Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A .					<u> </u>
A F	or the	2023 calendar year, or tax year beginning and	l ending		
	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres change Name				
	_chang	Doing business as		75-09459	26
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/			432-685-	
	termin ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,993,637.
	Jreturn ∃Applic			H(a) Is this a group re	
	」tion pendir	F Name and address of principal officer: EMILLI HOLEVA		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	r of formation: 1955 N	M State of legal domicile: TX
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	JLE O	
Governance	-				
la la	2	Check this box if the organization discontinued its operations or dispo	and of more	than 250/ of its not see	note .
ē				1	1
اي					16 16
		Number of independent voting members of the governing body (Part VI, line 1b)			
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9
Activities &		Total number of volunteers (estimate if necessary)			94
핗	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,197,546.	1,820,248.
<u>ع</u>		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		345,707.	381,469.
B.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,912.	141,405.
				1,586,165.	2,343,122.
\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		853,109.	1,057,222.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.000	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		606,767.	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		· · · · · · · · · · · · · · · · · · ·	714,711.
Sue		Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 393,9		212 040	251 045
"ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		313,840.	351,247.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,773,716.	2,123,180.
_	19	Revenue less expenses. Subtract line 18 from line 12		-187,551.	219,942.
PSS	20 21 22		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		8,323,127.	9,019,124.
BS BBS	21	Total liabilities (Part X, line 26)		796,536.	840,152.
	22	Net assets or fund balances. Subtract line 21 from line 20		7,526,591.	8,178,972.
Pa	rt II	Signature Block			
Jnde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	
Sign	,	Signature of officer		Date	
Here		EMILY HOLEVA, PRESIDENT			
ici	-	Type or print name and title			
				Date Check	PTIN
اد: ۵		Print/Type preparer's name Preparer's signature Preparer's signature		10/17/24 self-employ	
Paid		HOPE WEGRZYNOWICZ, CPA HOPE WEGRZYNOWI	CZ, C		
	arer	Firm's name CONDLEY AND COMPANY, L.L.P.		Firm's EIN 7	5-1056027
Jse	Only	Firm's address P.O. BOX 2993			0=\ 6== 60=:
		ABILENE, TX 79604-2993		Phone no. (3	<u>25) 677-6251</u>
May	tha IF	RS discuss this return with the preparer shown above? See instructions			X Ves No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE IN MIDLAND BY UNITING COMMUNITY
	RESOURCES WITH IDENTIFIED NEEDS.
	KEDOOKCED WITH IDENTIFIED NEEDD:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,522,483. including grants of \$1,057,222.) (Revenue \$)
	COMMUNITY IMPACT: UNITED WAY OF MIDLAND POSITIVELY IMPACTS THE
	COMMUNITY BY WORKING WITH OTHER ORGANIZATIONS TO IDENTIFY OUR COMMUNITY'S MOST PRESSING HEALTH, EDUCATION AND SELF-SUFFICIENCY NEEDS
	AND THEN ALLOCATES FUNDS TO LOCAL NON-PROFIT ORGANIZATIONS WITH
	PROGRAMS THAT ARE MAKING A MEASURABLE DIFFERENCE IN ADDRESSING THOSE
	NEEDS. WE ACCOMPLISH THIS THROUGH:
	- ASSESSING THE NEEDS OF THE COMMUNITY
	- ADVOCATING FOR SELECTED PUBLIC POLICIES
	- REVIEWING FUNDING APPLICATIONS SUBMITTED UNDER IDENTIFIED AREAS OF
	NEED
	- ALLOCATING FUNDS TO APPROVED PROGRAMS
	- FUNDING OF NEW AND SPECIAL COMMUNITY INITIATIVES
4b	(Code:) (Expenses \$
4c	/o-t
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,522,483.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	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,	├		
'		7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
	Schedule D, Part III	8_		<u> </u>
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	$oxed{oxed}$
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,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	- 21	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	<u> </u>		
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	21	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مہ ا		_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	Continued)		V	N ₂	
00	Did the exemination report more than \$5,000 of greate or other assistance to or for democitic individuals on		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	·	23		X	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		x	
h	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			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		X	
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l	
	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	-	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		₩	
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩	
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37	+	X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х		
Pa	note: All Form 990 filers are required to complete Schedule O	36	_ 43		
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12		1.03		
b		1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1			
,	(gambling) winnings to prize winners?	1c			
		•			

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Par				age •				
	- Commissed,		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 9							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		<u> </u>				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ــــــ				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├─				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
46	amounts due or received from them.)	46						
	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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							

excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

7 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?
If "Yes," complete Form 6069.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
 c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

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X

14a

14b

17

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.

