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

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

Department of the Treasury Internal Revenue Service

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.

A F	or the	2022 calendar year, or tax year beginning and	ending		
	heck if	C Name of organization		D Employer identifi	cation number
	Addres	UNITED WAY FOUNDATION OF ABILENE			
	Name change			46-56569	57
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 240 CYPRESS ST	Room/suite	E Telephone numbe (325) 67	
	termin ated			G Gross receipts \$	515,496.
	Ameno return	ABILENE, TX 79601		H(a) Is this a group re	eturn
	Applic tion pendir	F Name and address of principal officer: DK • CATHI ASHBI		for subordinates	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	7	list. See instructions
	Vebsit		1	H(c) Group exemption	
	orm of ort I	organization: X Corporation Trust Association Other  Summary	<b>L</b> Year	of formation: 2014	<b>M</b> State of legal domicile: <b>TX</b>
Г		<del>-</del>	ZOTIND A	TON ENGIDE	C COMMINITED
ė		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{I}}$ $\overline{ ext{FUNDING}}$ $\overline{ ext{OF}}$ $\overline{ ext{UNITED}}$ $\overline{ ext{WAY}}$ $\overline{ ext{OF}}$ $\overline{ ext{ABILENE'S}}$ $\overline{ ext{NETWOR}}$			
Governance		Check this box if the organization discontinued its operations or dispos			
ver				1 -	8
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			8
ళ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
ij		Total number of volunteers (estimate if necessary)			8
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٨		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		146,064.	314,872.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		256,704.	200,624.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		402,768.	515,496.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	27 605	67.160
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,685. 27,685.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		375,083.	67,160. 448,336.
_ s	19	Revenue less expenses. Subtract line 18 from line 12	R4	eginning of Current Year	End of Year
sts o	20 21 22	Total assets (Part X, line 16)	-	4,675,071.	4,532,975.
Asse Bal	21	Total liabilities (Part X, line 26)		1,896.	3,352.
Net, und	22	Net assets or fund balances. Subtract line 21 from line 20		4,673,175.	4,529,623.
Pa	rt II	Signature Block		, ,	, , , , , , , , , , , , , , , , , , , ,
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sigr		Signature of officer		Date	
Her	е	DR. CATHY ASHBY, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		DONNA SCIFRES-SOLOMON, CP DONNA SCIFRES-SO	DLOMO 1	L1/09/23 self-employ	
	arer	Firm's name EIDE BAILLY LLP		Firm's EIN 4	5-0250958
Use	Only	Firm's address 400 PINE ST., STE. 600			F (70 4000
		ABILENE, TX 79601-5190		Phone no. 32	5-672-4000
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	$\neg$
1	Briefly describe the organization's mission:	_
	THE FOUNDATION IS BUILDING A PERMANENT, STABLE AVENUE OF SUPPORT TO	
	ENSURE CONTINUED FUNDING OF UNITED WAY OF ABILENE'S NETWORK OF	
	AGENCIES AND PROGRAMS THAT MEET THE BASIC NEEDS OF PEOPLE IN ABILENE	
	AND WEST CENTRAL TEXAS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	•0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
3	If "Yes," describe these changes on Schedule O.	10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		
<del>4</del> a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)  CONTRIBUTIONS TO THE FOUNDATION'S ENDOWMENT PRESERVE UNITED WAY OF	— <i>'</i>
	ABILENE'S ABILITY TO CONTINUE FUNDING PROGRAMS IN HEALTH, EDUCATION,	
	AND FINANCIAL STABILITY FOR LOCAL FAMILIES AND INDIVIDUALS EVEN IN THE	
	EVENT OF UNFORESEEN EMERGENCIES OR PERIODS OF ECONOMIC CHANGE IN OUR	
	COMMUNITY. THESE NON-PROFIT PROGRAMS FORM THE BUILDING BLOCKS OF GOOD	
	LIVES FOR EVERYONE.	
	TIVES FOR EVERTONE.	
	·	
4.		
4b	(Code:) (Expenses \$	_ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
		_
41	Other presume any income (December on Calcadula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses	

