the<br>If "Yes," enter name and address of | third party \$            | y the c      | organization    | \$                 | and the am                | ount     |            |         |        |
|     | Name  |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     | Address   |                           |              |                 |                    |                           |          |            |         |        |
| 16  | Gaming manager information:   |                           |              |                 |                    |                           |          |            |         |        |
|     | Name  |                           |              |                 |                    |                           |          |            |         |        |
|     | Gaming manager compensation   | \$                        |              |                 |                    |                           |          |            |         |        |
|     | Description of services provided  |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     | Director/officer  | Employee                  |              | Indepen         | dent contractor    |                           |          |            |         |        |
| 17  | Mandatory distributions:  |                           |              |                 |                    |                           |          |            |         |        |
| â   | Is the organization required under  | state law to make char    | ritable      | e distributions | from the gaming    | proceeds to               |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          | <u> </u>   | Yes     | └── No |
| k   | Enter the amount of distributions re  | •                         |              | e distributed t | o other exempt o   | organizations or spent in | n the    |            |         |        |
| Pa  | organization's own exempt activitie<br><b>rt IV</b> Supplemental Inform   |                           | \$<br>avalar | nationa require | d by Dart L line ( |                           | and Dart | 111 1100   |         | b 10b  |
|     | 15b, 15c, 16, and 17b, as   |                           |              |                 |                    |                           | and Part | III, IIIIe | 35 9, 5 | , TUD, |
|     | ,,,,  |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |
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|     |   |                           |              |                 |                    |                           |          |            |         |        |
|     |   |                           |              |                 |                    |                           |          |            |         |        |

|         | 6 (Form 990) |
|---------|--------------|
| Dart IV | Supplan      |

| Partiv | Supplemental information (continued) |  |
|--------|--------------------------------------|--|
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| SCHEDULE I<br>(Form 990)   | Go         | irants and Oth<br>vernments, an<br>ete if the organization | d Individual                | s in the Ŭni                           | ted States                                    |                                       | OMB No. 1545-0047                           |  |  |
|--|------------|--|-----------------------------|--|---|---------------------------------------|---|--|--|
| Department of the Treasury   | Compl      | ete il tile organization                                   | Attach to Form              |  | t iv, inte 21 of 22.                          |                                       | Open to Public                              |  |  |
| Internal Revenue Service   |            | Go to www.irs  | .gov/Form990 for            | the latest information                 | ation.  |                                       | Inspection                                  |  |  |
| Name of the organization UNITED WA   | Y OF ABIL  | ENE, INC   |                             |  |   |                                       | Employer identification number $75-0808772$ |  |  |
| Part I General Information on Grants a   |            | •  |                             |  |   |                                       |   |  |  |
| <ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |            |  |                             |  |   |                                       |   |  |  |
| Part II Grants and Other Assistance to   | -          |  |                             |  | anization answered "Y                         | es" on Form 990, Part                 | IV, line 21, for any                        |  |  |
| recipient that received more than  | 1          |  |                             |  | (f) Method of                                 | 1                                     |   |  |  |
| <b>1 (a)</b> Name and address of organization or government  | (b) EIN    | (c) IRC section<br>(if applicable)                         | (d) Amount of<br>cash grant | (e) Amount of<br>noncash<br>assistance | valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance       |  |  |
| ABILENE HOPE HAVEN<br>801 s. TREADAWAY BLVD<br>ABILENE, TX 79602   | 75-2518820 | 501(C)(3)  | 0.                          | 166,985.                               |   |                                       | HOPE HOUSING SERVICES &<br>BRIDGE2HOME      |  |  |
| ABILENE TAYLOR PUBLIC HEALTH<br>850 N. 6TH STREET<br>ABILENE, TX 79601   | 75-6000440 | CITY OF ABILENE  | 0.                          | 65,210.                                |   |                                       | DENTAL & MERCY HEALTH<br>CARE CENTER        |  |  |
| ADULT PROTECTIVE SERVICES<br>4601 S. 1ST ST., SUITE J<br>ABILENE, TX 79605   | 75-2897499 | 501(C)(3)  | 0.                          | 8,743.                                 |   |                                       | SAFETY & INDEPENDENCE<br>PROJECT            |  |  |
| ALLIANCE FOR WOMEN & CHILDREN<br>1350 N. 10TH ST<br>ABILENE, TX 79601  | 75-1013058 | 501(C)(3)  | 0.                          | 13,848.                                |   |                                       | AFTER SCHOOL CARE                           |  |  |
| ALZHEIMER'S ASSOCIATION<br>301 S. PIONEER DR., SUITE 105<br>ABILENE, TX 79605  | 75-1984152 | 501(C)(3)  | 0.                          | 33,702.                                |   |                                       | FAMILY CARE PROGRAM                         |  |  |
| AMERICAN RED CROSS<br>1610 N 2ND<br>ABILENE, TX 79601<br>2 Enter total number of section 501(c)(3) a   | 53-0196605 |  | 0.                          | 28,848.                                |   |                                       | DISASTER SERVICES                           |  |  |