	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
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This decide b requests information about policies not required by the internal hereful decide.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own 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	financ	cial	
	statements available to the public during the tax year.	14		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	CRYSTAL TARANGO - 432-685-7700			
	1209 W. WALL ST., MIDLAND, TX 79701			

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) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	the		organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KARI HENNAGIN	40.00							115 025	_	00 011
EXECUTIVE DIRECTOR	10.00	_		Х				117,835.	0.	20,911.
(2) CRYSTAL TARANGO	40.00	-		,,				70 442	0	14 067
FINANCE DIRECTOR	2 00			Х				78,443.	0.	14,267.
(3) CHRISTOPHER BOEHLER DIRECTOR	2.00	х						0.	0.	0.
(4) GUY ELLIS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) MATT ETHEREDGE	2.00									
DIRECTOR		Х						0.	0.	0.
(6) BROCK FITCH	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ANGELA JOINER	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) SARAH JUDGE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MALCOLM KINTZING	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MARCY MADRID	2.00	l								
DIRECTOR		Х						0.	0.	0.
(11) MORRIS WILLIAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ADRIAN CARRASCO	2.00	ł		l						
PRESIDENT		Х		Х				0.	0.	0.
(13) LAURA ROMAN	2.00								•	•
TREASURER		Х	_	Х				0.	0.	0.
(14) SOELI ERAZO	2.00	٠,,		,,						•
COMMUNITY ENGAGEMENT CHAIR	1 2 00	Х		Х				0.	0.	0.
(15) GRETCHEN BAKKE	2.00	. ,		7,7					0	0
COMMUNITY ENGAGEMENT CO-CHAIR	2 00	X		Х				0.	0.	0.
(16) KARMEN BRYANT	2.00	₩.		-					_	0
DONOR RELATIONS CHAIR	2 00	Х	\vdash	Х	\vdash	\vdash		0.	0.	0.
(17) EMILY HOLEVA PRESIDENT ELECT/SECRETARY	2.00	X		х				0.	0.	0.
INDIDENT EDECT/DECRETART	1	Λ	L	Λ	<u> </u>	l		1 0.	U •	Garm 990 (2022)

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Form **990** (2023)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)					
(A)	(B)			(0	C)			(D)	(E)			(F)		
Name and title	Average hours per		Position not check more than one a, unless person is both an			than o		Reportable	Reportable			timate		
	week					s botr or/trus		compensation from	compensation from related			nount other	OI	
	(list any	ector						the	organizations			pensa	tion	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC	;/		om th		
	organizations	rustee	ll trust		99	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat		
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	1				anizati		
	line)	Indiv	Insti	Officer	Key 6	High	Former							
(18) MILES HARTMAN	2.00	,,		,,					,	,			0.	
PAST BOARD PRESIDENT		Х		Х				0.		0. 0				
		1												
		-												
		1												
		_												
					_									
		1												
1b Subtotal			<u> </u>		<u> </u>	<u> </u>	<u> </u>	196,278.	(0.	3	5 . 1	78.	
c Total from continuation sheets to Part VI								0.		0.			0.	
d Total (add lines 1b and 1c)								196,278.		0.	3.	5,1	78.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				_	
compensation from the organization											Ī	V	1	
O Distance and in the second of the second o	Post de la Contract			1			la trad	do a de la compansión de la decembra de la compa		1		Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.											3		Х	
4 For any individual listed on line 1a, is the su								ner compensation from the			3			
and related organizations greater than \$150											4		х	
5 Did any person listed on line 1a receive or a														
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch r	oers	on .					5		Х	
Section B. Independent Contractors									100.000 /					
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										nsat	tion fro	om		
(A)	irie caleridar ye	sai e	JI IUII	ig w	iui c	ועע וכ	11111	(B)	zai.		(C	:)		
Name and business	address	N	INC	3				Description of se	ervices	С	ompe		n	
							_							
2 Total number of independent contractors (ii	•	ot lir	nited	to t	thos ۲	_	ted	above) who received mo	re than					