# Form 990 (2022) UNITED WAY FOUNDATION OF ABILENE 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)?		37	
_	If "Yes," complete Schedule A	1	X	
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			3,7
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,			ا
	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			l
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,,
	Part X, line 16? 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		X
f	3			
	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	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			\ <sub>3,7</sub>
	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	_ ا		, v
	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			<b> </b> ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	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	1		<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>~</sub>
00	complete Schedule G, Part III	19		X
20a		20a		├^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \Lambda$

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

UNITED WAY FOUNDATION OF ABILENE
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····	2b		v				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	}	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4-		X				
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·····	4a						
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	—							
E.			5a		х				
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Г	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		30						
Va									
h	any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	Were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	·····	6b						
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	avor?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Г	7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	·····							
•	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	····							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х				
f									
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	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	$\dashv$							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ŀ	12-						
а	Is the organization licensed to issue qualified health plans in more than one state?	····· }	13a						
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	Г	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····							
excess parachute payment(s) during the year?									
If "Yes," see 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?	- 1	16		х				
	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.	·							

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.

	to line ed, et, or rob solon, describe the directinetariote, proceeded, or charges on estimations.			77
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			·
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 8	-		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3,7
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	37
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٦,
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DR CATHY ASHBY - (325) 677-1841 240 CYPRESS ST SUITE 200, ABILENE, TX 79601			
	440 CIFREDO DI DULLE 400. ADILENE, TA /3001			

# 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.

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

- 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.

(A)	(B)	(C)					isatt	(D)	(E)	(F)
Name and title	Average hours per	box	not cl	Pos heck i ss per	ition more rson i	than of s both or/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DR. CATHY ASHBY	1.00								105 560	12 560
PRESIDENT	40.00			Х				0.	105,760.	13,768.
(2) SCOTT DUESER CHAIR	1.00	х		х				0.	0.	0.
(3) GEOFF HANEY	1.00	25		25				•	•	<u> </u>
VICE CHAIR	1,00	х		x				0.	0.	0.
(4) HILLARY MOORE	1.00								•	
TREASURER		Х		х				0.	0.	0.
(5) CAROLYN BECKHAM	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) LEROY BOLT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LEE HAMPTON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DR. SARA TRAMMELL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) DR. PHIL CHRISTOPHER DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR		Λ						0.	0.	<u> </u>
_										
	L	i	_			_	<u> </u>	I		000

232007 12-13-22 Form **990** (2022)

Form 990 (20	(22) UNITED WA	Y FOUND	AΤ	'IC	N	OF	' A	BI	LENE	46-5	6569	957	Pag	e <b>8</b>
Part VII	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than c		Reportable	Reportable			imated	
		week		box, unless personal officer and a direction					compensation from	compensation from related		amount of other		
		(list any	ctor						the	organization	- 1		pensatio	on
		hours for	or dire	au			ted		organization	(W-2/1099-MIS		fro	m the	
		related organizations	ustee	truste		92	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	nizatior related	
		below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	70	· ·				nization	
		line)	Individ	Institu	Officer	Key en	Highe emplo	Former				0.94		
41. 0.1.1.1	-1								0.	105,7	50	1:	3,768	
1b Subtot									0.	105,70	0.	1.		0.
	rom continuation sheets to Part VII add lines 1b and 1c)								0.	105,70		1.3	768	
	umber of individuals (including but no												,,,,,,	
	nsation from the organization						,		·· <del>·</del> ··,		-			0
•	•												Yes 1	No
3 Did the	organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a	? If "Yes," complete Schedule J for so	uch individual										3	:	<u>X</u>
	$\prime$ individual listed on line 1a, is the su										- 1			
	ated organizations greater than \$150											4	-	<u>X</u>
	person listed on line 1a receive or a										- 1	_		v
	ed to the organization? <i>If</i> "Yes." com ndependent Contractors	plete Schedule	e J fo	or st	ıch <u>ı</u>	oers	on .					5		<u>X</u>
	ete this table for your five highest cor	mnensated ind	lene	nde	nt co	ntrs	actor	re th	nat received more than \$	100 000 of com	neneat	ion fro	m	
	anization. Report compensation for t										Jerisat	1011 110	'''	
	(A)	o calcinaal y			. <u>g</u>				(B)			(C	)	
	Name and business	address	NC	INC	3				Description of s	ervices	C	ompen		
								$\dashv$						
2 Total n	umber of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received me	ore than				
	00 of compensation from the organiz					C								

