Form	990
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Department of the Treasury Internal Revenue Service

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## \*\* 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 applicat	le: C Name of organization		D Employer identific	cation number
	Addr	UNITED WAY OF ABILENE, INC			
	Name			75-08087	72
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	240 CVDDECC	200	325-677-2	1841
	termi 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 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. 33
õ	3				33
ۍ 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 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 \$		)
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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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 X
20a		20a 20b		
ט 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	

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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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 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 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 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 Section 501(c)(12) organizations. Enter:	_				
'' 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
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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 (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	box, unless person is both an 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 hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 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 oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated 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 hours per</td><td colspan="2">Position (do not check more than one box, unless person is both an</td><td>Reportable compensation</td><td>Reportable compensation</td><td>Estimat amount</td><td>t of</td></th<></thinternate<>		Average hours per	Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimat 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 related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compens from tl organiza and rela	ation ne ition 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) Name and business address       NONE       (B) Description of services       (C) 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
								+				
								+				
	2 Total number of independent contractors (	ooludina hut -	at li-	aitaa	1 + ~ +	haa			abova) who received	are then		
		•	51 111	mec		-		.cu i				

	AY OF AF			- /		110			75-080	0//2
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 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 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.
		1								
		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> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts Its	1 a	Federated campaigns	<u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ې 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 O	g							
Cor	h	Total. Add lines 1a-1f			3,049,707.			
				Business Code	· ·			
Ð	2 a							
vic	b			_				
Ser	c							
ver ver	d							
Program Service Revenue	u 0			_				
Pro	- -	All other program convice	10100110	_				
-	•	All other program service						
	<u>д</u> 3	Total. Add lines 2a-2f 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 eve	с							
Miscellaneous 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.

1

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4 5

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8

9 10

11

а

b Legal

С d Lobby

е f

12

13 14

15 16

17

18

19

20

21

22 23

24

а

b

С

d

е

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 7b, 8b, 9b, and 10b of Part VI	,	Т	(A) otal expenses	( <b>B)</b> Program service expenses	(C) Management ar 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. 5,859. 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 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)				
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
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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> Beginning of year		<b>(B)</b> 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 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 32	Retained earnings, endowment, accumulated in Total net assets or fund balances			2,487,228.	31 32	2,355,544
	1 2 3 4 5 6 7 8 9 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) 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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       209,703.         6       Lcans and other receivables from other disqualified persons (as defined 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 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 in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
									<u> </u>
	-								
Tota	al								

tions 170(b)(1)(A)(iv) and 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> 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

%

%

### 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 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital 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 18	<u>%</u> %
<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

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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		

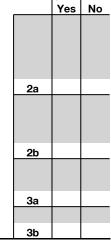
#### Section E. Type III Functionally Integrated Supporting Organizations

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 (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 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8		8	(A) Prior Year	(B) Current Year (optional)
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	(A) Prior Year	
8 ect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 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) 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	1a	(A) Prior Year	
8 ect 1 a b 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 1b	(A) Prior Year	
8 ect 1 a b c 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 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 1b 1c	(A) Prior Year	
8 ect 1 a b c 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 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 1b 1c	(A) Prior Year	
8 ect 1 <u>a</u> <u>b</u> c d 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 1b 1c	(A) Prior Year	
8 ect 1 2 6 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 1b 1c 1d	(A) Prior Year	
8 ect 1 2 2 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 1b 1c 1d 2	(A) Prior Year	
8 ect 1 2 2 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         Subtract line 2 from line 1d.	1a 1b 1c 1d 2	(A) Prior Year	
8 ect 1 1 <u>a</u> b c d e 2 3 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 1b 1c 1d 2 2 3	(A) Prior Year	
8 ect 1 a b c 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 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 ( <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 1b 1c 1d 2 2 3 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) Excess Distributions	(ii) Underdistributior Pre-2022	·	(iii) Distributable 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 Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 30, 30, 40, lines 2 and 3; F	4c, 5a, 6, 9 art IV, Seo	9a, 9b, s ction E,	9c, 11a, 11c lines 1c, 2a,	2b, 3a, and	Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>230,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>252,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (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 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. from 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. 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. from						
from 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 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 Revenue Service	م 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 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 3		f contributions to (during year) 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 b		onservation easements			2a 2b		
c	° °	vation easements on a certified historic stru	icture included in (a)		20 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		 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)? 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								
' 2a	Ending balance 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 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 basis (investm	• • •	t or other ( (other)	c) Accumula 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 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)		