Form 990 (2023) UNITED
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SΩ	1:	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c	170,300.				
ffs, r A		d Related organizations 1d	, -				
nia G		e Government grants (contributions) 1e	106,740.				
Sir		f All other contributions, gifts, grants, and	, -				
uti Je	'	similar amounts not included above 1f	1,543,208.				
e ţ		g Noncash contributions included in lines 1a-1f					
on Pud		h Total. Add lines 1a-1f		1,820,248.			
<u> </u>		1 Total: Add lines 1a 11	Business Code				
	2 :	9					
ļĢ							
Ser							
z S							
gra Re		d e					
Program Service Revenue		f All other program service revenue					
		g Total. Add lines 2a-2f					
-	3	Investment income (including dividends, inter					
	3	•		270,384.			270,384.
	4	other similar amounts)		270,001			270,001.
	5	Royalties		48,236.			48,236.
	J	(i) Real	(ii) Personal	22,233			22,233
	6	a Gross rents 6a	(.,, : :::::::::::::::::::::::::::::::::				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a 1,645,996	. ,				
		b Less: cost or other basis					
ø		and sales expenses 7b 1,503,803	49,722.				
nue		c Gain or (loss) 7c 142,193					
Seve		d Net gain or (loss)		111,085.			111,085.
her Revenue		a Gross income from fundraising events (not		, -			,
ğ		including \$ 170,300. of					
		contributions reported on line 1c). See					
		Part IV, line 18	185,768.				
		b Less: direct expenses					
		c Net income or (loss) from fundraising events	,	88,778.			88,778.
		a Gross income from gaming activities. See		, -			
	٠,	Part IV, line 19	<u>, </u>				
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances10	а				
		b Less: cost of goods sold 10					
		c Net income or (loss) from sales of inventory					
		The meeting of (1999) wern dated of inventory	Business Code				
sno	11 :	a MISCELLANEOUS INCOME	900099	4,391.			4,391.
nec		b		,			,
Miscellaneous Revenue		c					
išć Be	Ì	d All other revenue					
Σ	Ì	e Total. Add lines 11a-11d		4,391.			
	12	Total revenue. See instructions		2,343,122.	0.	0.	522,874.

Form 990 (2023) UNITED WAY OF MIDLAND, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	X
	Check if Schedule O contains a respons	se or note to any line in (A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	general expenses	схреноео
•	and domestic governments. See Part IV, line 21	1,057,222.	1,057,222.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	231,456.	103,172.	29,167.	99,117.
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	363,515.	156,332.	46,779.	160,404.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	76,916.	41,022.	8,546.	27,348. 15,226.
10	Payroll taxes	42,824.	22,840.	4,758.	15,226.
11	Fees for services (nonemployees):				
а	Management	1,619.		245.	1,374.
b	Legal				
С	Accounting	35,350.		35,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,469.		32,469.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	775.			775.
12	Advertising and promotion	6 265	2 206	505	0.064
13	Office expenses	6,367.	3,396.	707.	2,264.
14	Information technology				
15	Royalties	01 526	42 405	0 000	20 001
16	Occupancy	81,536.	43,485.	9,060.	28,991. 1,593.
17	Travel	8,135.	771.	5,771.	1,393.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	13,299.	3,120.	7,669.	2,510.
19	Conferences, conventions, and meetings	13,433.	3,140.	1,003.	4,510.
20	Interest Payments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	20,517.	10,942.	2,280.	7,295.
		20,517.	10,317.	2,149.	8,073.
23 24	Other expenses. Itemize expenses not covered	20,333.	10,511	4,140	0,073.
24	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	EQUIPMENT MAINTENANCE	73,268.	49,391.	8,177.	15,700.
b	PRINTING AND PUBLICATIO	22,746.	10,326.	362.	12,058.
c	NATIONAL AND STATE DUES	17,727.	9,454.	1,970.	6,303.
d	DUES AND SUBSCRIPTIONS	5,567.	693.	3,880.	994.
	All other expenses SEE SCH O	11,333.	2230	7,374.	3,959.
25	Total functional expenses. Add lines 1 through 24e	2,123,180.	1,522,483.	206,713.	393,984.
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** (2023)

