

HBE LLP
7140 STEPHANIE LANE PO BOX 23110
LINCOLN, NE 68542-3110

UNITED WAY OF THE MIDLANDS
1229 MILLWORK AVE, 402
OMAHA, NE 68102



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CLIENT'S COPY



CPAs & Consultants | Wealth Management

December 16, 2024

UNITED WAY OF THE MIDLANDS
1229 MILLWORK AVE 402
OMAHA, NE 68102
Attention: Shawna Forsberg

Dear Shawna:

Enclosed is the organization's 2023 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 15, 2025.

Mail to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Krystal L. Siebrandt, CPA, CFE, CGMA
Partner

Filing Instructions

Prepared for:

UNITED WAY OF THE MIDLANDS
1229 MILLWORK AVE 402
OMAHA, NE 68102

Prepared by:

HBE LLP
7140 Stephanie Lane PO Box 23110
Lincoln, NE 68542-3110

2023 FORM 990

Please sign and mail on or before May 15, 2025.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

FEDERAL INFORMATIONAL FORMS

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
WARREN BUFFETT	6,928,908.	4,073,099.
UNION PACIFIC RAILROAD	4,819,942.	1,964,133.
FIRST NATIONAL BANK	3,832,475.	976,666.
Total Excess Contributions to Schedule A, Part II, Line 5		7,013,898.

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FILEABLE FORMS

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF THE MIDLANDS	Taxpayer identification number (TIN) 47-0376605
	Number, street, and room or suite no. If a P.O. box, see instructions. 1229 MILLWORK AVE, 402	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68102	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **REBECCA BLUM**
1229 MILLWORK AVE, SUITE 402 - OMAHA, NE 68102

Telephone No. **402-522-7941** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: X Address change
C Name of organization: UNITED WAY OF THE MIDLANDS
D Employer identification number: 47-0376605
E Telephone number: 402-830-1942
G Gross receipts \$: 33,688,536.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.UNITEDWAYMIDLANDS.ORG
K Form of organization: X Corporation
L Year of formation: 1923
M State of legal domicile: NE

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... WE UNITE OUR COMMUNITY'S CARING SPIRIT TO BUILD A STRONGER TOMORROW. 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer TRAVIS KLEIN, SVP, FINANCE & OPERATIONS
Date
Paid Preparer Use Only: Print/Type preparer's name KRISTAL L SIEBRANDT, CPA, Preparer's signature KRISTAL L SIEBRANDT, Date 12/16/24, Check if self-employed, PTIN P00543870, Firm's name HBE LLP, Firm's EIN 47-0677245, Firm's address 7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110, Phone no. (402) 423-4343

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF THE MIDLANDS MISSION IS "WE UNITE OUR COMMUNITY'S CARING SPIRIT TO BUILD A STRONGER TOMORROW".

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,695,953. including grants of \$ 10,000.) (Revenue \$) EFFECTIVE JULY 2020, THE UWM AGREED TO PROVIDE SERVICES TO THE NE DEPARTMENT OF LABOR REGARDING IMPLEMENTATION AND OPERATION OF THE JAG MODEL IN NEBRASKA. THIS PROGRAM ESTABLISHED JAG ACCREDITED PROGRAMS AT NEBRASKA SCHOOLS WITH THE PURPOSE OF HELPING JUNIOR HIGH AND HIGH SCHOOL STUDENTS OVERCOME OBSTACLES AND BUILD SKILLS SO THEY ARE SET UP FOR SUCCESS IN THE CLASSROOM AND WORKPLACE. THIS PROGRAM IS FUNDED IN LARGE PART BY AN AGREEMENT WITH THE NDOL CONSISTING OF FUNDS PROVIDED THROUGH THE US DEPARTMENT OF LABOR AND THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES.

4b (Code:) (Expenses \$ 2,725,957. including grants of \$ 0.) (Revenue \$ 1,321,419.) WHEN A CALLER DIALS 2-1-1, THEY FIND EASY ACCESS TO HEALTH AND HUMAN SERVICE PROGRAMS IN NEBRASKA AND IOWA. CERTIFIED RESOURCE SPECIALISTS MAINTAIN A COMPUTERIZED COMPREHENSIVE DATABASE OF NEARLY 4,000 HEALTH AND HUMAN SERVICE PROGRAMS. INDIVIDUALS WHO NEED HELP ARE CONNECTED WITH THE RIGHT COMMUNITY RESOURCES WHO USE THE VAST DATABASE. THE INFORMATION GATHERED HELPS TO IDENTIFY GAPS IN LOCAL HUMAN SERVICES, WHICH CAN ASSIST LOCAL POLICY MAKERS WITH FUTURE PLANNING EFFORTS. EFFECTIVE OCTOBER 2019, THE NE211 HELPLINE WAS MANNED 24X7X365.

4c (Code:) (Expenses \$ 16,203,926. including grants of \$ 10,187,577.) (Revenue \$ 789,634.) COMMUNITY ENGAGEMENT AND VISION - THIS FUNCTION IS DEDICATED TO IMPLMENTATION AND ACTION ON COMMUNITY IMPACT INVESTMENTS AND INITIATIVES. ACTIVITIES INCLUDE PRIORITIZATION AND RESEARCH FOR INITIATIVE DEVELOPMENT, IMPACT AND CHANGE DEVELOPMENT AND ASSESSMENT, MOBILIZING PARTNERS TO PROVIDE SERVICES, PARTICPATING IN AND SUPPORTING SELECTED OUTSIDE COMMUNITY ACTIVITIES, SERVICE IMPLEMENATION THROUGH: FUND DISTRIBUTION, TECHNOLOGY, PUBLIC EDUCATION, ECONOMIC DEVELOPMENT STRATEGIES AND AGENCY DESIGNATION MANAGEMENT, COMMUNICATION OF OUTCOME AND EVALUATION AND STAFF SUPPORT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,685,147. including grants of \$ 2,582,647.) (Revenue \$ 0.)

4e Total program service expenses 25,310,983.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
REBECCA BLUM - 402-522-7941
1229 MILLWORK AVE, SUITE 402, OMAHA, NE 68102

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAWNA FORSBERG PRESIDENT/CEO	45.00			X			355,487.	0.	34,072.	
(2) LAURA TATTEN SVP DONOR ENGAGEMENT	40.00			X			215,136.	0.	22,993.	
(3) TRAVIS KLEIN SVP FINANCE & OPERATIONS	40.00			X			203,756.	0.	16,290.	
(4) MATTHEW WALLEN SVP COMMUNITY INVESTMENTS	40.00			X			193,658.	0.	20,303.	
(5) PAMELA SCHWALB FORMER COO	45.00			X			176,657.	0.	28,075.	
(6) KRISSY SUSKI SVP MARKETING & COMMUNICATION	40.00			X			179,175.	0.	2,529.	
(7) SCOTT HUSCROFT SENIOR DIRECTOR INFORMATIO	40.00				X		150,531.	0.	15,841.	
(8) LAURA KIMBALL AVP COMMUNITY INVESTMENT	40.00				X		116,203.	0.	20,211.	
(9) REBECCA BLUM SENIOR DIRECTOR, FINANCE	40.00				X		114,313.	0.	13,371.	
(10) STEVEN RIPPE SENIOR DIRECTOR INFORMATION TECHNOLO	40.00				X		117,846.	0.	8,026.	
(11) TIMOTHY CALLAHAN AVP, DEVELOPMENT	40.00				X		120,177.	0.	1,850.	
(12) BRIAN WOOLFOLK BOARD CHAIR	1.00	X		X			0.	0.	0.	
(13) JIM RICHARDSON BOARD TREASURER	1.00	X		X			0.	0.	0.	
(14) ERIC TIRITILLI BOARD SECRETARY	1.00	X		X			0.	0.	0.	
(15) PAM BEALL HILL MEMBER	1.00	X					0.	0.	0.	
(16) MATTHEW DEBOER MEMBER	1.00	X					0.	0.	0.	
(17) BOB GUNIA MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GLADYS HARRISON MEMBER	1.00	X						0.	0.	0.
(19) CAROL HENRICHS MEMBER	1.00	X						0.	0.	0.
(20) DEREK LEATHERS MEMBER	1.00	X						0.	0.	0.
(21) PAUL MAASS MEMBER	1.00	X						0.	0.	0.
(22) RANDY WOOD MEMBER	1.00	X						0.	0.	0.
(23) AVI ATHOLI MEMBER	1.00	X						0.	0.	0.
(24) CHANDA CHACON MEMBER	1.00	X						0.	0.	0.
(25) ANNA CRAMER MEMBER	1.00	X						0.	0.	0.
(26) SAL ISSAKA MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,942,939.	0.	183,561.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,942,939.	0.	183,561.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PAMELA PHILLIPE 17607 GEORGE MILLER PKWY, OMAHA, NE 68116	CONTRACTED TO PERFORM GRANT AND PR	102,128.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Chris Leitner, Ty Kreitman, Joe Sullivan, Maqui Parkerson, Dr Andrew Rikli, Tracy Schaefer, Gretchen Twohig, and Dina Tilgner, all MEMBERS with 1.00 hours per week and 0.00 compensation.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	106,000.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,459,420.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,533,402.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 75,304.				
	h	Total. Add lines 1a-1f		25,098,822.				
	Program Service Revenue	2 a	CONTRACT FEES	Business Code	561000	1,512,274.	1,512,274.	
b		DONOR DESIGNATION FEES		900009	106,145.	106,145.		
c		MISCELLANEOUS INCOME		561000	40,348.	40,348.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,658,767.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			394,095.		394,095.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					5,972,068.			
	b	Less: cost or other basis and sales expenses	7b	5,519,782.				
	c	Gain or (loss)	7c	452,286.				
d	Net gain or (loss)			452,286.	452,286.			
8 a	Gross income from fundraising events (not including \$ 106,000. of contributions reported on line 1c). See Part IV, line 18	8a		104,628.				
				101,161.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			3,467.		3,467.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	GAIN ON LEASE TRANSACTIONS	Business Code	561000	460,156.		460,156.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			460,156.			
12	Total revenue. See instructions			28,067,593.	2,111,053.	0.	857,718.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,966,317.	11,966,317.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	813,907.	813,907.		
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	1,379,655.	1,113,395.	112,235.	154,025.
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	7,249,032.	5,850,041.	589,709.	809,282.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	397,135.	325,937.	31,529.	39,669.
9 Other employee benefits	819,773.	670,115.	65,467.	84,191.
10 Payroll taxes	601,361.	491,324.	43,346.	66,691.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	44,760.	35,571.	6,472.	2,717.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,037.		67,037.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	228,425.	164,411.	50,007.	14,007.
13 Office expenses	80,740.	73,178.	3,726.	3,836.
14 Information technology				
15 Royalties				
16 Occupancy	1,021,965.	674,067.	282,165.	65,733.
17 Travel	243,760.	234,279.	4,870.	4,611.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,019.	18,612.	6,407.	
20 Interest	50,221.	33,135.	13,840.	3,246.
21 Payments to affiliates	154,259.	101,040.	43,193.	10,026.
22 Depreciation, depletion, and amortization	357,088.	243,980.	91,797.	21,311.
23 Insurance	40,790.	27,992.	10,387.	2,411.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a WRITE OFF UNDEPRECIATED	1,065,617.	710,841.	287,930.	66,846.
b SUPPLIES	535,922.	499,807.	17,745.	18,370.
c CONTRACTED FEES	429,937.	363,751.	66,186.	0.
d SPECIAL EVENTS	292,288.	217,440.	74,848.	0.
e All other expenses	867,931.	681,843.	153,384.	32,704.
25 Total functional expenses. Add lines 1 through 24e	28,732,939.	25,310,983.	2,022,280.	1,399,676.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,888,108.	1	1,266,064.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,397,037.	3	5,840,450.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	445,844.	9	2,855,890.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,879,694.		
	b Less: accumulated depreciation	10b 977,276.	10c	1,902,418.
	11 Investments - publicly traded securities	12,012,171.	11	7,529,491.
	12 Investments - other securities. See Part IV, line 11	1,887,014.	12	1,993,172.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,209,168.	15	3,814,263.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,280,757.	16	25,201,748.	
Liabilities	17 Accounts payable and accrued expenses	1,031,626.	17	1,401,076.
	18 Grants payable	10,404,360.	18	8,160,562.
	19 Deferred revenue	74,692.	19	65,090.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,470,999.	25	4,434,576.
	26 Total liabilities. Add lines 17 through 25	17,981,677.	26	14,061,304.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,315,298.	27	3,734,718.
	28 Net assets with donor restrictions	3,983,782.	28	7,405,726.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,299,080.	32	11,140,444.
33 Total liabilities and net assets/fund balances	26,280,757.	33	25,201,748.	

Part 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	28,067,593.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,732,939.
3	Revenue less expenses. Subtract line 2 from line 1	3	-665,346.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,299,080.
5	Net unrealized gains (losses) on investments	5	446,620.
6	Donated services and use of facilities	6	3,060,090.
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	11,140,444.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 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).**
- 4 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: _____
- 5 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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar 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.")	17468799.	20151231.	34819980.	37712821.	25098822.	135251653
2 Tax revenues levied for the organization'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	17468799.	20151231.	34819980.	37712821.	25098822.	135251653
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)						7013898.
6 Public support. Subtract line 5 from line 4.						128237755

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	17468799.	20151231.	34819980.	37712821.	25098822.	135251653
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	306,623.	165,673.	62,003.	363,772.	394,095.	1292166.
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.)	254,241.	1874858.	1502445.	956,322.	1658767.	6246633.
11 Total support. Add lines 7 through 10						142790452
12 Gross receipts from related activities, etc. (see instructions)					12	133,274.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	89.81 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.11 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

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

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

Schedule B (Form 990) (2023)

Name of organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>4,659,258.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,685,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
---	---

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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (UNITED WAY OF THE MIDLANDS) and Employer identification number (47-0376605)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17,700.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			17,700.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2023

Open to Public Inspection

Name of the organization UNITED WAY OF THE MIDLANDS Employer identification number 47-0376605

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,492,177.	7,023,461.	7,510,300.	6,302,499.	6,246,228.
b Contributions	-2,000.	167,702.	1,460,532.		76,500.
c Net investment earnings, gains, and losses	905,649.	551,434.	-1,013,993.	1,420,926.	184,283.
d Grants or scholarships					
e Other expenditures for facilities and programs	109,041.	250,420.	933,378.	213,125.	204,512.
f Administrative expenses					
g End of year balance	8,286,785.	7,492,177.	7,023,461.	7,510,300.	6,302,499.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.8793 %
 - b Permanent endowment 48.1210 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI 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				
b Buildings		975,114.	32,491.	942,623.
c Leasehold improvements				
d Equipment		1,805,407.	914,163.	891,244.
e Other		99,173.	30,622.	68,551.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,902,418.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) NET ASSETS HELD BY OMAHA		
(C) COMMUNITY FOUNDATION	1,993,172.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,993,172.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or 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.

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSETS	3,814,263.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,814,263.

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) REFUNDABLE ADVANCES	386,469.
(3) OPERATING LEASE OBLIGATIONS	4,048,107.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,434,576.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	30,483,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	446,620.
b	Donated services and use of facilities	2b	3,554,251.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	101,161.
e	Add lines 2a through 2d	2e	4,102,032.
3	Subtract line 2e from line 1	3	26,381,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,037.
b	Other (Describe in Part XIII.)	4b	1,619,061.
c	Add lines 4a and 4b	4c	1,686,098.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,067,593.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	27,642,163.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	494,161.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	101,161.
e	Add lines 2a through 2d	2e	595,322.
3	Subtract line 2e from line 1	3	27,046,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,037.
b	Other (Describe in Part XIII.)	4b	1,619,061.
c	Add lines 4a and 4b	4c	1,686,098.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,732,939.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE UNITED WAY OF THE MIDLANDS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 101,161.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,619,061.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 101,161.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,619,061.

PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO SUPPORT THE MISSION OF THE ORGANIZATION AND INTENDED USE AS SPECIFIED BY THE DONOR.

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.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		BOXING EVENT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	210,628.		210,628.
	2	Less: Contributions	106,000.		106,000.
	3	Gross income (line 1 minus line 2)	104,628.		104,628.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	101,161.		101,161.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			101,161.
	11	Net income summary. Subtract line 10 from line 3, column (d)			3,467.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Horizontal lines for supplemental information input.

**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

2023

Open to Public
Inspection

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **47-0376605**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
AFRICAN AMERICAN EMPOWERMENT NETWORK - 105 N 31ST AVENUE, STE 101 - OMAHA, NE 68131	26-4296811	501C3	100,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
AMERICAN RED CROSS OMAHA COUNCIL BLUFFS METRO - 2912 SO 80TH AVE - OMAHA, NE 68124	53-0196605	501C3	50,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE
AUTISM ACTION PARTNERSHIP 14301 FIRST NATIONAL BANK PKWY STE OMAHA, NE 68154	20-6892034	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
BIG BROTHERS BIG SISTERS OF THE MIDLANDS - 10831 OLD MILL RD STE 400 - OMAHA, NE 68154	47-0466144	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
BOY SCOUTS, MID-AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	47-0376545	501C3	50,000.	0.			PARTNERSHIP ALLOCATIONS
BOYS AND GIRLS CLUBS OF THE MIDLANDS - 2610 HAMILTON - OMAHA, NE 68131-1675	47-0467350	501C3	175,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90.

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
BRIGHT MINDS-BRIGHTER FUTURES EARLY LEARNING CENTER - 2635 N 103RD CT - OMAHA, NE 68134	85-1768824	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CAROLES HOUSE OF HOPE INC. 7815 HARNEY ST OMAHA, NE 68114	80-0741577	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CASA - DOUGLAS COUNTY, NEBRASKA 2412 ST. MARY'S AVE OMAHA, NE 68105	35-2171298	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CATHOLIC CHARITIES DIOCESE OF DES MOINES COUNCIL BLUFFS - 601 GRAND AVE - DES MOINES, IA 50309	53-0196617	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA - 3300 N 60 ST - OMAHA, NE 68104	47-0376612	501C3	95,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CENTER FOR HOLISTIC DEVELOPMENT 6502 SORENSEN PKWY OMAHA, NE 68152	47-0840961	501C3	163,861.	0.			ARPA ALLOCATIONS
CHICANO AWARENESS CENTER INC 4821 S 24TH ST OMAHA, NE 68107	23-7208431	501C3	145,500.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CHILD SAVING INSTITUTE 4545 DODGE ST OMAHA, NE 68132-3251	45-0489204	501C3	130,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
CHRIST CHILD SOCIETY OF OMAHA NEBRASKA - PO BOX 45792 - OMAHA, NE 68145	47-0376574	501C3	10,000.	0.			PARTNERSHIP ALLOCATIONS/EMERGENCY FUND PAYOUT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
CITY SPROUTS PO BOX 31593 OMAHA, NE 68131	47-0791737	501C3	125,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
CODE BLACK INC. 3741 N 43RD OMAHA, NE 68111	87-2961342	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
COLLECTIVE FOR YOUTH 105 N 31ST AVENUE, STE 103 OMAHA, NE 68131	27-4577729	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
COLLEGE POSSIBLE 900 S 74TH PLAZA OMAHA, NE 68114	41-1968798	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
COMMUNITY ALLIANCE REHABILITATION SERVICES - 4001 LEAVENWORTH ST - OMAHA, NE 68105-1026	47-0756970	501C3	36,000.	0.			GRANT PAYOUT FOR FUNDS RECEIVED FROM UW OF COLUMBUS FOR JAG NE
COMMUNITY HEALTH CHARITIES 212 S 74TH ST, STE 205 OMAHA, NE 68114	23-7162972	501C3	573,927.	0.			CONTRACT AGREEMENT
COMPLETELY KIDS 2566 ST MARYS AVE OMAHA, NE 68105	27-5111197	501C3	345,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
CRCC (FORMERLY KNOWN AS CHILDREN'S RESPITE CARE CENTER). - 5321 S 138TH ST - OMAHA, NE 68137	47-0718409	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
D2 CENTER 1941 S 42ND ST, STE 503 OMAHA, NE 68105	46-4140587	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
EASTER SEALS NEBRASKA 12565 W CENTER RD, STE 100 OMAHA, NE 68144	47-0457872	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
EASTERN NEBRASKA COMMUNITY ACTION PARTNERSHIP - 3333 FARNAM ST, STE 500 - OMAHA, NE 68131	47-0488296	501C3	84,878.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
FAMILY HOUSING ADVISORY SERVICES, INC. - 2401 LAKE ST. STE 201 - OMAHA, NE 68111	47-0526720	501C3	409,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
FAMILY INC 3501 HARRY LANGDON BLVD, STE 150 COUNCIL BLUFFS, IA 51503	51-0657063	501C3	75,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD ST BOYSTOWN, NE 68010	47-0376606	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
FOOD BANK FOR THE HEARTLAND 10525 J ST OMAHA, NE 68127	47-0637701	501C3	135,983.	0.			ARPA ALLOCATIONS
GIRL SCOUTS SPIRIT OF NEBRASKA 2121 SO 44TH ST OMAHA, NE 68105-2800	47-0432299	501C3	50,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
GIRLS INCORPORATED OF OMAHA 2811 NO 45TH ST OMAHA, NE 68104-4596	47-0562184	501C3	175,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
GOODWILL INDUSTRIES INC 4805 N 72ND STREET OMAHA, NE 68134-2304	47-0378996	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
GREATER OMAHA ATTENDANCE AND LEARNING SERVICES - 3215 CUMING ST - OMAHA, NE 68131-2000	45-5608246	501C3	35,000.	0.			ARPA ALLOCATIONS
HABITAT FOR HUMANITY OF COUNCIL BLUFFS - 1228 SOUTH MAIN STREET - COUNCIL BLUFFS, NE 51503	42-1394987	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-2038	81-0614816	501C3	124,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY INC - 10130 S 222ND ST - GRETNA, NE 68028	36-3713040	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
HEARTLAND FAMILY SERVICE 2101 S 42ND ST OMAHA, NE 68105-2911	47-0390618	501C3	357,813.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
HEARTLAND HOPE MISSION 2021 U ST OMAHA, NE 68107-3666	14-1869352	501C3	90,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND ALLOCATIONS
HEARTLAND WORKERS CENTER 4923 S 24TH ST STE 3A OMAHA, NE 68107	27-1709471	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
I BE BLACK GIRL 7914 WEST DODGE ROAD, #254 OMAHA, NE 68114	87-3551841	501C3	52,921.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
INTERCULTURAL SENIOR CENTER 3010 R ST OMAHA, NE 68107	27-2460810	501C3	255,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
INTERNATIONAL COUNCIL FOR REFUGEES & IMMIGRANTS INC. - 6901 DODGE ST, STE 104 - OMAHA, NE 68132	27-1544492	501C3	110,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
IOWA JAG INC 400 E 14TH ST., GRIMES ST OFC BLDG DES MOINES, IA 50319-9000	42-1492988	501C3	35,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
IOWA LEGAL AID 1111 9TH STREET, STE 230 DES MOINES, IA 50314-2527	42-1079227	501C3	75,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND ALLOCATIONS
JEWISH FEDERATION OF OMAHA 333 S 132ND ST OMAHA, NE 68154-2106	47-0384659	501C3	25,000.	0.			PARTNERSHIP ALLOCATIONS
JUSTICE FOR OUR NEIGHBORS NEBRASKA 4223 CENTER STREET OMAHA, NE 68105	74-3195841	501C3	60,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
KIDS CAN COMMUNITY CENTER 4860 Q ST OMAHA, NE 68117	47-0376597	501C3	175,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
LA FUENTE BUSINESS CENTER 2401 N STREET OMAHA, NE 68107	14-1973678	501C3	100,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
LEGAL AID OF NEBRASKA 209 S. 19TH STREET, SUITE 200 OMAHA, NE 68102-1709	47-0483506	501C3	100,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND ALLOCATIONS
LUTHERAN FAMILY SERVICES OF NEBRASKA, INC. - 124 S 24TH ST, STE 230 - OMAHA, NE 68102-1246	23-7267972	501C3	384,113.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
MOSAIC COMMUNITY DEVELOPMENT DBA INCOMMON COMMUNITY DEVELOPMENT - 1340 PARK AVE - OMAHA, NE 68105	47-0842143	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
MICAH HOUSE CORPORATION 1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	70,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
MIDLANDS AFRICAN CHAMBER INC 7930 BLONDO STREET OMAHA, NE 68134	85-1935551	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
MILLARD PUBLIC SCHOOLS 5606 S 147TH ST OMAHA, NE 68137	47-6002642	501C3	6,000.	0.			PARTNERSHIP ALLOCATIONS
NEBRASKA CENTER FOR WORKFORCE DEVELOPMENT & EDUCATION - 6001 GROVER ST., SUITE 200 - OMAHA, NE 68106	83-2702323	501C3	347,934.	0.			SPONSORSHIP/ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS/CONTRACT
NEIGHBORHOOD COMMUNITY PANTRY 302 AMERICAN PKWY PAPILLION, NE 68046	81-4391384	501C3	10,000.	0.			PARTNERSHIP ALLOCATIONS
NEBRASKA DIAPER BANK (FORMERLY KNOW AS THE LIFE HOUSE) - 9100 F ST STE 100 - OMAHA, NE 68127	47-4953614	501C3	55,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND ALLOCATIONS
NEBRASKA ENTERPRISE FUND 1516 CUMING AVE OMAHA, NE 68102	31-1543695	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
NEW VISIONS 1435 N 15TH ST COUNCIL BLUFFS, IA 51501-1133	42-1407712	501C3	210,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
NO MORE EMPTY POTS 1127 N 20TH ST OMAHA, NE 68102	27-2427728	501C3	191,250.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
OLLIE WEBB CENTER INC. 1941 S 42ND ST STE 122 OMAHA, NE 68105	47-0399179	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
OMAHA FORUS INC. 3337 N 107TH ST OMAHA, NE 68134	87-3089786	501C3	25,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
OMAHA HOME FOR BOYS 4343 N 52ND ST OMAHA, NE 68104-2895	47-0376529	501C3	217,500.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
ONEWORLD COMMUNITY HEALTH CENTERS, INC. - 4920 SO 30TH ST, STE 103 - OMAHA, NE 68107	47-0548990	501C3	702,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
PARTNERSHIP 4 KIDS 1004 FARNAM ST, STE 200 OMAHA, NE 68102	47-0762798	501C3	75,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
PROJECT HOUSEWORKS (AKA REBUILDING TOGETHER OMAHA) - 7831 WAKELEY PLAZA - OMAHA, NE 68114	47-0793980	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
REGION 6 BEHAVIORAL HEALTHCARE 4715 S 132ND STREET OMAHA, NE 68137	20-0422066	501C3	133,250.	0.			MENTAL HEALTH FIRST AID GRANT AGREEMENT
RESTORING DIGNITY 8000 CHICAGO ST OMAHA, NE 68114	82-4375187	501C3	31,800.	0.			COMMUNITY IMPACT FUND ALLOCATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
RISE 3555 FARNAM ST, STE 235 OMAHA, NE 68131	27-3611908	501C3	35,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
ROOM FOR ROOTS INC 17213 SAGE ST OMAHA, NE 68136	84-2903645	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
SANTA MONICA 130 N 39TH ST OMAHA, NE 68131	47-0547017	501C3	83,700.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
SAVING GRACE PERISHABLE FOOD RESCUE INC - 4611 S 93TH ST, SUITE 154 - OMAHA, NE 68127	46-1852863	501C3	35,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
SIENA/FRANCIS HOUSE 1702 NICHOLAS ST OMAHA, NE 68102	47-0601005	501C3	570,750.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
SIMPLE FOUNDATION 1111 N 13TH ST, STE 400 OMAHA, NE 68102	46-5272775	501C3	75,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL - 1715 IZARD ST - OMAHA, NE 68102	47-0754721	501C3	10,050.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/MEMORIAL GIFT
STEPHEN CENTER, INC 2723 Q ST OMAHA, NE 68107	36-3363994	501C3	125,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
TEAMMATES - OMAHA MENTORING PROGRAM - 6801 O ST - OMAHA, NE 68510	47-0840990	501C3	27,525.	0.			COMMUNITY IMPACT FUND ALLOCATIONS/GRANT PAYOUT FOR JAG PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
THE SALVATION ARMY-NE 10755 BURT ST OMAHA, NE 68114-2065	36-2167910	501C3	92,864.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
TOGETHER INC OF METRO OMAHA 1616 CASS ST OMAHA, NE 68102-1011	47-0589290	501C3	264,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
URBAN LEAGUE OF NEBRASKA, INC. 3040 LAKE ST OMAHA, NE 68111	47-0384575	501C3	140,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
VISITING NURSE ASSOCIATION 12565 W CNTER RD STE100 OMAHA, NE 68144-3810	47-0384379	501C3	200,636.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
WHISPERING ROOTS 12418 S 79TH AVE OMAHA, NE 68046	46-1579222	501C3	205,000.	0.			NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508	47-0379839	501C3	50,050.	0.			PARTNERSHIP ALLOCATIONS/ARPA ALLOCATIONS/MEMORIAL GIFT
WOMEN'S CENTER FOR ADVANCEMENT 222 S 29TH ST OMAHA, NE 68131-3543	27-3205476	501C3	237,000.	0.			ARPA ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS
YMCA OF GREATER OMAHA 430 SO 20TH ST OMAHA, NE 68102-2506	47-0376586	501C3	165,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
YOUTH EMERGENCY SERVICES, INC. 2679 FARNAM ST STE 205 OMAHA, NE 68131-3653	47-0586898	501C3	40,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
YOUTURN 4344 N 34TH AVE OMAHA, NE 68111	81-2894077	501C3	30,000.	0.			COMMUNITY IMPACT FUND ALLOCATIONS
KIM FOUNDATION 13609 CALIFORNIA ST, SUITE 500 OMAHA, NE 68154	47-0837377	501C3	75,000.	0.			ARPA ALLOCATIONS
OPS (SHINE BRIGHT)		501C3	50,000.	0.			PARTNERSHIP ALLOCATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GOODFELLOWS	874	502,931.	0.		
211 BAKERS MEAL VOUCHERS	308	19,968.	0.		
NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE	289	289,000.	0.		
VICTIM ASSISTANCE PAYOUTS - VOCA	3	2,008.	0.		

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

PART I, LINE 2:

WE TRACK THE GRANT FUNDS USING A SEPARATE COST CENTER AND REQUIRE REGULAR STATUS REPORTS, BOTH FINANCIAL AND PROGRESS, FROM THE GRANTEEES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA CENTER FOR WORKFORCE DEVELOPMENT & EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP/ARPA

ALLOCATIONS/COMMUNITY IMPACT FUND ALLOCATIONS/CONTRACT AGREEMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND ALLOCATIONS/ARPA ALLOCATIONS

NAME OF ORGANIZATION OR GOVERNMENT: WHISPERING ROOTS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE/COMMUNITY IMPACT FUND ALLOCATIONS/ARPA ALLOCATIONS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
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 THE MIDLANDS

Employer identification number

47-0376605

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHAWNA FORSBERG PRESIDENT/CEO	(i)	299,604.	47,068.	8,815.	33,000.	1,072.	389,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA TATTEN SVP DONOR ENGAGEMENT	(i)	189,731.	22,508.	2,897.	21,224.	1,769.	238,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TRAVIS KLEIN SVP FINANCE & OPERATIONS	(i)	182,105.	21,012.	639.	14,270.	2,020.	220,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW WALLEN SVP COMMUNITY INVESTMENTS	(i)	173,188.	19,446.	1,024.	19,263.	1,040.	213,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA SCHWALB FORMER COO	(i)	155,962.	22,738.	-2,043.	17,870.	10,205.	204,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISSY SUSKI SVP MARKETING & COMMUNICATION	(i)	160,917.	18,960.	-702.	1,264.	1,265.	181,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SCOTT HUSCROFT SENIOR DIRECTOR INFORMATIO	(i)	148,056.	0.	2,475.	14,806.	1,035.	166,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

AS PART OF THE HEALTH AND WELLNESS PROGRAM, THE ORGANIZATION PROVIDES A
SINGLE MEMBERSHIP TO THE YMCA FOR ALL EMPLOYEES IF THEY CHOOSE TO
PARTICIPATE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **47-0376605**

Part 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 determining noncash contribution amounts
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	9	75,304.	FMV
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 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 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**

30a 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? **X**

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? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STARTING IN 2022, UNITED WAY OF THE MIDLANDS (UWM) IN PARTNERSHIP WITH
THE CITY OF OMAHA, ADMINISTERED \$5 MILLION OVER TWO YEARS THROUGH THE
AMERICAN RESCUE PLAN ACT (ARPA). THESE FISCAL RECOVERY FUNDS WERE
DISTRIBUTED TO AREA NONPROFIT PROGRAMS PROVIDING ESSENTIAL NEEDS
SERVICES INCLUDING ACCESS TO FOOD AND SHELTER, HOMELESS PREVENTION,
ACCESS TO PHYSICAL AND MENTAL HEALTH CARE, HEALTH PROMOTION AND
EDUCATION, FINANCIAL LITERACY AND FAMILY SUPPORT. PROGRAMS REPORT
QUARTERLY TO ENSURE FISCAL STEWARDSHIP AND ACCOUNTABILITY. THIS PROGRAM
ENDED ON JUNE 30, 2024.

EXPENSES \$ 2,685,147. INCLUDING GRANTS OF \$ 2,582,647. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

IT IS POSSIBLE THAT THEY CONDUCT BUSINESS WITH EACH OTHER, BUT NOT IN THE
CONTEXT OF THE UNITED WAY. THE ORGANIZATION ASKS THE BOARD TO DISCLOSE ANY
CONFLICTS OF INTEREST AT THE END OF EACH MEETING.

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

THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE BEFORE FILING. IT IS
REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE BOARD OF
DIRECTORS.

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

AT THE END OF EACH BOARD EXECUTIVE OR COMMITTEE MEETING EVERYONE IS ASKED
TO DISCLOSE ANY CONFLICTS OF INTEREST. OUR CODE OF ETHICS, WHICH MUST BE
SIGNED ANNUALLY BY ALL THE BOARD MEMBERS AND STAFF, REQUIRES ABSTENTION

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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FROM VOTING ON ANY ISSUES THAT WOULD RESULT IN A CONFLICT.

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE MADE UP OF KEY MEMBERS OF THE EXECUTIVE COMMITTEE. THE UNITED WAY UTILIZES REPORTS FROM INDEPENDENT OUTSIDE SOURCES, INCLUDING UNITED WAY WORLDWIDE AND THE NONPROFIT ASSOCIATION OF THE MIDLANDS, TO PROVIDE COMPARABLE SALARY DATE FOR SENIOR STAFF TO PRESENT AT THE COMMITTEE MEETING DETAILED MINUTES ARE TAKEN AND SIGNED OFF ON BY THE COMMITTEE MEMBERS THAT ATTEND THE MEETING.

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

THESE DOCUMENTS ARE PUBLISHED ON OUR WEBSITE AND AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.