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

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

# Schedule I (Form 990) UNITED WAY OF ABILENE, INC

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                                  |                                 |  |   |  |                                       |
|--|------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| BIG BROTHERS BIG SISTERS   |            |                                  |                                 |  |   |  |                                       |
| 547 CHESTNUT ST  |            |                                  |                                 |  |   |  | ADULT MENTORS FOR                     |
| ABILENE, TX 79602  | 75-0800632 | 501(C)(3)                        | 0.                              | 90,606.                                |   |  | CHILDREN                              |
| BIG COUNTRY CASA   |            |                                  |                                 |  |   |  |                                       |
| 400 OAK ST., STE 217   |            |                                  |                                 |  |   |  | COURT APPOINTED SPECIAL               |
| ABILENE, TX 79602  | 47-4607273 | 501(C)(3)                        | 0.                              | 112,398.                               |   |  | ADVOCATES                             |
| BOY SCOUTS - TEXAS TRAILS COUNCIL  |            |                                  |                                 |  |   |  |                                       |
| 3811 N 1ST ST  |            |                                  |                                 |  |   |  |                                       |
| ABILENE, TX 79603  | 23-7206784 | 501(C)(3)                        | 0.                              | 42,934.                                |   |  | SCOUT REACH                           |
| BOYS & GIRLS CLUB OF ABILENE   |            |                                  |                                 |  |   |  |                                       |
| PO BOX 2013  |            |                                  |                                 |  |   |  | TEEN NIGHT & AFTER SCHOOI             |
| ABILENE, TX 79604  | 75-1001991 | 501(C)(3)                        | ٥.                              | 142,153.                               |   |  | PROGRAM                               |
| CANCER SERVICES NETWORK  |            |                                  |                                 |  |   |  |                                       |
| 100 CHESTNUT   |            |                                  |                                 |  |   |  |                                       |
| ABILENE, TX 79602  | 75-2794022 | 501(C)(3)                        | ٥.                              | 82,751.                                |   |  | CANCER PATIENT ASSISTANCE             |
| CHRISTIAN SERVICE CENTER OF  |            |                                  |                                 |  |   |  |                                       |
| ABILENE - 3185 N. 10THE ST -   |            |                                  |                                 |  |   |  | STANDING IN THE GAP                   |
| ABILENE, TX 79603  | 36-4561080 | 501(C)(3)                        | ٥.                              | 93,668.                                |   |  | FINANCIAL STABILITY                   |
| COMMUNITIES IN SCHOOLS OF THE BIG  |            |                                  |                                 |  |   |  |                                       |
| COUNTRY - 1654 CAMPUS COURT -  |            |                                  |                                 |  |   |  |                                       |
| ABILENE, TX 79601  | 75-2945230 | REGION XIV ESC                   | 0.                              | 115,285.                               |   |  | STUDENT SUCCESS COACHING              |
| DAY NURSERY OF ABILENE   |            |                                  |                                 |  |   |  |                                       |
| 702 CEDAR STREET   |            |                                  |                                 |  |   |  |                                       |
| ABILENE, TX 79601  | 75-1399992 | 501(C)(3)                        | 0.                              | 200,398.                               |   |  | CHILD CARE ASSISTANCE                 |
| DYESS YOUTH CENTER   |            |                                  |                                 |  |   |  |                                       |
| 232 TEXAS DR. DYESS AFB  |            |                                  |                                 |  |   |  |                                       |
| ABILENE, TX 79607  | 75-1083124 | DYESS AIRFORCE B                 | 0.                              | 21,911.                                |   |  | DYESS YOUTH PROGRAM                   |

Schedule I (Form 990)