Form 990 (2023)
Part X | Balance Sheet

Part >	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	206,769.	1	497,011		
:	2	Savings and temporary cash investments			1,912,506.	2	1,430,199
;	3	Pledges and grants receivable, net			28,278.	3	58,228
4		Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
(6	Loans and other receivables from other disqual	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
္ ေ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	10.00
⋖ १	9	Prepaid expenses and deferred charges			18,021.	9	19,829
10	0a	Land, buildings, and equipment: cost or other		642 005			
		basis. Complete Part VI of Schedule D		613,895.	021 016		200 072
		Less: accumulated depreciation		412,923.	231,816.	10c	200,972 6,222,367
1		Investments - publicly traded securities			5,385,339.	11	6,222,367
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets	E40 200	14	E00 E10		
11		Other assets. See Part IV, line 11			540,398. 8,323,127.	15	590,518 9,019,124
10		Total assets. Add lines 1 through 15 (must equ	3,628.	16 17	2,295		
18		Accounts payable and accrued expenses		1	792,908.	18	837,857
19		Grants payable		102,000	19	037,037	
20		Deferred revenue Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
۱ ۵		Loans and other payables to any current or form					
Liabilities	_	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
뿔 2;	3	Secured mortgages and notes payable to unrel				23	
2		Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
2		Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
20	6	Total liabilities. Add lines 17 through 25			796,536.	26	840,152
		Organizations that follow FASB ASC 958, che	eck here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>k</u> 2	7	Net assets without donor restrictions			7,026,591.	27	7,678,972
g 2	8	Net assets with donor restrictions		<u></u>	500,000.	28	500,000
틸		Organizations that do not follow FASB ASC 9	958, che	ck here			
[and complete lines 29 through 33.					
<u>ତ</u> 2	9	Capital stock or trust principal, or current funds				29	
, 36 18	0	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in				31	0 1 5 0 0 5 0
§ 3	2	Total net assets or fund balances		1	7,526,591.	32	8,178,972
33	3	Total liabilities and net assets/fund balances			8,323,127.	33	9,019,124 Form 990 (202

Pa	rt 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	2,34			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,12			
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,52	6,5	<u>91.</u>	
5	Net unrealized gains (losses) on investments	5	43	2,4	<u>39.</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))	10	8,17	8,9	72.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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	X		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Scho	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		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF MIDLAND, INC. **Employer identification number**

75-0945926 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	2038494.	1487143.	1726155.	1197546.	1820248.	8269586.
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	2038494.	1487143.	1726155.	1197546.	1820248.	8269586.
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)						679,421.
6	Public support. Subtract line 5 from line 4.						7590165.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2038494.	1487143.	1726155.	1197546.	1820248.	8269586.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	234,555.	241,880.	199,821.	275,279.	318,620.	1270155.
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.)					4,391.	4,391.
11	Total support. Add lines 7 through 10						9544132.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	79.53 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	82.95 %
	33 1/3% support test - 2023. If the					ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
		<u> </u>		<u> </u>	<u></u>	Schedule A	(Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Т..

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a 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		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	- 55		
	10a		
	10b		
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Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,

Sche	dule A (Form 990) 2023 UNITED WAY OF MIDLAND,			75-0945926 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)								
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:								
MISCELLANEOUS INCOME	MISCELLANEOUS INCOME							
2023 AMOUNT: \$ 4,391.								
	_							
	_							

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CHARLES MOODY MOFFETT ESTATE	384,947.	194,064.
CHEVRON	470,000.	279,117.
CLARENCE SCHARBAUER III	200,000.	9,117.
CONCHO RESOURCES	275,750.	84,867.
CONOCOPHILLIPS	224,502.	33,619.
PIONEER NATURAL RESOURCES	225,481.	34,598.
SM - ENERGY COMPANY	234,922.	44,039.
Total Excess Contributions to Schedule A, Part II, Line 5		679,421.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

UNITED WAY OF MIDLAND 75-0945926 INC. 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** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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

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) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

UNITED WAY OF MIDLAND, INC.