46-5656957

		Check if Schedule O contains a response of	or note to any line	≘ in this Part VIII			
		Officer if Generalic G contains a response of	Tiolo to arry in t	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
irar	b	Membership dues <b>1b</b>					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
ifts ar /		Related organizations 1d	5,854.				
nig.		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
ă ți	•		309,018.				
ë₽			303,010.				
ont	g			214 072			
O g	h	Total. Add lines 1a-1f		314,872.			
			Business Code				
e	2 a						
Σĕ	b						
Se	С						
že Š	d						
Beg	e						
Program Service Revenue	f	All other program service revenue					
_							
-+		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		200 624			200 624
		other similar amounts)		200,624.			200,624.
	4	Income from investment of tax-exempt bond pr	1				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	. u	assets other than inventory 7a	( )				
•	D	Less: cost or other basis					
ığ l		and sales expenses					
Revenue		Gain or (loss) <b>7c</b>					
	d	Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	- u	Part IV, line 19 9a	l				
	h	l l					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
<u>,</u> [			Business Code				
Suc.	11 a						
ne	b						
ella vei	c						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
		Total revenue See instructions		515 496.	0.	0	200 624.

# Form 990 (2022) UNITED WAY FOUNDATION OF ABILENE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	СХРСПЭСЭ							
•	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
_												
3	Grants and other assistance to foreign											
Ŭ	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
•	trustees, and key employees											
6	Compensation not included above to disqualified											
•	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan accruals and contributions (include											
Ū	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (nonemployees):											
	Management											
b	Legal											
c	Accounting											
d	Lobbying											
e	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25,											
9	column (A), amount, list line 11g expenses on Sch O.)	48,348.		48,348.								
12	Advertising and promotion	•		,								
13	Office expenses											
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	1,657.		1,657.								
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization											
23	Insurance	17,155.		17,155.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)											
а												
b												
C												
d												
	All other expenses	67 160	^	67 160	^							
<u>25</u>	Total functional expenses. Add lines 1 through 24e	67,160.	0.	67,160.	0.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)											

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	45,838.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	203,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	4,106,609.	11	4,070,864.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	170,091.	15	213,273.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,532,975.
	17	Accounts payable and accrued expenses		17	3,352.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	2 252
	26	Total liabilities. Add lines 17 through 25	1,896.	26	3,352.
v		Organizations that follow FASB ASC 958, check here			
၁င		and complete lines 27, 28, 32, and 33.	1 027 469		022 054
alar	27	Net assets without donor restrictions		27	922,054.
ä	28	Net assets with donor restrictions	3,645,707.	28	3,607,569.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
P.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
žΑ	31	Retained earnings, endowment, accumulated income, or other funds		31	4,529,623.
ž	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances	4,0/3,0/1.	33	4,532,975.