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities										
(Form 990)		e organization answered "Yes" on 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 Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	n.	Employer is	Inspection 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 email solicitations tations licitations on have a written o ed in Form 990, Pa	<b>f</b> Solicitat <b>g</b> Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Ye			
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua 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) fundr have c or cor contrib	ustody ntrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No						
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 WINTER LIGHTFEST	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through 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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad 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 % └── 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 8					
	_	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7				
	8		í from line 1, column (d)			
	8 Ent	Net gaming income summary. Subtract line 7	from line 1, column (d)			Yes N
a	<b>8</b> Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes N
а	<b>8</b> Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes N
a b	8 Ent Is t	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming ac No," explain:	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		
a b	8 Ent Is t If "I We	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a	from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?		

232082 10-27-22

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 of gaming revenue retained by the 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 <b>rt IV</b> Supplemental Inform		\$ 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,
	,,,,									

	6 (Form 990)
Dart IV	Supplan

Partiv	Supplemental information (continued)	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an 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 (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ABILENE HOPE HAVEN 801 s. TREADAWAY BLVD ABILENE, TX 79602	75-2518820	501(C)(3)	0.	166,985.			HOPE HOUSING SERVICES & BRIDGE2HOME		
ABILENE TAYLOR PUBLIC HEALTH 850 N. 6TH STREET ABILENE, TX 79601	75-6000440	CITY OF ABILENE	0.	65,210.			DENTAL & MERCY HEALTH CARE CENTER		
ADULT PROTECTIVE SERVICES 4601 S. 1ST ST., SUITE J ABILENE, TX 79605	75-2897499	501(C)(3)	0.	8,743.			SAFETY & INDEPENDENCE PROJECT		
ALLIANCE FOR WOMEN & CHILDREN 1350 N. 10TH ST ABILENE, TX 79601	75-1013058	501(C)(3)	0.	13,848.			AFTER SCHOOL CARE		
ALZHEIMER'S ASSOCIATION 301 S. PIONEER DR., SUITE 105 ABILENE, TX 79605	75-1984152	501(C)(3)	0.	33,702.			FAMILY CARE PROGRAM		
AMERICAN RED CROSS 1610 N 2ND ABILENE, TX 79601 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 if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant 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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant 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 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 140024 , 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 or assistance				
CITYSQUARE ABILENE PO BOX 140024							
DALLAS, TX 75214	75-2332948	501(C)(3)	0.	35,000.			TRANSPORTATION ASSISTANCE
CENTER FOR CONTEMPORARY ARTS 220 CYPRESS ST	75 000100	F01 ( G) ( 2 )		10,000			
ABILENE, TX 79601	75-2290138	501(C)(3)	0.	10,000.			ARTHEALS

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 ok, FMV, appraisal, other)		(d) Amount of non cash assistance	(c) Amount of cash grant	(b) Number of 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 DISTRIBUTED TO NON-AGENCIES FOR INDIVI ON NEEDS MERGENCY & DISASTER AFTER HOURS ASSISTANCE MERGENCY & DISASTER AFTER HOURS ASSISTANCE 22 4,553. 0. BILENE UNITED FUND DISASTER 50 43,979. 0. CHILDREN 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. 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 ZOLUMTEER COMMUNITY INVESTMENT REVIEW AND STEWARDSHIP REVIEW TEAMS. IN PHIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND								
BEART THE HEAT PROGRAM       446       0.       13,317. FWV       DISTRIBUTED TO NON- AGENCIES FOR INDIVI- 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 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			
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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
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.       PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION         PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION       INFORMATION       INFORMATION         NON-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       THIS PROCESS, A TEAM OF LOCAL VOLUNTEERS EVALUATE THE MISSION AND						10,070.		
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						
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			. 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
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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- cash assistance	<b>(e)</b> Method of valuation (book, FMV, 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.			
	1	1	1	1	 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.		

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 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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	1

#### (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> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling 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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled 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.

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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 of related organization	Primary activity	Legal domicile	Direct controlling 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, excluded from tax under	income	end-of-year assets	alloca	tions?	20 of Schedule	mana partn	al or Percenta <sup>ging</sup> ownersh
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assels	Yes	No	Code V-UBI amount in box 20 of Schedule 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> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled 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> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> 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) Name, address, and EIN	(b) Primary activity	(c) Legal domicile		(e) Are a	<b>i</b> ll	(I) Share of	(9) Share of		ropor-		(J) General (	
of entity	Frindry activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	(3)	total	end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (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>
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# Schedule R (Form 990) 2022 UNIT Part VII Supplemental Information

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