75-0945926

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABELL-HANGER FOUNDATION 112 CORPORATE DR MIDLAND, TX 79705-2105	\$\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLES MOODY MOFFETT ESTATE PO BOX 5840 MIDLAND, TX 79704	\$ 384,947.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHEVRON 6301 DEAUVILLE MIDLAND, TX 79706-2964	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CLARENCE SCHARBAUER III 1811 HERITAGE BLVD STE 200 MIDLAND, TX 79707-9715	- \$\$	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
5	CONOCO PHILLIPS 600 W. ILLINOIS AVE. MIDLAND, TX 79701	\$ 119,502.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-04	HENRY FOUNDATION 3525 ANDREWS HWY STE A-200 MIDLAND, TX 79703-5056	\$\$	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

UNITED	way	OF	MIDLAND,	INC.

75-0945926

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SM ENERGY COMPANY 6301 HOLIDAY HILL RD, BUILDING #1 MIDLAND, TX 79707	\$59,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE J.E. & L.E. MABEE FOUNDATION 401 S BOSTON AVE FL 30TH TULSA, OK 74103-4016	\$75,000.	Person X Payroll
(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 Occupate 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 OF MIDLAND, INC.

75-0945926

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
323453 12-26.			Schedule B (Form 990) (2023)

Name of organization **Employer identification number** UNITED WAY OF MIDLAND, INC. 75-0945926 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 (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 (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

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 OF MIDLAND, INC.

Employer identification number 75-0945926

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised	funds	(b) Fun	ds 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		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	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 on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,000.		40,000.
b Buildings		364,916.	216,970.	147,946.
c Leasehold improvements				
d Equipment				
e Other		208,979.	195,953.	13,026.
Total. Add lines 1a through 1e. (Column (d) must eq	200,972.			

Schedule D (Form 990) 2023

b

С

Schedule D (Form 990) 2023 UNITED WAY	OF MIDLAND, IN	NC.	75-0945926 Page 3
Part VII Investments - Other Securities	<u></u>		. C C C C C C C C C C C C C C C C C C C
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
(a)	Description		(b) Book value
(1) PERMIAN BASIN ENDOWMENT			590,518.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		590,518 .
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	

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

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 UNITED WAY OF MIDLAND, INC t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re)945926 Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,840,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	432,439.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 4 . 1	96,990.		
е	Add lines 2a through 2d			2e	529,429
3	Subtract line 2e from line 1			3	2,310,653
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	32,469.		
					20 460
	Add lines 4a and 4b			4c	32,469
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,343,122
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Staten	nents With		5	2,343,122
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Taxiii Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With		5 Return	2,343,122
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With a.	Expenses per F	5	2,343,122
2 c 5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a.	Expenses per F	5 Return	2,343,122
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a.	Expenses per F	5 Return	2,343,122
2 c 5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a. 2a 2b	Expenses per F	5 Return	2,343,122
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	5 Return	2,343,122
Pai 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	5 Return	2,343,122
Pail 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	5 Return	2,343,122 2,187,701 96,990
Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	5 Return	2,343,122
Pail 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	5 Return	2,343,122 2,187,701 96,990
Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	96,990.	5 Return	2,343,122 2,187,701 96,990
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	Expenses per F	5 Return	2,343,122 2,187,701 2,187,701 96,990 2,090,711
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	96,990. 32,469.	5 Return	2,343,122 2,187,701 96,990

PART V, LINE 4:

INCOME GENERATED FROM ENDOWMENT FUNDS WILL BE USED FOR THE ORGANIZATION'S OPERATIONS

PART X, LINE 2:

MANAGEMENT EVALUATED BOTH ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATIONS HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS AND THEREFORE NO ADJUSTMENTS HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS FOR 2023 OR 2022. WITH A FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THREE YEARS PRIOR TO THE MOST RECENT TAX FILING.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED	WAY OF MIDLAND, INC	C.				Employer ide 75-0945	ntification number 926
	- Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais	sed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines i and ob. List e	vents with gross receipt	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			POWER OF THE		NONE	(add col. (a) through
			PURSE	BUSTIN' CLAY		col. (c))
4			(event type)	(event type)	(total number)	- Coi. (C)
nue						
Revenue	1	Gross receipts	100,568.	255,500.		356,068.
ď				-		
	2	Less: Contributions	75,500.	94,800.		170,300.
			•	,		
	3	Gross income (line 1 minus line 2)	25,068.	160,700.		185,768.
		, , , , , , , , , , , , , , , , , , , ,		,		
	4	Cash prizes				
	5	Noncash prizes	5,441.	33,300.		38,741.
S						
SUS	6	Rent/facility costs	1,718.	37,053.		38,771.
Direct Expenses			,	,		,
벙	7	Food and beverages	10,726.	325.		11,051.
jre	-		,			,
		Entertainment				
	9	Other direct expenses		923.		4,147.
	10	Direct expense summary. Add lines 4 through		, , , , , , , , , , , , , , , , , , , ,		92,710.
	l	Net income summary. Subtract line 10 from li				93,058.
Pa	rt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,	1	
				(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
å	1	Gross revenue				
	Ė					
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
X						
ect	4	Rent/facility costs				
ä						
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No No	No No	
				,		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		,	()			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , , ,			•
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming a	_			Yes No
		No," explain:				
-		· · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 UNITED WAY OF MIDLAND, INC.	5-0945926	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	Enter the hame and dadress of the person who propares the organization organization of gunning/operation books and records.		
	Name		
	- Name		
	Address		
	Address		
45.	Does the experientian have a contract with a third norty from whom the experientian receives coming revenue?	Yes	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	res	140
	If IIV/as II and and be a great of a speciment as a speciment of the speci	4	
D	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	he	
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lines 9, 9b	, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G (Form 990) UNITED WAY OF MIDLAND, INC.	75-0945926 Page 4
Schedule G (Form 990) UNITED WAY OF MIDLAND, INC. Part IV Supplemental Information (continued)	
, and the state of	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WA	Y OF MIDI	AND, INC.					Employer identification number 75-0945926
Part I General Information on Grants a		,					
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF THE PERMIAN BASIN AREA - 4241 TANGLEWOOD - ODESSA, TX 79762-5988	45-2450285	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
BASIN DREAM CENTER FOR ORPHANS P.O. BOX 52473 MIDLAND, TX 79710	82-0927815	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BOY & GIRLS CLUB OF MIDLAND 132 S. GOODE ST. MIDLAND, TX 79701	75-1214505	501(C)(3)	101,507.	0.			PROGRAM SUPPORT
BYNUM SCHOOL 5100 AVALON DR. MIDLAND, TX 79707	75-1932925	501(C)(3)	46,554.	0.			PROGRAM SUPPORT
CASA DE AMIGOS 1101 E. GARDEN LN. MIDLAND, TX 79701	75-1240087	501(C)(3)	144,155.	0.			PROGRAM SUPPORT
CENTERS FOR CHILDREN AND FAMILIES 3701 ANDREWS HIGHWAY MIDLAND, TX 79703	75-1005357	501(C)(3)	107,688.	0.			PROGRAM SUPPORT
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-	-					29.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS							
P.O. BOX 10532							
MIDLAND, TX 79702	75-2821486	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
COMMUNITY CHILDREN'S CLINIC							
P.O. BOX 3328							
MIDLAND, TX 79702	75-1875246	501(C)(3)	16,800.	0.			PROGRAM SUPPORT
GIRL SCOUTS OF THE DESERT SW							
5217 N. DIXIE BLVD.							
MIDLAND, TX 79762	74-1189693	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
MIDLAND CHILDREN'S REHAB CENTER							
802 VENTURA							
MIDLAND, TX 79705	75-0912521	501(C)(3)	22,475.	0.			PROGRAM SUPPORT
			, -				
MIDLAND EDUCATION FOUNDATION							
615 W. MISSOURI AVE.							
MIDLAND, TX 79701	75-2330628	501(C)(3)	19,939.	0.			PROGRAM SUPPORT
MIDIAND MEMODIAL DOINDATION							
MIDLAND MEMORIAL FOUNDATION 220 W ILLINOIS AVE							
MIDLAND, TX 79701	75-0827455	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
	1						
MIDLAND RAPE CRISIS & CAC							
P.O. BOX 10081							
MIDLAND, TX 79702	75-1673093	501(C)(3)	53,100.	0.			PROGRAM SUPPORT
W-22-04 200000 1000 0 010 2							
MISSION CENTER ADULT DAY SERVICE							
3500 N. A STE. 1300	75-2459123	501/C)/3)	27,600.	0.			PROGRAM SUPPORT
MIDLAND, TX 79705	13-2433123	501(C)(3)	27,800.	0.			EROGRAM SUFFORT
REFLECTION MINISTRIES OF TEXAS							
P.O. BOX 52371							
MIDLAND, TX 79710	81-4378080	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SAFE PLACE								
P.O. BOX 11331								
MIDLAND, TX 79702	75-1627264	501(C)(3)	55,200.	0.			PROGRAM SUPPORT	
SAMARITAN COUNSELING								
10008 PILOT AVE.								
MIDLAND, TX 79706	75-1437991	501(C)(3)	23,268.	0.			PROGRAM SUPPORT	
SENIOR LIFE MIDLAND								
P.O. BOX 80159								
MIDLAND, TX 79708	75-1899190	501(C)(3)	70,000.	0.			PROGRAM SUPPORT	
GUADE								
SHARE								
3500 N. A STE. 2500	26-2780706	501(C)(3)	12 600	0.			PROGRAM SUPPORT	
MIDLAND, TX 79705	20-2780706	501(C)(3)	12,600.	0.			PROGRAM SUPPORT	
THE SALVATION ARMY								
P.O. BOX 594								
MIDLAND, TX 79702	58-0660607	501(C)(3)	38,910.	0.			PROGRAM SUPPORT	
THE SPRINGBOARD CENTER								
200 CORPORATE DR.	EE 0005400	E01/G)/2)	61 000	•				
MIDLAND, TX 79705	75-2805439	501(C)(3)	61,200.	0.			PROGRAM SUPPORT	
UNLOCK MINISTRIES								
P.O. BOX 7742								
MIDLAND, TX 79708	75-2959142	501(C)(3)	30,000.	0.			PROGRAM SUPPORT	
WE ARE NOT FORGOTTEN								
3205 SOUTH HWY 87								
BIG SPRING, TX 79720	93-2157652	501(C)(3)	12,500.	0.			PROGRAM SUPPORT	
YMCA OF MILDAND								
P.O. BOX 954								
MIDLAND, TX 79702	75-0871732	501(C)(3)	20,000.	0.			PROGRAM SUPPORT	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
ALL ORGANIZATIONS APPLYING FOR FUN	DING FROM	THE UNIT	ED WAY OF M	IDLAND	
SUBMIT AN APPLICATION THAT INCLUDE	S VERIFIC	ATION OF	THEIR 501 (C)(3)	
STATUS, CERTIFICATION OF COMPLIANCE	E WITH TH	E PATRIOT	ACT, COPIE	S OF THEIR	
LATEST FILED FORM 990, AUDITED FINA	ANCIAL ST	ATEMENTS A	AND A BUDGE	T FOR THE	
SPECIFIC FUNDING REQUEST. ALL OF T	HESE SUBM	ISSIONS A	RE REVIEWED	BY STAFF	
AND VOLUNTEER PANELS PRIOR TO RECO	MMENDATIO	N OF FUND	ING TO THE	UNITED WAY	
OF MIDLAND BOARD OF DIRECTORS.					

Part IV Supplemental Information						
AFTER FUNDING HAS BEEN APPROVED, AGENCIES ARE MONITORED TO DETERMINE IF						
FUNDS ARE SUPPORTING THE APPROVED PROGRAMS. THEY ARE REQUESTED TO PROVIDE						
PROGRAM OUTCOMES AND THE METHODS OF EVALUATION UTILIZED TO DETERMINE						
OUTCOMES. THE MONITORING OF USAGE OF THE FUNDING INCLUDES ANNUAL SITE						
VISITS AND ON-GOING COMMUNICATIONS WITH THE PROGRAM PROVIDERS;						
SEMI-ANNUALLY THEY MUST PROVIDE DETAILS AND DOCUMENTATION.						

SCHEDULE M (Form 990)

Noncash Contributions

2022

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

UNITED WAY OF MIDLAND, INC.

Inspection
Employer identification number

75-0945926

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	180	25,904.					
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	<u> </u>								
26	Other () Other ()								
27	Other ()								
28	Other (
29	, , ,	ation during	the tay year for co	ontributions					
	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29								
	Yes No								
30a	During the year did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it			140	
-	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period?							Х	
h	exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х	
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
u	contributions?		•			32a		Х	
h	If "Yes," describe in Part II.					JEU			
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	:ked				
-	describe in Part II.	(0) 101	, po oi proport)	mish solullin (a) is one					

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF MIDLAND, INC.

Employer identification number 75-0945926

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

TO IMPROVE THE QUALITY OF LIFE IN MIDLAND BY UNITING COMMUNITY

RESOURCES WITH IDENTIFIED NEEDS.

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

THE FORM 990 IS DISSEMINATED ELECTRONICALLY TO THE BOARD MEMBERS BEFORE

BEING FILED. THE BOARD PRESIDENT, TREASURER, EXECUTIVE DIRECTOR, AND

FINANCE DIRECTOR REVIEW THE 990 IN DETAIL AS CLOSE TO THE FILING DATE AS

POSSIBLE. THE FORM 990 IS THEN FORWARDED TO THE FULL BOARD OF DIRECTORS FOR

REVIEW AND APPROVAL AT THEIR NEXT SCHEDULED MEETING.

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

ANNUALLY, THE BOARD OF DIRECTORS AND ALL STAFF MEMBERS ARE REQUIRED TO

DISCLOSE POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS OF

INTEREST ARE NOTED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE DIRECTOR AND

ARE HANDLED ON A CASE BY CASE BASIS. THE SIGNED CONFLICT OF INTEREST FORMS

ARE MAINTAINED ON FILE WITH THE EXECUTIVE DIRECTOR FOR REFERENCE PURPOSES.

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

ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS SALARIES AND BENEFITS SURVEYS

FROM UNITED WAY OF AMERICA AND FROM OTHER COMPARABLE ORGANIZATIONS THAT

REPORT SALARIES AND BENEFITS FOR NONPROFIT ORGANIZATIONS. BASED UPON THIS

REVIEW OF SIMILAR POSITIONS IN THE SURVEYS AND TAKING INTO CONSIDERATION

REGIONAL ECONOMIC CONDITIONS, THE EXECUTIVE COMMITTEE ESTABLISHES THE

EXECUTIVE DIRECTORS SALARY FOR THE ENSUING YEAR AND RECOMMENDS SALARY

PARAMETERS FOR KEY EMPLOYEES. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** UNITED WAY OF MIDLAND, INC. 75-0945926 ESTABLISHING SALARIES FOR ALL EMPLOYEES AND ALL SALARIES ARE APPROVED BY THE EXECUTIVE COMMITTEE. THE FULL BOARD APPROVES THE PERSONNEL BUDGET. FORM 990, PART VI, SECTION C, LINE 18: FINANCIAL STATEMENTS ARE PART OF THE ANNUAL REPORT. COPIES OF ALL GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST AND ARE AVAILABLE ON OUR WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: MISCELLANEOUS: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 4,715. FUNDRAISING EXPENSES 0. 4,715. TOTAL EXPENSES POSTAGE: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 2,384. FUNDRAISING EXPENSES 1,530. TOTAL EXPENSES 3,914. BANK AND PAYROLL FEES: PROGRAM SERVICE EXPENSES 0. 275. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 2,429.

Schedule O (Form 990) 2023	Page 2
Name of the organization UNITED WAY OF MIDLAND, INC.	Employer identification number 75-0945926
TOTAL EXPENSES	2,704.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 11,333.