### Schedule I (Form 990) UNITED WAY OF ABILENE, INC

| Schedule I (Form 990)         UNLTED WA           Part II         Continuation of Grants and Other J | Assistance to Do | -         | and Domestic Go                              | vernments (Sche | edule I (Form 990), Pa |   | 5-0808772 Page  |  |                                       |
|--|------------------|-----------|--|-----------------|------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government   |                  |           | (b) EIN (c) IRC section (d) if applicable ca |                 |                        | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| FAITHWORKS OF ABILENE  |                  |           |  |                 |                        |   | FAITHWORKS & BASIC NEEDS  |  |                                       |
| 1229 N. MOCKINGBIRD LN   |                  |           |  |                 |                        |   | FOR SUCCESSFUL  |  |                                       |
| ABILENE, TX 79603  | 30-1042845       | 501(C)(3) | 0.   | 50,063.         |                        |   | INTERNSHIPS   |  |                                       |
| GIRL SCOUTS OF TX/OK   |                  |           |  |                 |                        |   |   |  |                                       |
| 278 S. PIONEER #107  |                  |           |  |                 |                        |   | GIRL SCOUT LEADERSHIP   |  |                                       |
| ABILENE, TX 79605  | 75-0818162       | 501(C)(3) | ٥.   | 40,809.         |                        |   | EXPERIENCE  |  |                                       |
| NEW BEGINNINGS BIG COUNTRY   |                  |           |  |                 |                        |   |   |  |                                       |
| 2119 POTOSI ROAD   |                  |           |  |                 |                        |   | PRISON TO PAYCHECK  |  |                                       |
| ABILENE, TX 79602  | 80-0575198       | 501(C)(3) | ٥.   | 57,893.         |                        |   | PROGRAM   |  |                                       |
| NOAH PROJECT   |                  |           |  |                 |                        |   |   |  |                                       |
| PO BOX 875   |                  |           |  |                 |                        |   |   |  |                                       |
| ABILENE, TX 79604  | 75-1704926       | 501(C)(3) | 0.   | 150,450.        |                        |   | SERVE VICTIMS OF VIOLENCE   |  |                                       |
| DECRYMERTAN MEDICAL CARE MICCION   |                  |           |  |                 |                        |   |   |  |                                       |
| PRESBYTERIAN MEDICAL CARE MISSION<br>1857 PINE ST., STE #100   |                  |           |  |                 |                        |   | MEDICAL AND DENTAL  |  |                                       |
| ABILENE, TX 79601  | 75-1910600       | 501(C)(3) | 0.   | 74,126.         |                        |   | SERVICES  |  |                                       |
|  |                  |           |  |                 |                        |   |   |  |                                       |
| REGIONAL VICTIMS CRISIS CENTER   |                  |           |  |                 |                        |   |   |  |                                       |
| PO BOX 122   |                  |           |  |                 |                        |   |   |  |                                       |
| ABILENE, TX 79604  | 75-2720588       | 501(C)(3) | 0.   | 97,550.         |                        |   | SERVE VICTIMS OF CRIME  |  |                                       |
| SHACKELFORD CO. RESOURCE CENTER  |                  |           |  |                 |                        |   |   |  |                                       |
| PO BOX 876   |                  |           |  |                 |                        |   |   |  |                                       |
| ALBANY, TX 76430   | 75-2541970       | 501(C)(3) | 0.   | 81,932.         |                        |   | TEACH SELF-SUFFICIENCY  |  |                                       |
| BETTY HARDWICK CENTER  |                  |           |  |                 |                        |   |   |  |                                       |
| 2616 S CLACK ST  |                  |           |  |                 |                        |   |   |  |                                       |
| ABILENE, TX 79606  | 75-1377658       | 501(C)(3) | 0.   | 49,424.         |                        |   | ADAPTIVE RECREATION   |  |                                       |
| SALVATION ARMY   |                  |           |  |                 |                        |   |   |  |                                       |
| 1726 BUTTERNUT ST  |                  |           |  |                 |                        |   |   |  |                                       |
| ABILENE, TX 79602  | 22-2406433       | 501(C)(3) | 0.   | 55,000.         |                        |   | SELF-SUFFICIENCY  |  |                                       |

Schedule I (Form 990)