Form **990** (2022)

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>60.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>36.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4,67					
5	Net unrealized gains (losses) on investments	-59	<u>1,8</u>	<u>88.</u>			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	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		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Open to Public Inspection **Employer identification number** 

#### UNITED WAY FOUNDATION OF ABILENE 46-5656957 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) UNITED WAY OF 75-0808772 ABILENE Х 0 0.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		•	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	<u>%</u>
Ioa							
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2021.</b> If the o		~			or more, check thi	
b	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (	
114	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE OIGHILL	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		ala not oncon a	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	00000.0000010	

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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						
3	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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 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).
- 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.
- 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 disqualified 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	No
1	Х	
2		Х
3a		Х
3b		
3с		
4a		X
4b		
4c		
5a		Х
5b		
5с		
6		X
7		X
		v
8		Х
9a		Х
9d		21
9b		Х
9с		X
10a		Х
10b		
le A (Forn	n 990)	2022

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	d		
	11c below, the governing body of a supported organization?	11a		Х
b	<b>b</b> A family member of a person described on line 11a above?	11b		Х
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pr	rovide		
	detail in Part VI.	11c		Х
Sect	ction B. Type I Supporting Organizations			
			Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations have the been additionable of the company			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organiz effectively operated, supervised, or controlled the organization's activities. If the organization had more than or			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		X	
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	;		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction 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 pr	rior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t	the		
	organization's governing documents in effect on the date of notification, to the extent not previously provide	ed? <b>1</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	t l		
	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	e 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		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а				
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c Light The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ental entity (see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	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	1		
	that these activities constituted substantially all of its activities.	2a		
b	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	nt,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain	in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	rage o
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)			
Section D - Distributions Cu							
1	Amounts paid to supported organizations to accomplish exe		1				
2	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 organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	the organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	T		10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(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						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
<u>i</u>	Carryover from 2017 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	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 Part VI. 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.						
	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>e</u>	Excess from 2022						

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY FOUNDATION OF ABILENE

**Employer identification number** 

46-5656957

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 X 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 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. 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 \$ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## UNITED WAY FOUNDATION OF ABILENE

46-5656957

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		\$50,000.	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
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ 40,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 30,000.	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.)

Name of organization Employer identification number

# UNITED WAY FOUNDATION OF ABILENE

46-5656957

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** UNITED WAY FOUNDATION OF ABILENE 46-5656957 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 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 (e) Transfer of gift Transferee's name, address, and ZIP + 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(d) Description of how gift is held

(c) Use of gift

(a) No. from

Part I

(b) Purpose of gift

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY FOUNDATION OF ABILENE

**Employer identification number** 46-5656957

Pai	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (	Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	d in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ent	orcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	-	asures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assats included in Form 900 Part V			•

	t III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or Othe	r Siı	milar	Assets	(contin	ued)	age –
3	Using the organization's acquisition, accession	n, and other records	, check any of the fo	ollowing that make s	signifi	cant u	se of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	mpt p	ourpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	r asse	ets				
	to be sold to raise funds rather than to be mair	ntained as part of the	e organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrange	ements. Complet	e if the organization	n answered "Yes" or	n Forr	n 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ary for contributions	or other assets not	inclu	ded				
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar				_					
					L			Amount		
С	Beginning balance				L	1c				
d	Additions during the year				L	1d				
	Distributions during the year					1e				
f	Ending balance				L	1f				
2a	Did the organization include an amount on For				ility?			Yes		No
b	If "Yes," explain the arrangement in Part XIII. C									
Pai	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) <sup>⊺</sup>	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	4,673,175.	4,135,284.	3,222,028.		2,78	33,175.	2,723,639		639.
b	Contributions	314,872.	146,064.	594,434.		8	39,058.	102,916		916.
С	Net investment earnings, gains, and losses	-391,264.	419,511.	335,384.		367,600.		-27,8		853.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	67,160.	27,684.	16,562.			L7,805.		15,	527.
g	End of year balance	4,529,623.	4,673,175.	4,135,284.		3,22	22,028.	2,	783,	175.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	20.0000	_%							
b	Permanent endowment 80.000	%								
С	Term endowment%	•								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organizat	ion that are held an	d administered for t	he			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o		ment funds.							
Pai	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. So	ee Form 990, Part X	, line	10.				
	Description of property	(a) Cost or otl	, ,	1 ' '		nulate	d	(d) Book	valu	е
		basis (investme	ent) basis (	(other) de	eprec	iation				
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment									
е	Other									
Total	Add lines 1a through 1e (Column (d) must out	ual Farma OOO Dort V	and unan (D) line 10	2- 1			1			Ο.