#### UNITED WAY OF ABILENE, INC Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | UARE ABILENE<br>140024<br>, TX 75214 75-2332948 501(C)(3) 0. 35,000. (book, FMV, appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |         |  |  |                           |
|--|--|--|--|---------|--|--|---------------------------|
| CITYSQUARE ABILENE<br>PO BOX 140024                |  |  |  |         |  |  |                           |
| DALLAS, TX 75214                                   | 75-2332948   | 501(C)(3)                              | 0.   | 35,000. |  |  | TRANSPORTATION ASSISTANCE |
| CENTER FOR CONTEMPORARY ARTS<br>220 CYPRESS ST     | 75 000100  | F01 ( G) ( 2 )                         |  | 10,000  |  |  |                           |
| ABILENE, TX 79601                                  | 75-2290138   | 501(C)(3)                              | 0.   | 10,000. |  |  | ARTHEALS                  |
|  |  |  |  |         |  |  |                           |
|  |  |  |  |         |  |  |                           |
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|  |  |  |  |         |  |  |                           |

75-0808772 Page 1

Schedule I (Form 990) 2022

75-0808772

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.

| UTILITY ASSISTANCE       244       87,111.       0.         EXECUTE: FAILS AND H       DISTRIBUTED TO NON-AGENCIES FOR INDIVIDUES TO NON-AGENCIES FOR INDIVIDUES TO NON-AGENCIES FOR INDIVIDUES       13,317. FMV       DN NEEDS         EMERGENCY & DISASTER APTER HOURS ASSISTANCE       22       4,553.       0.       0.         ABILENE UNITED FUND DISASTER       22       4,553.       0.       0.         ABILENE UNITED FUND DISASTER       50       43,979.       0.         Part IV       Supplemental Information. Provide the information required in Part I, ine 2: Part III, column (b): and any other additional information.       PART IV-         PART IV-       ADDITIONAL SUPPLEMENTAL INFORMATION       NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S       VOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND       STRATEGIES OF EACH GRANT APPLICANT WITHIN THE CONTEXT OF THE UNITED WAY  | cription of noncash assistance | (f) Description of none | <b>e)</b> Method of valuation<br>ok, FMV, appraisal, other) |            | (d) Amount of non cash assistance                    | (c) Amount of<br>cash grant | (b) Number of<br>recipients | (a) Type of grant or assistance                                |
|---|--------------------------------|-------------------------|---|------------|--|-----------------------------|-----------------------------|--|
| EAT THE HEAT PROGRAM 446 0. 13,317. FMV ELECTRIC FANS AND E DISTRIBUTED TO NON- AGENCIES FOR INDIVI ON NEEDS MERGENCY & DISASTER AFTER HOURS ASSISTANCE 22 4,553. 0. ENTRED FUND DISASTER 50 43,979. 0. ENTRED FUND DISASTER 50 50 50 50 50 50 50 50 50 50 50 50 50 |                                |                         |   |            |  |                             |                             |  |
| ELECTRIC FANS AND E<br>DISTRIBUTED TO NON-AGENCIES FOR INDIVI<br>ON NEEDS<br>MERGENCY & DISASTER AFTER HOURS ASSISTANCE<br>MERGENCY & DISASTER AFTER HOURS ASSISTANCE<br>22 4,553. 0.<br>BILENE UNITED FUND DISASTER<br>50 43,979. 0.<br>CHILDREN<br>48 0. 4,893.FMV<br>CHILDREN<br>Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.<br>PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION<br>NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO<br>SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S<br>ZOLUMTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN<br>PHIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                |                         |   |            |  |                             |                             |  |
| BEART THE HEAT PROGRAM       446       0.       13,317. FWV       DISTRIBUTED TO NON-<br>AGENCIES FOR INDIVI-<br>DON NEEDS         SMERGENCY & DISASTER AFTER HOURS ASSISTANCE       22       4,553.       0.       0.         NBILENE UNITED FUND DISASTER       50       43,979.       0.       0.         NBILENE UNITED FUND DISASTER       50       43,979.       0.       0.         READY KIDS       48       0.       4,893. FMV       BCHOOL SUPPLIES FOR<br>CHILDREN         PART IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         PART IV-       ADDITIONAL SUPPLEMENTAL INFORMATION         NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         VOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND  |                                |                         |   | ٥.         | 0  | 87,111.                     | 244                         | JTILITY ASSISTANCE   |
| BEAT THE HEAT PROGRAM       446       0.       13,317. PWV       ON NEEDS         MERGENCY & DISASTER AFTER HOURS ASSISTANCE       22       4,553.       0.       0.         BILENE UNITED FUND DISASTER       50       43,979.       0.       0.       0.         BILENE UNITED FUND DISASTER       50       43,979.       0.       0.       0.       0.         BILENE UNITED FUND DISASTER       50       43,979.       0.       0.       0.       0.       0.       0.         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       PART IV-       ADDITIONAL SUPPLEMENTAL INFORMATION         NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO       SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         VOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN       PART IN SUPPLEMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN   |                                |                         |   |            |  |                             |                             |  |
| EAT THE HEAT PROGRAM       446       0.       13,317. FMV       DN NEEDS         MERGENCY & DISASTER AFTER HOURS ASSISTANCE       22       4,553.       0.       0.         BILENE UNITED FUND DISASTER       50       43,979.       0.       0.       0.         READY KIDS       48       0.       4,893. FMV       CHILDREN         Part IV       Supplemental information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       SCHOOL SUPPLIES FOR CHILDREN         YAT IV - ADDITIONAL SUPPLEMENTAL INFORMATION       INFORMATION       INFORMATION         NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO       UBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN       THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                |                         |   |            |  |                             |                             |  |
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| BILENE UNITED FUND DISASTER       50       43,979.       0.         READY KIDS       48       0.       4,893. FMV       SCHOOL SUPPLIES FOR CHILDREN         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       CHILDREN         ART IV-       ADDITIONAL SUPPLEMENTAL INFORMATION       INFORMATION         ION-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO       UBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN       HIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                | ON NEEDS                |   | .7.FM      | 13,317   | 0.                          | 446                         | EAT THE HEAT PROGRAM   |
| BILENE UNITED FUND DISASTER       50       43,979.       0.         READY KIDS       48       0.       4,893.FMV       SCHOOL SUPPLIES FOR CHILDREN         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       Part IV       ADDITIONAL SUPPLEMENTAL INFORMATION         PART IV-       ADDITIONAL SUPPLEMENTAL INFORMATION       INON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S       YOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         "HIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND  |                                |                         |   |            |  |                             |                             |  |
| K       A8       0.       4,893. FMV       SCHOOL SUPPLIES FOR CHILDREN         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       Part IV - ADDITIONAL SUPPLEMENTAL INFORMATION         PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION       NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         /OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         PHIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND  |                                |                         |   | ٥.         | RGENCY & DISASTER AFTER HOURS ASSISTANCE 22 4,553. 0 |                             |                             |  |
| A8       0.       4,893.FMV       School SUPPLIES FOR CHILDREN         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       Part IV - ADDITIONAL SUPPLEMENTAL INFORMATION         PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION       NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         ZOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         CHIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                |                         |   |            |  |                             |                             |  |
| READY KIDS       48       0.       4,893.FMV       SCHOOL SUPPLIES FOR CHILDREN         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.       Part IV - ADDITIONAL SUPPLEMENTAL INFORMATION         PART IV-       ADDITIONAL SUPPLEMENTAL INFORMATION       ION-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S       VOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         PHIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND       AND   |                                |                         |   | 0          | 0  | 43 979                      | 50                          | RTLENE INTTED FIND DISASTER                                    |
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| Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION         NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO         SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S         /OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN         FHIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   | UPPLIES FOR FOSTER             | SCHOOL SUPPLIES FOR     |   |            |  |                             |                             |  |
| PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION<br>NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO<br>SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S<br>YOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN<br>THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                | CHILDREN                |   | 3.FM       | 4,893  | 0.                          | 48                          | READY KIDS   |
| NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO<br>SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S<br>YOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN<br>THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                |                         | al information.   | r addi     | (b); and any other a                                 | e 2; Part III, column       | uired in Part I, lin        | Part IV Supplemental Information. Provide the information requ |
| NON-PROFIT ORGANIZATIONS IN WEST CENTRAL TEXAS ARE INVITED ANNUALLY TO<br>SUBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S<br>FOLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN<br>THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                |                         |   |            |  | N                           | JFORMATTO                   | DART TU- ADDITIONAL SUPPLEMENTAL IT                            |
| UBMIT GRANT APPLICATIONS IN A FORMAT PRESCRIBED BY UNITED WAY'S<br>OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN<br>HIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND  |                                |                         |   |            |  |                             |                             |  |
| OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN   |                                |                         | Y TO  | NUA.       | IVITED ANNU  | XAS ARE IN                  | SNTRAL TE                   | ION-PROFIT ORGANIZATIONS IN WEST CH                            |
| OLUNTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN   |                                |                         |   | y's        | NITED WAY  | RIBED BY U                  | AT PRESC                    | UBMIT GRANT APPLICATIONS IN A FORM                             |
| THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND   |                                |                         |   |            |  |                             |                             |  |
|   |                                |                         | . IN  | <b>FEA</b> | REVIEW T   | TEWARDSHIP                  | EW AND S                    | OLUNTEER COMMUNITY INVESTMENT REVI                             |
| TRATEGIES OF EACH GRANT APPLICANT WITHIN THE CONTEXT OF THE UNITED WAY  |                                |                         |   | AN         | MISSION A  | ALUATE THE                  | NTEERS EV                   | THIS PROCESS, A TEAM OF LOCAL VOLUM                            |
|   |                                |                         | D WAY   | JNI        | OF THE UI  | HE CONTEXT                  | WITHIN T                    | TRATEGIES OF EACH GRANT APPLICANT                              |
| COMMUNITY IMPACT MODEL, WITH CONSIDERABLE EMPHASIS ON HOW COMMUNITY   |                                |                         | Y   | MUN        | HOW COMM   | MPHASIS ON                  | DERABLE E                   | COMMUNITY IMPACT MODEL, WITH CONSII                            |
|   |                                |                         |   |            |  |                             |                             |  |

DOLLARS CAN SUPPORT PROGRAMS THAT ADDRESS STUDENT SUCCESS, FAMILY

#### SELF-SUFFICIENCY, AND HEALTH NEEDS. IN ADDITION TO REQUIRING

| Schedule I (Form 990) UNITED WAY OF A                         |                          |                                 |                                       |  | 75-0808772                 | Page <b>2</b>   |
|---|--------------------------|---------------------------------|---------------------------------------|--|----------------------------|-----------------|
| Part III Continuation of Grants and Other Assistance to Domes | tic Individuals          | (Schedule I (Form 99            | 00), Part III.)                       |  |                            |                 |
| (a) Type of grant or assistance                               | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of<br>valuation (book, FMV,<br>appraisal, other) | (f) Description of noncash | assistance      |
|   |                          | 0.000                           | 0.                                    |  |                            |                 |
| BELTWAY PARK HEALTH CARE PROFESSIONALS GRANT                  | 2.                       | 8,000.                          | 0.                                    |  |                            |                 |
| ST VINCENT DE PAUL UTILITY ASSISTANCE                         | 15.                      | 5,000.                          | 0.                                    |  |                            |                 |
|   |                          |                                 |                                       |  |                            |                 |
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|   | 1                        | 1                               | 1                                     | 1  | <br>Sebedu                 | le I (Form 990) |

| Schedule I (Form 990) UNITED WAY OF ABILENE, INC             | 75-0808772 P | 'age <b>2</b> |
|--|--------------|---------------|
| Part IV Supplemental Information                             |              |               |
| APPLICANTS TO DEMONSTRATE SPECIFIC RESULTS, APPLICANTS ALSO  | PROVIDE      |               |
| PERIODIC REPORTS TO A VOLUNTEER TEAM OF COMMUNITY LEADERS.   | THE          |               |
| COMMUNITY IMPACT AND STEWARDSHIP PROCESS INVOLVES 70+ COMMUN | NITY         |               |
| VOLUNTEERS AND ALSO INCLUDES SITE VISITS, PRESENTATIONS, AND | D A REVIEW   |               |
| OF STANDARD PRACTICES AND FINANCIAL DATA.                    |              |               |
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SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC



Employer identification number 75-0808772

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

UNITED WAY OF ABILENE,

FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENTS

AT A BOARD MEETING PRIOR TO FILING. IN ADDITION, FORM 990 IS REVIEWED IN

DETAIL PRIOR TO FILING BY THE FINANCE COMMITTEE, CONSISTING OF CPAS,

FINANCIAL OFFICERS, AND BANKERS WITH EXPERTISE IN REVIEWING FINANCIAL AND

**REGULATORY REPORTS.** 

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

THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY IS PROVIDED AT THE FIRST MEETING OF EACH ADMINISTRATIVE YEAR. ALL BOARD MEMBERS, NEW AND CONTINUING, ARE REQUIRED TO COMPLETE A NEW FORM ANNUALLY. THE SAME APPLIES FOR EACH STAFF MEMBER AND VOLUNTEER AT THE BEGINNING OF THE CALENDAR YEAR.

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

THE UNITED WAY EXECUTIVE COMMITTEE, CONSISTING OF THE OFFICERS OF THE BOARD

OF DIRECTORS, REVIEWS THE PRESIDENT/CEO'S SALARY BASED ON THE JOB

PERFORMANCE EVALUATION OF THE UNITED WAY BOARD PRESIDENT; THE FINANCIAL

CONDITION OF THE ORGANIZATION; SIMILAR COMPENSATION FOR PRESIDENT/CEOS OF

OTHER NON-PROFITS IN ABILENE AND THE SURROUNDING COMMUNITY; THE

PRESIDENT/CEO'S PAST SALARY AND SALARY ADJUSTMENT HISTORY; AND OTHER

PERTINENT FACTORS. THE EXECUTIVE COMMITTEE THEN APPROVES THE EXECUTIVE

DIRECTOR'S SALARY FOR THE UPCOMING BUDGET YEAR.

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

THE GOVERNING DOCUMENTS ARE AVAILABLE TO ANY PERSON WHO REQUESTS TO VIEW

 THEM.
 THE DOCUMENTS ARE PROVIDED ON SITE AT THE MAIN ADMINISTRATIVE OFFICE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

| Schedule O (Form 990) 2022                                 | Page <b>2</b>                             |
|--|---|
| Name of the organization<br>UNITED WAY OF ABILENE, INC     | Employer identification number 75-0808772 |
|  | •   |
| (240 CYPRESS, ABILENE, TX). PERSONS WILL BE GIVEN A WORKS  | PACE TO REVIEW                            |
| THE DOCUMENTS. THEY ARE NOT ALLOWED TO REMOVE THE DOCUMEN  | TS, BUT MAY                               |
| REQUEST COPIES BE MADE BY A UNITED WAY STAFF PERSON AT THE | COST OF \$0.25                            |
| PER PAGE. PERSONS MAY REQUEST TO SEE THE BYLAWS, BOARD OF  | DIRECTORS LIST,                           |
| FINANCIAL AUDITS, IRS FORMS 990, GOVERNING POLICY DOCUMENT | 'S AND TOTAL                              |
| PROGRAM INVESTMENT REPORT.                                 |   |
|  |   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:          |   |
| CONTRIBUTION TO UNITED WAY FOUNDATION                      | -5,854.                                   |
| CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS     | -7,947.                                   |
| IN-KIND LEASEHOLD IMPROVEMENTS                             | 98,813.                                   |
|  | 85 012                                    |
| 101AL 10 FORM 390, FART XI, LINE 9                         | 00,012.                                   |
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#### (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

75-0808772

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNITED WAY OF ABILENE, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|---------------------------|--|
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------|---|-------------------------------------|------|---|
|  |                                |   |                               | 501(c)(3))                                  |                                     | Yes  | No  |
| UNITED WAY FOUNDATION OF ABILENE -                       |                                |   |                               |   |                                     |      |   |
| 46-5656957, 240 CYPRESS ST SUITE 200,                    |                                |   |                               |   |                                     |      |   |
| ABILENE, TX 79601  | ENDOWMENT                      | TEXAS   | 501(C)(3)                     | TYPE I                                      | N/A                                 |      | х   |
|  | _                              |   |                               |   |                                     |      |   |
|  |                                |   |                               |   |                                     |      |   |
|  |                                |   |                               |   |                                     |      |   |

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

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 UNITED WAY OF ABILENE, INC

75-0808772 Page 2

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

|   | _                | ,                   |                              |  |                |                       |         |           | I  | -             |   |
|---|------------------|---------------------|------------------------------|--|----------------|-----------------------|---------|-----------|--|---------------|---|
| (a)   | (b)              | (c)                 | (d)                          | (e)  | (f)            | (g)                   | (I      | h)        | (i)  | (j            | (k)                                       |
| Name, address, and EIN<br>of related organization | Primary activity | Legal domicile      | Direct controlling<br>entity | Predominant income   | Share of total | Share of              | Disprop | ortionate | Code V-UBI   | Gener         | al or Percenta                            |
| of related organization                           |                  | (state or           | entity                       | (related, unrelated,<br>excluded from tax under                      | income         | end-of-year<br>assets | alloca  | tions?    | 20 of Schedule   | mana<br>partn | al or Percenta<br><sup>ging</sup> ownersh |
|   |                  | foreign<br>country) |                              | (related, unrelated,<br>excluded from tax under<br>sections 512-514) |                | assels                | Yes     | No        | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | Yes           | No  |
|   |                  |                     |                              |  |                |                       |         |           |  |               |   |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | (i<br>Sec<br>512(t<br>contr<br>ent | (i)<br>ction<br>(b)(13)<br>trolled<br>tity? |
|---|--------------------------------|---|-------------------------------------|---|--|---|---------------------------------------|------------------------------------|---|
|   |                                | country)                                      |                                     |   |  | 400010  |                                       | Yes                                | No  |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    | $\square$                                   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |
|   |                                |   |                                     |   |  |   |                                       |                                    |   |

#### Schedule R (Form 990) 2022 UNITED WAY OF ABILENE, INC

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

| ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |            | Yes | s N |
|---|------------|-----|-----|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |     |     |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |            |     |     |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |            | X   |     |
| c Gift, grant, or capital contribution from related organization(s)   |            |     |     |
| d Loans or loan guarantees to or for related organization(s)  |            |     |     |
| e Loans or loan guarantees by related organization(s)   |            |     | -   |
| f Dividends from related organization(s)  |            |     |     |
| g Sale of assets to related organization(s)   |            |     |     |
| Purchase of assets from related organization(s)   | <b>1</b> h |     |     |
| Exchange of assets with related organization(s)   |            |     |     |
| Lease of facilities, equipment, or other assets to related organization(s)  |            |     | +   |
| c Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     | T   |
| Performance of services or membership or fundraising solicitations for related organization(s)  | 11         |     |     |
| n Performance of services or membership or fundraising solicitations by related organization(s)   |            |     |     |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n         |     |     |
| Sharing of paid employees with related organization(s)  |            |     | _   |
| Reimbursement paid to related organization(s) for expenses  | 1p         |     |     |
| Reimbursement paid by related organization(s) for expenses  |            |     | 4   |
| Other transfer of cash or property to related organization(s)   | 1r         |     |     |
| Cher transfer of cash or property from related organization(s)  |            |     |     |

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved |
|--|---|-------------------------------|---|
| (1) UNITED WAY FOUNDATION OF ABILENE       | В                                       | 5,854.                        | FMV   |
| (2)  |   |                               |   |
| (3)  |   |                               |   |
| (4)  |   |                               |   |
| (5)  |   |                               |   |
| (6)  |   |                               |   |

#### Schedule R (Form 990) 2022 UNITED WAY OF ABILENE, INC

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

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

| (a)                           | (b)                     | (c)                                     | (d)  |                             |             | (f)             | (g)             | /   | h)                       | (i)  | (j)              | (k)      |
|-------------------------------|-------------------------|---|--|-----------------------------|-------------|-----------------|-----------------|-----|--------------------------|--|------------------|----------|
| (a)<br>Name, address, and EIN | (b)<br>Primary activity | (c)<br>Legal domicile                   |  | (e)<br>Are a                | <b>i</b> ll | (I)<br>Share of | (9)<br>Share of |     | ropor-                   |  | (J)<br>General ( |          |
| of entity                     | Frindry activity        | (state or foreign                       | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partners<br>501(c)<br>orgs. | (3)         | total           | end-of-year     | tio | ropor-<br>nate<br>tions? | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | managin          |          |
| or onaly                      |                         | country)                                | excluded from tax under  | Yes I                       |             | income          |                 |     | No                       | of Schedule K-1  | Yes NC           |          |
|                               |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3000013 0 12 0 14)   | Yesr                        |             |                 |                 | Yes | NO                       |  | Yes NO           | <u>'</u> |
|                               | -                       |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             | _           |                 |                 |     |                          |  |                  |          |
|                               | -                       |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  | $ \vdash $                  |             |                 |                 |     |                          |  |                  |          |
|                               | -                       |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               | -                       |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               | -                       |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             | -           |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |
|                               |                         |   |  |                             |             |                 |                 |     |                          |  |                  |          |

Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 UNIT Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.