Part VII Investments - Other Securities.	FOUNDATION OF		-5656957 Page
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	d-of-year market value
(1) Financial derivatives	, ,		•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	Law Farms 000 Dart IV line	11. Car Farma 000 Dark V line 10	
Complete if the organization answered "Yes"			d of your morket value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-01-year market value
<u>(1)</u>			
(2)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11a or 11f See Form 990 Part Y line 25	
(a) Description of liability.	On Form 990, Fait IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value
<u> </u>			(S) BOOK VAIGO
(1) Federal income taxes (2)			
(3)			
(4)			

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)

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

(9)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

UNITED WAY FOUNDATION OF ABILENE

Employer identification number 46-5656957

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO SEPARATE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE ORGANIZATION'S IRS FORM 990 WAS REVIEWED BY THE FOUNDATION'S BOARD OF DIRECTORS IN A MEETING PRIOR TO FILING.

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

A CODE OF ETHICS AND CONFLICTS OF INTEREST POLICY ARE REVIEWED AT THE FIRST

MEETING OF EACH ADMINISTRATIVE YEAR. ALL BOARD MEMBERS, NEW AND CONTINUING,

AND APPLICABLE STAFF COMPLETE A NEW FORM ANNUALLY.

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

THE FOUNDATION HAS NO EMPLOYEES. HOWEVER, THE RELATED SUPPORTED

ORGANIZATION UNITED WAY DETERMINES COMPENSATION FOR ITS PRESIDENT/CEO 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

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED WAY FOUNDATION OF ABILENE	Employer identification number 46-5656957
(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 IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	48,348.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48,348.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	48,348.
FORM 990, PART XII, LINE 2C	
THE FOUNDATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CO	NSOLIDATED
BASIS WITH THE RELATED SUPPORTED ORGANIZATION, UNITED WAY	OF ABILENE.
THE FINANCE COMMITTEE OF THE UNITED WAY OF ABILENE ASSUMES	
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND REVIEW OF IT	S FINANCIAL
STATEMENTS.	

#### **SCHEDULE R** (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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

UNITED WAY FOUNDATION OF ABILENE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-5656957

Part I Identification of Disregarded Entities. Comp	olete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a)  Name, address, and EIN (if applicable)  of disregarded entity	lame, address, and EIN (if applicable) Primary activity		(d) or Total inco	me End-of-yea		assets Direct controlli entity		9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	e or more r	related tax-exer	npt	
(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 501(c)(3))		(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
UNITED WAY OF ABILENE - 75-0808772				00 1 (0)(0))			Yes	No
240 CYPRESS #200 ABILENE, TX 79601	PROVIDE FUNDS TO PARTNER AGENCIES	TEXAS	501(C)(3)	LINE 7	N/A			х

Page 2

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. Part III

	, , , , , , , , , , , , , , , , , , ,	,	ı	•			_					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											
	1											
							<u> </u>	l				

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Page 3

X

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		_X_
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)							
	Performance of services or membership or fundraising solicitations by related organ				1m		X
					1n		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  1p							X
	•						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
	•	(b)	(c)	(d)			
	(a)  Name of related organization	Transaction	Amount involved	Method of determining amount in	olved		
		type (a-s)					
1)	UNITED WAY OF ABILENE, INC	С	5,854.	FMV			
2)							
3)							
4)							
5)							
6)							
3216	3 09-14-22			Schedule	R (Forr	n 990)	2022

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership