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

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

hllmhahmillihmahhallal

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



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

www.hbecpa.com



Filing Instructions

Prepared for:Prepared by:UNITED WAY OF THE MIDLANDSHBE LLP1229 MILLWORK AVE 4027140 Stephanie Lane PO Box 23110OMAHA, NE 68102Lincoln, NE 68542-3110	
1229 MILLWORK AVE 402 7140 Stephanie Lane PO Box 23110 OMAHA, NE 68102 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	
300061	

FEDERAL INFORMATIONAL FORMS

Schedule A

323171 04-01-23

Identification of Excess Contributions Included on Part II, Line 5

47-0376605

2023

** Do Not File **
*** Not Open to Public Inspection ***

	cess ibutions
6,928,908. 4,0	73,099
AD 4,819,942. 1,9	64,133
3,832,475. 9	76,666
A, Part II, Line 5	7,0

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

(Rev. January 2024)

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

All corporations required to file an income tax return other		• •	hips, REMICS, and trusts		
must use Form 7004 to request an extension of time to fil	e income tax retur	ns.			
Part I - Identification					
Type or Name of exempt organization, employer, or of	or Name of exempt organization, employer, or other filer, see instructions.			number (TIN)	
				COF	
File by the			47-037	5005	
	_{e for} Number, street, and room or suite no. If a P.O. box, see instructions.				
return. See					
instructions. City, town or post office, state, and ZIP code. OMAHA, NE 68102	For a foreign add	ress, see instructions.			
Enter the Return Code for the return that this application i	s for (file a separa	te application for each return)		01	
Application Is For	Return	Application Is For		Return	
	Code	· ••••••••••••••••••••••••••••••••••••		Code	
Form 990 or Form 990-EZ	01	Form 4720 (other than individua	0	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 individua	l)	14	
Form 1041-A	08		.,		
• After you enter your Return Code, complete either Part	II or Part III. Part II	I, including signature, is applicable	e only for an extension of		
time to file Form 5330.					
 If this application is for an extension of time to file Form 		•			
Plan Name					
Plan Number					
Plan Year Ending (MM/DD/YYYY)					
Part II - Automatic Extension of Time To File for Exemp	t Organizations (see instructions)			
The books are in the care of REBECCA BLUM					
	AVE, SUI	ТЕ 402 - ОМАНА, М			
Telephone No. 402-522-7941					
• If the organization does not have an office or place of k	ousiness in the Un	ited States, check this box			
• If this is for a Group Return, enter the organization's fo					
box If it is for part of the group, check this box					
1 I request an automatic 6-month extension of time un			file the exempt organization	n return for	
the organization named above. The extension is for	the organization's	return for:			
calendar year 20 or		2.2	TTTT 20	24	
X tax year beginning JUL 1	, 20	2.3 , and ending	JUN 30.	, 20 24	
			¬		
2 If the tax year entered in line 1 is for less than 12 m	onths, check rease	on: 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		0	
any nonrefundable credits. See instructions.			3a \$	0.	
b If this application is for Forms 990-PF, 990-T, 4720,				0	
estimated tax payments made. Include any prior yea			3b \$	0.	
c Balance due. Subtract line 3b from line 3a. Include				0	
using EFTPS (Electronic Federal Tax Payment Syste	em). See instructio	ns.	3c \$	0.	

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

	_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From	h Income Tax	OMB No. 1545-0047			
Forr	9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation	¹⁵⁾ 2023			
Depa	tment	of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late	•	Open to Public Inspection			
		nue Service	ar year, or tax year beginning JUL 1, 2023 and ending		Inspection			
Вс	heck if	C Name o	organization	D Employer identifi	cation number			
X	Addre chang		ED WAY OF THE MIDLANDS					
	Name] Chang	ge Doing b	usiness as	47-03766	05			
	Initial return Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s 402	uite E Telephone numbe				
L	Jreturn termii ated		bwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	33,688,536.			
	Amen return	ded OMAU	A, NE 68102	H(a) Is this a group re				
			nd address of principal officer: TRAVIS KLEIN	for subordinates				
	pendi		AS C ABOVE	H(b) Are all subordinates in				
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or \Box		list. See instructions			
	Vebsi		UNITEDWAYMIDLANDS.ORG	H(c) Group exemption	n number			
ΚF	orm o	f organization: [X Corporation Trust Association Other L	'ear of formation: 1923	VI State of legal domicile: NE			
Pa	rt I	Summary						
e	1		e the organization's mission or most significant activities: <u>WE UNITE</u> TO BUILD A STRONGER TOMORROW.	OUR COMMUNIT	Y'S CARING			
Governance	2	Check this bo		oro than 25% of its not as				
verr	2			3	23			
Go	4		lependent voting members of the governing body (Part VI, line 12)		23			
	5		of individuals employed in calendar year 2023 (Part V, line 2a)		170			
Activities &	6		of volunteers (estimate if necessary)		8197			
ctiv				7a	0.			
Ă				7b	0.			
				Prior Year	Current Year			
•	8	Contributions	and grants (Part VIII, line 1h)	37,712,821.	25,098,822.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	956,322.	1,658,767.			
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	247,772.	846,381.			
В	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-59,146.	463,623.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,857,769.	28,067,593.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	29,298,096.	12,780,224.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.			
es	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	8,522,431.	10,446,956.			
Expenses	16a	Professional f	ng expenses (Part IX, column (A), line 25)	0.	0.			
ďx	b	Total fundrais		2 1 4 0 4 6 0				
ш	17	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,148,462.	5,505,759.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,968,989.	28,732,939.			
	19	Revenue less	expenses. Subtract line 18 from line 12	-2,111,220.	-665,346.			
Net Assets or -und Balances	00	T-4-1 - 1 /		Beginning of Current Year	End of Year			
Ssei Bala	20	Total assets (F		<u>26,280,757.</u> 17,981,677.	25,201,748.			
let A	21		(Part X, line 26)	8,299,080.	<u>14,061,304.</u> 11,140,444.			
_	22 rt II	Net assets or Signature	fund balances. Subtract line 21 from line 20	0,233,000.	,_440,4444.			
	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							

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

Sign	Signature of officer	Date						
Here	TRAVIS KLEIN, SVP, FINANCE & OPERATIONS							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date							
Paid	KRYSTAL L SIEBRANDT, CPA, KRYSTAL L SIEBRANDT, 12/16	/24 self-employed P00543870						
Preparer	Firm's name HBE LLP	Firm's EIN 47-0677245						
Use Only	Firm's address 7140 STEPHANIE LANE PO BOX 23110							
	LINCOLN, NE 68542-3110	Phone no. (402)423-4343						
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions							
LHA For	A For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

	n 990 (2023) UNITED WAY OF THE MIDLANDS 47-0376605 Page rt III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITED WAY OF 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$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
	THOUGH 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
	MAINTAIN A COMPUTERIZED COMPREHENSIVE DATABASE OF NEARLY 4,000 HEALTH AND HUMAN SERVICE PROGRAMS. INDIVIDUALS WHO NEED HELP ARE CONNECTED
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4d 4e	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. (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. COther program services (Describe on Schedule O.) (Expenses 2,685,147. including grants of 2,582,647.) (Revenue \$0.)

Form 990 (2023)				THE	MIDLANDS		
Part IV Checklist of Required Schedules							

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		л
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	<u>_</u>	
11				
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
U		11b	х	
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Ι.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 257			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) UNITED WAY OF THE MIDLANDS	47-0376	605	P	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	170			
	filed for the calendar year ending with or within the year covered by this return	2a 170		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	X	X
		~	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		х
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b			9b		
10	Section 501(c)(7) organizations. Enter:		50		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	[]	1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			77
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tincomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.		16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Section A. Governing Body and Management

UNITED WAY OF THE MIDLANDS

1a Enter the number of voting members of the governing body at the end of the tax year

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1a

X

Yes No

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	
Check II Schedule O contains a response of note to any line in this Part VI	

	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	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	s only)	availal	ble
	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)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	cial	
	statements available to the public during the tax year.			
0	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			
	5 12-21-23	Form	990	(20
12006				1-0

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

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	box, unless p officer and a		rson i	s both	an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	.ee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or director	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) SHAWNA FORSBERG	45.00									
PRESIDENT/CEO				Х				355,487.	0.	34,072.
(2) LAURA TATTEN	40.00									
SVP DONOR ENGAGEMENT					Х			215,136.	0.	22,993.
(3) TRAVIS KLEIN	40.00									
SVP FINANCE & OPERATIONS				Х				203,756.	0.	16,290.
(4) MATTHEW WALLEN	40.00									
SVP COMMUNITY INVESTMENTS					Х			193,658.	0.	20,303.
(5) PAMELA SCHWALB	45.00									
FORMER COO				Х				176,657.	0.	28,075.
(6) KRISSY SUSKI	40.00									
SVP MARKETING & COMMUNICATION					Х			179,175.	0.	2,529.
(7) SCOTT HUSCROFT	40.00									
SENIOR DIRECTOR INFORMATIO						X		150,531.	0.	15,841.
(8) LAURA KIMBALL	40.00									
AVP COMMUNITY INVESTMENT						X		116,203.	0.	20,211.
(9) REBECCA BLUM	40.00							114 212	•	40.004
SENIOR DIRECTOR, FINANCE	40.00					X		114,313.	0.	13,371.
(10) STEVEN RIPPE	40.00							110 046	0	0 000
SENIOR DIRECTOR INFORMATION TECHNOLO	40.00					X		117,846.	0.	8,026.
(11) TIMOTHY CALLAHAN	40.00							100 177	0.	1 050
AVP, DEVELOPMENT (12) BRIAN WOOLFOLK	1.00					X		120,177.	0.	1,850.
BOARD CHAIR	1.00	x		х				0.	0.	0.
(13) JIM RICHARDSON	1.00	- 23		21					••	
BOARD TREASURER		x		х				0.	Ο.	0.
(14) ERIC TIRITILLI	1.00								•••	
BOARD SECRETARY		x		х				0.	0.	0.
(15) PAM BEALL HILL	1.00									
MEMBER		x						0.	0.	0.
(16) MATTHEW DEBOER	1.00									
MEMBER		х						0.	Ο.	0.
(17) BOB GUNIA	1.00									
MEMBER		х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

8

Form 990 (2023) UNITED WA									47-03	766	505	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	box	not cl , unles	Pos heck i ss per	rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensatior	ן ו	(F Estim amou	nated
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Offlicer D	Key employee	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS0 1099-NEC)		oth comper from organi and re organiz	nsation the zation elated
(18) GLADYS HARRISON	1.00											0
MEMBER (19) CAROL HENRICHS	1.00	Х						0.		0.		0.
MEMBER	1.00	x						0.		0.		0.
(20) DEREK LEATHERS MEMBER	1.00	x						0.		0.		0.
(21) PAUL MAASS	1.00							-		_		
MEMBER		Х						0.		0.		0.
(22) RANDY WOOD	1.00	.,										0
MEMBER (23) AVI ATHOLI	1.00	Х						0.		0.		0.
MEMBER	1.00	x						0.		0.		0.
(24) CHANDA CHACON MEMBER	1.00	x						0.		0.		0.
(25) ANNA CRAMER	1.00											
MEMBER		Х						0.		0.		0.
(26) SAL ISSAKA	1.00	x						0				0
MEMBER 								0.		0.	183	0.
c Total from continuation sheets to Part VI								0.		0.	105,	0.
d Total (add lines 1b and 1c)								1,942,939.		0.	183,	561.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable			12
											Ye	es No
3 Did the organization list any former officer,	-			•	•		Ŭ		•			
line 1a? If "Yes," complete Schedule J for s											3	<u>X</u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						-	- 1	4 X	ζ
5 Did any person listed on line 1a receive or a	,		•							····		_
rendered to the organization? If "Yes." con	plete Schedule	e J f	or su	ich į	oers	on .		~			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co		•							· ·	ensati	ion from	
the organization. Report compensation for (A)	the calendar ye	eare	nair	ig w	iin c			(B)	ear.		(C)	
Name and business	address							Description of s	ervices	Co	ompensa	ation
PAMELA PHILLIPE				_		_		CONTRACTED TO				
17607 GEORGE MILLER PKWY,	OMAHA,	Ν	E	68	11	6		PERFORM GRAN	T AND PR		102,	128.
9 Total number of independent contraction (ot !!	nite	1+0	the		tod		via then			
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot IIr	nitec	1 (0)	inos 1	se IIS L	red	above) who received mo	ore than			
SEE PART VII, SECTION		'IN	UA	TI	ON	S	HE	ETS			Form 99	0 (2023)

332008 12-21-23

Form 990UNITED WA	47-0376605										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average		Position					Reportable	Reportable	Estimated	
Name and the	hours	(c	(check all that apply)		compensation	compensation	amount of				
	per	(0	T			Ι	y)	from	from related	other	
	week					e		the	organizations	compensation	
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the	
	hours for	direc				d em		(W-2/1099-MISC)	(11 2) 1000 11100)	organization	
	related	e or	stee			sate				and related	
	organizations	trust	al tru		yee	mpe				organizations	
	below	dual	Ition	-	old m	stco	ar				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former				
(27) CHRIS LEITNER	1.00										
MEMBER		Х						0.	0.	0.	
(28) TY KREITMAN	1.00										
MEMBER		Х						0.	0.	0.	
(29) JOE SULLIVAN	1.00										
MEMBER		Х						0.	0.	0.	
(30) MAQUI PARKERSON	1.00										
MEMBER		х						0.	0.	0.	
(31) DR ANDREW RIKLI	1.00										
MEMBER		X						0.	0.	Ο.	
(32) TRACY SCHAEFER	1.00										
MEMBER		х						0.	Ο.	Ο.	
(33) GRETCHEN TWOHIG	1.00										
MEMBER		х						0.	Ο.	0.	
(34) DINA TILGNER	1.00										
MEMBER		Х						0.	0.	0.	
		1									
Total to Part VII, Section A, line 1c											

332201 04-01-23

Check if Schedule O contains a response or note to any line in the Pat VII Contains an exponse or note to any line in the Pat VII Total revenue Related or exempt function revenue Related or exempt function revenue Ch Umestaded function revenue Ch Umestade function revenue <thch Umestade fu</thch 			(2023) UNITED WAY OF	THE MIDI	ANDS		47-0376	605 Page 9
Total evenue Pediate or exempt function revenue Competition provide autom function revenue Display (Competition function revenue function revenue functio	Pa	rt V	II Statement of Revenue					
Total revenue Related or exempt Unrefailer evenue Revenue or exempt Previne exclude or exempt but builts and or evenue or function revenue Revenue or evenue Revenue of the built built built built built builts and or evenue Revenue of the built buil			Check if Schedule O contains a response of	or note to any line	((2)	
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g Total. Add lines 2a2t 1, 658, 767. 3 Investment income (including dividends, interest, and other similar amounts) 394,095. 4 Income from investment of tax exempt bond proceeds 5 5 Royatiles (i) Real (ii) Personal 6a (iii) Personal 6a (iii) Personal 6 (iii) Real (iiii) Personal (iiii) Personal 6 (iiii) Real (iiii) Personal (iiiiiiii) Personal 7 Gross anount from states of across anount from states of assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiiii) Securities (iiii) Securities (iiii) Securities (iiiii) Securities (iiiii) Securities (iiii) Securities (iiiii) Securities (iiii) Securities (iiii) Securities (iiii) Securities (iiiii) Securities	Pro							
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S Royalties (i) Real (ii) Personal Ga (ii) Real (ii) Personal (iii) Personal Ga (iii) Personal (iii) Personal (iii) Personal B Cross rents (iii) Personal (iii) Personal (iii) Personal G C Rental income or (loss) (iii) Securities (iii) Other C Rental income or (loss) (iii) Securities (iii) Other assets other than inventory Ta 5, 972, 068. (iii) Securities (iii) Other assets out or throw basis Ta 5, 519, 782. (iii) Securities (iii) Other assets out or throw alses or passes Tp 5, 519, 782. (iii) Securities (iii) Other B Gross income from fundraising events (iii) S (iii) Securities (iii) Other B a Gross income from fundraising events 3, 467. 3, 467. 3, 467. 9 Goss income from gaming activities Sec 9 (iii) Sec 9 D Less: direct expenses Dsb (iii) Sec 9 (other similar amounts)		394,095.			394,095.
G a Gross rents Ga (i) Peal (ii) Personal b Less: rental income or (loss) Gc		4	Income from investment of tax-exempt bond pr	roceeds				
6 a Gross rents 6a 6b b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c d Net rental income or (loss) 6c 6c 7 a Gross anount from sales of assets other than inventory 6.5, 519, 782. 6.6 c Gain or (loss) 7b 5, 519, 782. 6.6 c Gain or (loss) 7b 5, 519, 782. 6.6 c Gain or (loss) 7c 452, 286. 452, 286. d Net gain or (loss) 7c 452, 286. 452, 286. d R a Gross income from fundraising events (not including \$106, 000. of contributions reported on line 1c). See Part IV, line 18 6a 104, 628. b Less: direct expenses 8b 101, 161. 3, 467. 3, 467. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9a b Less: cirect expenses 10a 10a Gross from gaming activities. 10a 10a 10a 10a d Gross sales of inventory 10a 10a 10a 10a 10a 10a 10a		5						
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7 a Gross amount from sales of assets other than inventory b (i) Securities (ii) Other 7a Gross in ther than inventory b (i) Securities (ii) Other 5, 572, 068. 5 C Gain or (loss) 75 C Gain or (loss) 75 C Gain or (loss) 76 C Gain or (loss) 76 S Gross income from fundraising events (not including \$\frac{106,000.of}{06,000.of} 452,286. C Contributions reported on line 1c). See Part IV, line 18 Ba B 104,628. Bb B Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b b Less: direct expenses 9b c Net income or (loss) from gaming activities 0a d Gross also of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Solution c Int a GAIN ON LEASE TRANSACTIONS Solutio								
9000000000000000000000000000000000000				(ii) Other				
Bit Less: cost or other basis and sales expenses 7b 5,519,782. (d Sin or (loss) 7b 5,519,782. (d 452,286. c Gain or (loss) d 452,286. d 52,286. d 52,286. d 52,286. 8 Gross income from fundraising events including \$106,000.or contributions reported on line 1c). See Part IV, line 18 d 104,628. d 104,628. b Less: direct expenses db 101,161. d 104,628. d 104,628. 9 a Gross income from gaming activities. See Part IV, line 19 ga d 104,628. d 104,628. 9 a Gross income from gaming activities. See Part IV, line 19 ga d 104,628. d 104,628. 9 a Gross sales of inventory, less returns and allowances d 104,000. d 104,000. d 104,000. 10 a Gross sales of inventory, less returns and allowances d 108. d 109. d 109. 10 a Gross sole or (loss) from sales of inventory. d 400,156. d 400,156. d 400,156. 11 a GAIN ON LEASE TRANSACTIONS 561000 460,156. d 460,156. d 460,156. 12 Total revenue. See instructions 28,067,593. 2,111,053. 0. 857,718.				() C				
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b Less: direct expenses 9b Image: state stat		9						
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12 Total revenue. See instructions 28,067,593. 2,111,053. 0. 857,718.	Mis				160 150			
						2 111 053	0	857 719
	33200				,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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Page 9

Form 990 (2023)

UNITED WAY OF THE MIDLANDS 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		44 944 945		
	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	, ,		,	,
5	section 401(k) and 403(b) employer contributions)	397,135.	325,937.	31.529	39.669.
9	Other employee benefits	819,773.	670,115.	31,529. 65,467.	39,669. 84,191. 66,691.
		601,361.	491,324.	43,346.	66 691
10	Payroll taxes	JOT , JOT •			00,0010
11	Fees for services (nonemployees):				
	Management				
b	Legal	44,760.	35,571.	6,472.	2,717.
-	Accounting	44,/00.	35,571.	0,4/2.	۷,/۱/۰
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	69.009		67.027	
f	Investment management fees	67,037.		67,037.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)				1 4 9 9 7
12	Advertising and promotion	228,425.	164,411.	50,007.	<u>14,007.</u> 3,836.
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 0.)				
а	WRITE OFF UNDEPRECIATED	1,065,617.	710,841.	287,930.	66,846.
b	SUPPLIES	535,922.	499,807.	17,745.	18,370.
с	CONTRACTED FEES	429,937.	363,751.	66,186.	0.
d	SPECIAL EVENTS	292,288.	217,440.	74,848.	0.
	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	.,,		, ,	,,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-21-23				Form 990 (2023)

332010 12-21-23

13451216 758603 007010.000

13451216 758603 007010.000

33

Total liabilities and net assets/fund balances

26,280,757.

33

25,201,748. Form **990** (2023)

UNITED WAY OF THE MIDLAN	DS
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		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	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.	з	5,840,450.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	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.	1,441,415.	10c	1,902,418.
	11	Investments - publicly traded securities			12,012,171.	11	7,529,491.
	12	Investments - other securities. See Part IV, line 1	1		1,887,014.	12	1,993,172.
	13	Investments - program-related. See Part IV, line 1	1			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 equa	l line 3	3)	26,280,757.	16	25,201,748.
	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 P				21	
es	22	Loans and other payables to any current or forme					
iliti		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these		F		22	
-	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,	·	6 170 000	05	4,434,576. 14,061,304.
		of Schedule D			17,981,677.	25	1/ 061 30/
	26	Total liabilities. Add lines 17 through 25		e X	17,901,077.	20	14,001,304.
S		Organizations that follow FASB ASC 958, check	K nere				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			4,315,298.	27	3,734,718.
ala	27 28	Net assets with donor restrictions			3,983,782.	27	7,405,726.
ЧB	20	Organizations that do not follow FASB ASC 95			5,505,102.	20	1,105,1200
Fun		and complete lines 29 through 33.	o, che				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc		Г		31	
let /	32	Total net assets or fund balances			8,299,080.	32	11,140,444.
z	32	Total liabilities and not assets/fund balances			26 280 757.	32	25 201 748.

Form 990 (2023)
Part X | Balance Sheet

	990 (2023) UNITED WAY OF THE MIDLANDS	47-	<u>0376605</u>	Pa	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,06		
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,73		
3	Revenue less expenses. Subtract line 2 from line 1	3			846.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,29		
5	Net unrealized gains (losses) on investments	5			520.
6	Donated services and use of facilities	6	3,06	0,0	90.
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	11,14	0,4	.44.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			1.	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Total

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					
		UNITE			
Part I	Reason for	Public Ch			

Name of	ame of the organization Employer identification number							
	UNIT	ED WAY OF	THE MIDLANDS				4	7-0376605
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4	A medical research organiz)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	-					ne general r	oublic described in
	section 170(b)(1)(A)(vi). (C	-		0			0 1	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in conju	inction with a	land-grant	college
	or university or a non-land-g	-			-		-	-
	university:		· · · · ·					
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen							
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🗌	An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	porting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
e	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	r Type III non-functio	nally integrated supporting	ng organiz	ation.			
	er the number of supported o	•						
	vide the following information			(iv) is the error				
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)

47-0376605 Page 2

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								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	17468799.	20151231.	34819980.	37712821.	25098822.	135251653	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	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.	
	Public support. Subtract line 5 from line 4.						128237755	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	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 instructio	ons)			12	133,274.	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	89.81 %	
	Public support percentage from 2022					15	88.11 %	
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation				
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s	
						Schedule A	(Form 990) 2023	

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Schedule A							MIDLANDS	-
Part III	Support	Schedule for	or Organizat	tions	Desci	ribed i	in Section 50	9(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.)

Sec	ction A. Public Support		•	-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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 Sec	Public support. (Subtract line 7c from line 6.)		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		nization,
<u> </u>	check this box and stop here				<u></u>		
	ction C. Computation of Publ						
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					.=	
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2023. If the						ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	In ala not check a	box on line 14, 19	a, or 190, check t	nis box and see ins		
33202	23 12-21-23		17	7		Sched	dule A (Form 990) 2023

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1

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3a

Yes No

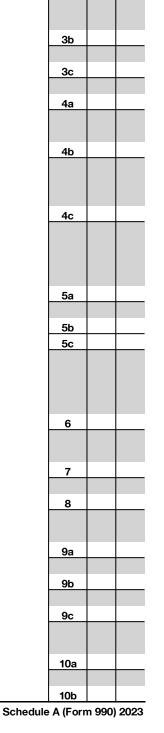
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023 UNITED WAY OF THE MIDLANDS

1

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No

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

Section D	. All Type III Su	pporting Org	anizations
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			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a	a governmental entity (see instruction <u>s).</u>
-----	----------------------------------------------------	-----------------------------------------	---------------------------------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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

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

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

UNITED WAY OF THE MIDLANDS

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

Schedule A (Form 990) 2023

Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts haid to perform activity that directly furthers exempt purposes of supported

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Schedule A (Form 990) 2023

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1

Current Year

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose		3		
_4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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				
	(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		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u> i</u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
-	Applied to 2023 distributable amount				
	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				
0	and 4c. Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
-	Excess from 2022				
	Excess from 2022 Excess from 2023				

Schedule A	(Form 990) 2023				MIDLAND		47-0376605 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b, , lines 2 and 3; F	4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 9 ection E, line	11a, 11b, and 1 s 1c, 2a, 2b, 3a	1c; Part IV, Section , and 3b; Part V, line	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
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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

Employer identification number

Schedule	D
(Form 990)	

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Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

UNTTE

D	WAY	OF	THE	MIDLANDS		

47-0376605

Filers of:	Section:
Form 990 or 990-EZ	X 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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is t

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.

Name of organization

Page 2 Employer identification number

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UNITED WAY OF THE MIDLANDS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>4,659,258.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,685,144.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 99	0) (20)	23)
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Name of organization

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Employer identification number

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UNITED WAY OF THE MIDLANDS

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
arti		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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Name of or	rganization			Employer identification number
UNITEI	D WAY OF THE MIDLANDS			47-0376605
Part III		through (e) and the following line entri- naritable, etc., contributions of \$1,000 or l	v. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t I	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, an			insferor to transferee

Schedule B (Form 990) (2023)

Page 4

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Schedule B (Form 990) (2023)

For Paperwork Reduction Act Notice, see the Instruction	

Schedule C (Form 990) 2023

LHA 332041 11-06-23

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.

Political Campaign and Lobbying Activities

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.

Nam	ne of organization				Employer identification ni	
	UNITED	WAY OF THE MIDLA	NDS		47-0376605	5
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 52	7 organization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect politic ures	al campaign activities i	n Part IV.	\$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).		
2 3 4a b	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio a Was a correction made?	incurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 for this year?		\$Yes Yes 	No No
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 5	01(c)(3).	
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures	ization's funds contributed to ot	her organizations for se	ection 527		
Ŭ	line 17b				. \$	
	Did the filing organization file Form Enter the names, addresses, and er made payments. For each organiza contributions received that were pro political action committee (PAC). If	nployer identification number (E tion listed, enter the amount pair omptly and directly delivered to a	IN) of all section 527 pc d from the filing organiz a separate political orga	litical organizations to ation's funds. Also ent anization, such as a se	which the filing organization the amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's contributions receive	ed and ectly arate tion.

23

Open to Public

Inspection

SCHEDULE C	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Sched

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Schedule C (Form 990)

Schedule C (Form 990) 2023	JNITED N	WAY C	F THE MIDL	ANDS	47-0)376605 Page 2
Part II-A Complete if the orga	anization is	s exem	pt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share			, ,			
B Check if the filing organization	ion checked b	ox A and	d "limited control" pro	ovisions apply.	() =···	(1) h (1) h (1)
Limit: (The term "expendi)	(a) Filing organization's totals	ation's totals			
1a Total lobbying expenditures to influe	ence public o	oinion (gi	rassroots lobbying)			
b Total lobbying expenditures to influe	ence a legisla	tive body	(direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)					
d Other exempt purpose expenditures	s					
e Total exempt purpose expenditures	add lines 1c	and 1d)				
f Lobbying nontaxable amount. Enter	r the amount f	rom the	following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lobb	ying nontaxable am	ount is:		
not over \$500,000,		20% of th	ne amount on line 1e.			
over \$500,000 but not over \$1,000,	000, 9	\$100,000) plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000,	\$175,000) plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0						
over \$17,000,000,		\$1,000,0	00.			
g Grassroots nontaxable amount (ent	er 25% of line	1f)				
h Subtract line 1g from line 1a. If zero	o 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	o on either line	e 1h or lii	ne 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	rear?					Yes No
	4-Y	ear Aver	aging Period Under	Section 501(h)		
(Some organizations the			1(h) election do not te instructions for lir	•	of the five columns b	elow.
F	Lobbying	g Expen	ditures During 4-Yea	ar Averaging Period	I	
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						

Schedule C (Form 990) 2023

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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	Amo	ount
During the year, did the filing organization attemp local legislation, including any attempt to influenc or referendum, through the use of:					
a Volunteers?			Х		
b Paid staff or management (include compensation		X			
c Media advertisements?			Х		
d Mailings to members, legislators, or the public?			Х		
e Publications, or published or broadcast statemen	ts?		Х		
f Grants to other organizations for lobbying purpos	es?		Х		
g Direct contact with legislators, their staffs, govern	ment officials, or a legislative body?	X		17	,700.
h Rallies, demonstrations, seminars, conventions, s	peeches, lectures, or any similar means?		Х		
i Other activities?			Х		
j Total. Add lines 1c through 1i				17	700.
2a Did the activities in line 1 cause the organization t	o not be described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred unc	er section 4912				
c If "Yes," enter the amount of any tax incurred by a	organization managers under section 4912				
d If the filing organization incurred a section 4912 ta	ax, did it file Form 4720 for this year?				
	exempt under section 501(c)(4), section	1 501(c)(5),	or sec	tion	
501(c)(6).					
				Yes	No
	d nondeductible by members?				
2 Did the organization make only in-house lobbying					
	and political campaign activity expenditures from the		3	tion	
	exempt under section 501(c)(4), section Part III-A, lines 1 and 2, are answered "				2 io
answered "Yes."	Part III-A, lines 1 and 2, are answered		Farti	II-A, IIIe	3, 15
	mbers		1		
	al expenditures (do not include amounts of politic	ai			
expenses for which the section 527(f) tax was	•		0-		
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 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 					
	ceeds the amount on line 3, what portion of the exce asonable estimate of nondeductible lobbying and po				
expenditures next year? 5 Taxable amount of lobbying and political expendi	4				
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Par	t I-B. line 4: Part I-C. line 5: Part II-A (affiliated group	list): Part II-A	lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

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SCHEDULE D

(Form 990)

Part I

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.



Employer identification number

47-0376605

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED WAY OF THE MIDLANDS

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
			° — —
Par		ganization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
0		find concentration contribution in the form	of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.		Held at the End of the Tax Year
_			
a			
D			0
c	Number of conservation easements on a certified historic str		<u>2c</u>
d			
~	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
-	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and emorcing conserva	tion easements during the year
0	Deep people concernation accompany reported on line 2d about	a action the requirements of eastion 170/h	
8	Does each conservation easement reported on line 2d above		
~		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's infancial statem	ents that describes the
Par	organization's accounting for conservation easements.	f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
10			and balance aboat works
Id	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pul		-
L	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	ierance of public service,
	provide the following amounts relating to these items.		*
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		i gain, provide
	the following amounts required to be reported under FASB A	-	•
	Revenue included on Form 990, Part VIII, line 1		•
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023
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2023.05010 UNITED WAY OF THE MIDLAND 007010.1

Sche		WAY OF THE				47-03	76605	Pa	age 2					
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	contin	ued)						
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its								
	collection items (check all that apply).													
а	Public exhibition	d	Loan or excl	nange program										
b	Scholarly research	е												
с	c Preservation for future generations													
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.													
5	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 ma		,	,			Yes		No					
Par	t IV Escrow and Custodial Arrange													
	reported an amount on Form 990, Par		on the organization			r arcrv, n	100,01							
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other assets n	ot included									
iu	on Form 990, Part X?						Yes		No					
h	If "Yes," explain the arrangement in Part XIII					L		L] 110					
U.			Swing table.				Amount							
					4.		741104110							
	Beginning balance													
	Additions during the year													
e	Distributions during the year													
T	Ending balance				1 f				1					
	Did the organization include an amount on Fo				• • • • • • • •	······ L	Yes		No					
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>								
Fai	TV Endowment Funds Complete if					vaara baak	(a) Four	Vooro	haali					
_		(a) Current year	(b) Prior year	(c) Two years back		years back								
1a	Ia Beginning of year balance 7,492,177. 7,023,461. 7,510,300. 6,302,499. 6,246,228.													
b														
С	c Net investment earnings, gains, and losses 905, 649. 551, 4341, 013, 993. 1, 420, 926. 184, 283.													
d	Grants or scholarships													
е	Other expenditures for facilities													
	and programs	109,041.	250,420.	933,378	. 2	13,125.		204,	512.					
f	Administrative expenses													
g	End of year balance	8,286,785.	7,492,177.	7,023,461	. 7,5	510,300.	6,	302,4	499.					
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:										
а	Board designated or quasi-endowment	51.8793	_%											
b	Permanent endowment 48.1210	%												
с	Term endowment	%												
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.												
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	the									
	organization by:	Ũ					Γ	Yes	No					
	(i) Unrelated organizations?						3a(i)	Х						
							3a(ii)		Х					
b	If "Yes" on line 3a(ii), are the related organiza						3b							
4	Describe in Part XIII the intended uses of the													
Par														
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part	X. line 10.									
	Description of property	(a) Cost or ot			Accumulate	ad l	(d) Book	voluc						
	Description of property	basis (investm			depreciation		(u) 600r	value	;					
4-	Land				- spi solation									
	Land		07	5,114.	32,4	91	011	2,62	<u>) 2</u>					
	Buildings		57	<u>, , , , , , , , , , , , , , , , , , , </u>	J4,4	· - •	542	1,02						
	Leasehold improvements		1 0 0	5 107	01/ 1	<u>63</u>	001	2	1 /					
	Equipment			5,407.	914,1			24						
	Other			9,173.	30,6			3,55						
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>, line 10c, column</u>	<u>(B))</u>			1,902							
						Schedule	D (Form	990)	2023					

Schedule D (Form 990) 2023 UNITED WAY	OF THE MIDLAN	DS 47	-0376605 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security) (b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A) BENEFICIAL INTEREST IN (B) NET ASSETS HELD BY OMAHA			
(B) NET ASSETS HELD BY OMAHA (C) COMMUNITY FOUNDATION	1,993,172.	END-OF-YEAR MARKET	VALITE
(D)	1,555,172.	END OF TEAK MARKET	VADOL
(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 "Ye		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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	1		
Complete if the organization answered "Ye	s" 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)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, line 15,	col(B)		3,814,263.
Part X Other Liabilities	col. (d))		0,011,1001
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			386,469.
(3) OPERATING LEASE OBLIGATI	ONS		4,048,107.
(4)			
(5)			
(6)			
(7)			
(8)			
			4,434,576.
Total. <u>(Column (b) must equal Form 990, Part X, line 25,</u> 2. Liability for uncertain tax positions. In Part XIII, provi			

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 UNITED WAY OF THE MIDLAND	S		47-	0376605 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents Witl			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
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:				
а	Net unrealized gains (losses) on investments	2a	446,620.		
b	Donated services and use of facilities		3,554,251.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		101,161.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,037.		
b	Other (Describe in Part XIII.)	4b	1,619,061.		
с	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.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments Wi	th Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements				
	Total expenses and losses per audited infancial statements			1	27,642,163.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	27,642,163.
-		1 1	494,161.	1	27,642,163.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 a		1	27,642,163.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	494,161.	1	27,642,163.
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	494,161.	1 2e	595,322.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	494,161.		
2 b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	494,161.	2e	595,322.
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	494,161. 101,161. 67,037.	2e	595,322.
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	494,161.	2e	595,322. 27,046,841.
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	494,161. 101,161. 67,037. 1,619,061.	2e	595,322. 27,046,841. 1,686,098.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>	2a 2b 2c 2d 2d 4a 4b	494,161. 101,161. 67,037. 1,619,061.	2e 3	595,322. 27,046,841.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	494,161. 101,161. 67,037. 1,619,061.	2e 3	595,322. 27,046,841. 1,686,098.

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

33

THE U.S. FEDERAL JURISDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

332054 09-28-23

1,619,061.

101,161.

Schedule D (Form 990) 2023

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2023.05010 UNITED WAY OF THE MIDLAND 007010.1

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO SUPPORT THE MISSION OF THE ORGANIZATION AND

INTENDED USE AS SPECIFIED BY THE DONOR.

Schedule D (Form 990) 2023

332055 09-28-23

34 2023.05010 UNITED WAY OF THE MIDLAND 007010.1

101,161.

1,619,061.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on				19,	or if the	2023				
	C	rganization entered more than \$15 Attach to Form 990 o						Open to Public				
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc						Inspection				
Name of the organization Employer identificat UNITED WAY OF THE MIDLANDS 47-0376605												
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not												
	complete this part			63 01	11 0m 330, 1 at 10, m		7.10m 330-L					
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization 	ions email solicitations tations licitations on have a written o	f Solicitat g Special r oral agreement with any individual	ion of ion of fundra (includ	non-g gover iising ling of	overnment grants nment grants events ficers, directors, trust	ees,	or	_				
	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be											
compensated at le	•	· / /	ant to	agree	nents under which th	e fur	ioraiser is to b	e				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total												
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified i	it is e	exempt from re	egistration				
or licensing.												

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

35 2023.05010 UNITED WAY OF THE MIDLAND 007010.1 UNITED WAY OF THE MIDLANDS

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BOXING EVENT			col. (c)
			(event type)	(event type)	(total number)	coi. (cj)
nue						
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.
	4	Cash prizes				
6		Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Di						
	8	Entertainment	101 101			101 101
	9	Other direct expenses	101,161.			101,161.
	10	Direct expense summary. Add lines 4 through				101,161.
De	11	1				3,467.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(1) Dull take (material		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
SS	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				

332082 09-13-23

Schedule G (Form 990) 2023

Sch	nedule G (Form 990) 2023	UNITED WAY OF THE MIDLANDS	47-0376605 Page 3
11	Does the organization conduct g	aming activities with nonmembers?	Yes No
12	Is the organization a grantor, ber	eficiary or trustee of a trust, or a member of a partnership or ot	ther entity formed
	to administer charitable gaming?		
13	Indicate the percentage of gamir		
á	a The organization's facility		<u>13a</u> %
k	• An outside facility		13 b %
14	Enter the name and address of t	e person who prepares the organization's gaming/special ever	nts books and records:
	Name		
	Address		
15:	a Does the organization have a co	tract with a third party from whom the organization receives ga	
100	Does the organization have a co	that with a third party north whom the organization receives ge	
ł	If "Yes," enter the amount of gar	ing revenue received by the organization \$	and the amount
	of gaming revenue retained by th	e 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 convisor musuided		
	Description of services provided		
	Director/officer	Employee Independent contractor	
17	Mandatory distributions:		
á	a Is the organization required unde	r state law to make charitable distributions from the gaming pro	oceeds to
	retain the state gaming license?		YesNo
ł	b Enter the amount of distributions	required under state law to be distributed to other exempt org	anizations or spent in the
	organization's own exempt activ		
Pa		mation. Provide the explanations required by Part I, line 2b,	
	15b, 15c, 16, and 17b, a	s applicable. Also provide any additional information. See instru	uctions.
_			
3320	83 09-13-23		Schedule G (Form 990) 2023
		37	

Part IV	Supplemental Information (continued	
		0-1-1-1-0/E- 000
		Schedule G (Form 990)

332084 04-01-23

SCHEDULE I		Grants and Oth					OMB No. 1545-0047			
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Comp		Attach to Form				Open to Public			
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
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?										
2 Describe in Part IV the organization's pro	ocedures for moni	toring 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.										
					(f) Method of	()				
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	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							COMMUNITY IMPACT FUND			
101 - OMAHA, NE 68131	26-4296811	501C3	100,000.	0.			ALLOCATIONS			
				···						
AMERICAN RED CROSS OMAHA COUNCIL										
BLUFFS METRO - 2912 SO 80TH AVE -							NEBRASKA & IOWA TORNADO			
OMAHA, NE 68124	53-0196605	501C3	50,000.	0.			RELIEF ASSISTANCE			
AUTISM ACTION PARTNERSHIP										
14301 FIRST NATIONAL BANK PKWY STE		501.00	05.000				COMMUNITY IMPACT FUND			
OMAHA, NE 68154	20-6892034	501C3	25,000.	0.			ALLOCATIONS			
BIG BROTHERS BIG SISTERS OF THE										
MIDLANDS - 10831 OLD MILL RD STE							COMMUNITY IMPACT FUND			
400 - OMAHA, NE 68154	47-0466144	501C3	40,000.	٥.			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,				_			COMMUNITY IMPACT FUND			
NE 68131-1675	47-0467350	501C3	175,000.	0.			ALLOCATIONS			
2 Enter total number of section 501(c)(3) and	•	•	e line 1 table				90.			
3 Enter total number of other organizations	s listed in the line	1 table								

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

UNITED WAY OF THE MIDLANDS Schedule I (Form 990)

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

47-0376574 501C3

NE 68145

(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,							PARTNERSHIP ALLOCATIONS/EMERGENCY

Schedule I (Form 990)

FUND PAYOUT

10,000.

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47-0376605 Page 1

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

1941 S 42ND ST, STE 503

46-4140587 501C3

OMAHA, NE 68105

					· //	,	
(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							ARPA
PO BOX 31593							ALLOCATIONS/COMMUNITY
OMAHA, NE 68131	47-0791737	501C3	125,000.	0.			IMPACT FUND ALLOCATIONS
	17 0751757		110,000.				
CODE BLACK INC.							
3741 N 43RD							COMMUNITY IMPACT FUND
OMAHA, NE 68111	87-2961342	501C3	25,000.	٥.			ALLOCATIONS
COLLECTIVE FOR YOUTH							
105 N 31ST AVENUE, STE 103							COMMUNITY IMPACT FUND
OMAHA, NE 68131	27-4577729	501C3	25,000.	٥.			ALLOCATIONS
COLLEGE POSSIBLE							
900 S 74TH PLAZA							COMMUNITY IMPACT FUND
OMAHA, NE 68114	41-1968798	501C3	30,000.	0.			ALLOCATIONS
COMMUNITY ALLIANCE REHABILITATION							GRANT PAYOUT FOR FUNDS
SERVICES - 4001 LEAVENWORTH ST -	47 075 070	501.02	26.000	0			RECEIVED FROM UW OF
OMAHA, NE 68105-1026	47-0756970	501C3	36,000.	0.			COLUMBUS FOR JAG NE
COMMUNITY HEALTH CHARITIES							
212 S 74TH ST, STE 205							
OMAHA, NE 68114	23-7162972	501C3	573,927.	0.			CONTRACT AGREEMENT
	20 / 1025 / 2		5,5,527.				
COMPLETELY KIDS							ARPA
2566 ST MARYS AVE							ALLOCATIONS/COMMUNITY
OMAHA, NE 68105	27-5111197	501C3	345,000.	٥.			IMPACT FUND ALLOCATIONS
,			,				
CRCC (FORMERLY KNOWN AS CHILDREN'S							
RESPITE CARE CENTER) 5321 S							COMMUNITY IMPACT FUND
138TH ST - OMAHA, NE 68137	47-0718409	501C3	40,000.	0.			ALLOCATIONS
D2 CENTER							

40,000.

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Schedule I (Form 990)

COMMUNITY IMPACT FUND

Schedule I (Form 990) UNITED WAY OF THE MIDLANDS

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

47-0378996 501C3

OMAHA, NE 68134-2304

(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							COMMUNITY IMPACT FUND
OMAHA, NE 68144	47-0457872	501C3	30,000.	0.			ALLOCATIONS
EASTERN NEBRASKA COMMUNITY ACTION							ARPA
PARTNERSHIP - 3333 FARNAM ST, STE							ALLOCATIONS/COMMUNITY
, 500 - OMAHA, NE 68131	47-0488296	501C3	84,878.	0.			IMPACT FUND ALLOCATIONS
FAMILY HOUSING ADVISORY SERVICES, INC 2401 LAKE ST. STE 201 -							ARPA ALLOCATIONS/COMMUNITY
OMAHA, NE 68111	47-0526720	501C3	409,000.	0.			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
	1, 000, 101		100,000.	.			
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							COMMUNITY IMPACT FUND

47-0376605 Page 1

Schedule I (Form 990)

ALLOCATIONS

30,000.

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Schedule I (Form 990)

OMAHA, NE 68107

(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							ARPA ALLOCATIONS/COMMUNITY

Schedule I (Form 990)

IMPACT FUND ALLOCATIONS

UNITED WAY OF THE MIDLANDS

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

27-2460810 501C3

47-0376605 Page 1

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UNITED WAY OF THE MIDLANDS Schedule I (Form 990)

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

209 S. 19TH STREET, SUITE 200

LUTHERAN FAMILY SERVICES OF

NEBRASKA, INC. - 124 S 24TH ST,

STE 230 - OMAHA, NE 68102-1246

47-0483506

23-7267972 501C3

501C3

OMAHA, NE 68102-1709

		-					
(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,							COMMUNITY IMPACT FUND
STE 104 - OMAHA, NE 68132	27-1544492	501C3	110,000.	0.			ALLOCATIONS
IOWA JAG INC							
400 E 14TH ST., GRIMES ST OFC BLDG							COMMUNITY IMPACT FUND
DES MOINES, IA 50319-9000	42-1492988	501C3	35,000.	0.			ALLOCATIONS
	12 1152500						NEBRASKA & IOWA TORNADO
IOWA LEGAL AID							RELIEF
1111 9TH STREET, STE 230							ASSISTANCE/COMMUNITY
, DES MOINES, IA 50314-2527	42-1079227	501C3	75,000.	0.			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							COMMUNITY IMPACT FUND
OMAHA, NE 68105	74-3195841	501C3	60,000.	0.			ALLOCATIONS
MARA, NE 00105	74-5195641	50105	00,000.	0.			ALLOCATIONS
KIDS CAN COMMUNITY CENTER							
4860 Q ST							COMMUNITY IMPACT FUND
OMAHA, NE 68117	47-0376597	501C3	175,000.	0.			ALLOCATIONS
LA FUENTE BUSINESS CENTER							
2401 N STREET							COMMUNITY IMPACT FUND
OMAHA, NE 68107	14-1973678	501C3	100,000.	0.			ALLOCATIONS
							NEBRASKA & IOWA TORNADO
LEGAL AID OF NEBRASKA							RELIEF

Schedule I (Form 990)

ASSISTANCE/COMMUNITY

ALLOCATIONS/COMMUNITY

IMPACT FUND ALLOCATIONS

ARPA

IMPACT FUND ALLOCATIONS

100,000.

384,113.

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47-0376605 Page 1

Schedule I (Form 990) UNITED WAY OF THE MIDLANDS

NEW VISIONS

1435 N 15TH ST

COUNCIL BLUFFS, IA 51501-1133

(a) Name and address of			(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(h) Durnage of grant
(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 -							COMMUNITY IMPACT FUND
1340 PARK AVE - OMAHA, NE 68105	47-0842143	501C3	30,000.	0.			ALLOCATIONS
	1, 0012110	50105					
MICAH HOUSE CORPORATION							
1415 AVE J							COMMUNITY IMPACT FUND
COUNCIL BLUFFS, IA 51501	42-1292393	501C3	70,000.	0.			ALLOCATIONS
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
MIDLANDS AFRICAN CHAMBER INC							
7930 BLONDO STREET							COMMUNITY IMPACT FUND
OMAHA, NE 68134	85-1935551	501C3	25,000.	0.			ALLOCATIONS
,			,				
MILLARD PUBLIC SCHOOLS							
5606 S 147TH ST							
DMAHA, NE 68137	47-6002642	501C3	6,000.	0.			PARTNERSHIP ALLOCATION
NEBRASKA CENTER FOR WORKFORCE			,				SPONSORSHIP/ARPA
DEVELOPMENT & EDUCATION - 6001							ALLOCATIONS/COMMUNITY
GROVER ST., SUITE 200 - OMAHA, NE							IMPACT FUND
58106	83-2702323	501C3	347,934.	0.			ALLOCATIONS/CONTRACT
			,				
NEIGHBORHOOD COMMUNITY PANTRY							
302 AMERICAN PKWY							
PAPILLION, NE 68046	81-4391384	501C3	10,000.	0.			PARTNERSHIP ALLOCATION
	1						NEBRASKA & IOWA TORNAD
NEBRASKA DIAPER BANK (FORMERLY							RELIEF
KNOW AS THE LIFE HOUSE) - 9100 F							ASSISTANCE/COMMUNITY
ST STE 100 - OMAHA, NE 68127	47-4953614	501C3	55,000.	0.			IMPACT FUND ALLOCATION
NEBRASKA ENTERPRISE FUND							
1516 CUMING AVE							COMMUNITY IMPACT FUND
OMAHA, NE 68102	31-1543695	501C3	25,000.	Ο.			ALLOCATIONS

NEBRASKA & IOWA TORNADO

ASSISTANCE/COMMUNITY

RELIEF

IMPACT FUND

210,000.

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42-1407712 501C3

47-0376605 Page 1

UNITED WAY OF THE MIDLANDS Schedule I (Form 990)

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

82-4375187 501C3

OMAHA, NE 68114

(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							ARPA
1127 N 20TH ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68102	27-2427728	501C3	191,250.	0.			IMPACT FUND ALLOCATIONS
OLLIE WEBB CENTER INC.							
1941 S 42ND ST STE 122							COMMUNITY IMPACT FUND
OMAHA, NE 68105	47-0399179	501C3	25,000.	0.			ALLOCATIONS
OMAHA FORUS INC.							
3337 N 107TH ST							COMMUNITY IMPACT FUND
OMAHA, NE 68134	87-3089786	501C3	25,000.	0.			ALLOCATIONS
CHARA, NE 00134	07-5009700	50105	25,000.	0.			
OMAHA HOME FOR BOYS							ARPA
4343 N 52ND ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68104-2895	47-0376529	501C3	217,500.	0.			IMPACT FUND ALLOCATIONS
,							
ONEWORLD COMMUNITY HEALTH CENTERS,							ARPA
INC 4920 SO 30TH ST, STE 103 -							ALLOCATIONS/COMMUNITY
OMAHA, NE 68107	47-0548990	501C3	702,000.	0.			IMPACT FUND ALLOCATIONS
			, -				
PARTNERSHIP 4 KIDS							
1004 FARNAM ST, STE 200							COMMUNITY IMPACT FUND
OMAHA, NE 68102	47-0762798	501C3	75,000.	0.			ALLOCATIONS
PROJECT HOUSEWORKS (AKA REBUILDING							
TOGETHER OMAHA) - 7831 WAKELEY							COMMUNITY IMPACT FUND
PLAZA - OMAHA, NE 68114	47-0793980	501C3	40,000.	0.			ALLOCATIONS
REGION 6 BEHAVIORAL HEALTHCARE							
4715 S 132ND STREET		501.02	122.050	0			MENTAL HEALTH FIRST AID
OMAHA, NE 68137	20-0422066	501C3	133,250.	0.			GRANT AGREEMENT
RESTORING DIGNITY							
8000 CHICAGO ST							COMMUNITY IMPACT FUND
		1	1		1	1	

Schedule I (Form 990)

ALLOCATIONS

47-0376605

Page 1

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UNITED WAY OF THE MIDLANDS 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							COMMUNITY IMPACT FUND
OMAHA, NE 68131	27-3611908	501C3	35,000.	0.			ALLOCATIONS
ROOM FOR ROOTS INC							
17213 SAGE ST							COMMUNITY IMPACT FUND
OMAHA, NE 68136	84-2903645	501C3	30,000.	0.			ALLOCATIONS
SANTA MONICA							ARPA
130 N 39TH ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68131	47-0547017	501C3	83,700.	0.			IMPACT FUND ALLOCATIONS
SAVING GRACE PERISHABLE FOOD							
RESCUE INC - 4611 S 93TH ST, SUITE							COMMUNITY IMPACT FUND
154 - OMAHA, NE 68127	46-1852863	501C3	35,000.	0.			ALLOCATIONS
SIENA/FRANCIS HOUSE							ARPA
1702 NICHOLAS ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68102	47-0601005	501C3	570,750.	0.			IMPACT FUND ALLOCATIONS
	17 0001000	50105	5,6,,50.	.			
SIMPLE FOUNDATION							
1111 N 13TH ST, STE 400							COMMUNITY IMPACT FUND
OMAHA, NE 68102	46-5272775	501C3	75,000.	0.			ALLOCATIONS
ST VINCENT DE PAUL SOCIETY							NEBRASKA & IOWA TORNADO
DISTRICT COUNCIL - 1715 IZARD ST -							RELIEF
OMAHA, NE 68102	47-0754721	501C3	10,050.	0.			ASSISTANCE/MEMORIAL GIFT
	1, 0,01,11						
STEPHEN CENTER, INC							ARPA
2723 Q ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68107	36-3363994	501C3	125,000.	0.			IMPACT FUND ALLOCATIONS
TEAMMATES - OMAHA MENTORING							COMMUNITY IMPACT FUND
PROGRAM - 6801 O ST - OMAHA, NE	47 0940000	50102	07 505	^			ALLOCATIONS/GRANT PAYOUT
68510	47-0840990	501C3	27,525.	0.			FOR JAG PROGRAM

Schedule I (Form 990)

UNITED WAY OF THE MIDLANDS 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							ARPA
10755 BURT ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68114-2065	36-2167910	501C3	92,864.	0.			IMPACT FUND ALLOCATIONS
TOGETHER INC OF METRO OMAHA							ARPA
1616 CASS ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68102-1011	47-0589290	501C3	264,000.	0.			IMPACT FUND ALLOCATIONS
URBAN LEAGUE OF NEBRASKA, INC.							
3040 LAKE ST							COMMUNITY IMPACT FUND
OMAHA, NE 68111	47-0384575	501C3	140,000.	0.			ALLOCATIONS
VISITING NURSE ASSOCIATION							ARPA
12565 W CNTER RD STE100							ALLOCATIONS/COMMUNITY
OMAHA, NE 68144-3810	47-0384379	501C3	200,636.	0.			IMPACT FUND ALLOCATIONS
/			,				NEBRASKA & IOWA TORNADO
WHISPERING ROOTS							RELIEF
12418 S 79TH AVE							ASSISTANCE/COMMUNITY
OMAHA, NE 68046	46-1579222	501C3	205,000.	0.			IMPACT FUND
INTUED COMULAE NEEDDA CUA EOUNDAMION							
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300							PARTNERSHIP ALLOCATIONS/ARPA
LINCOLN, NE 68508	47-0379839	501C3	50,050.	٥.			ALLOCATIONS/MEMORIAL GIFT
	47 0375035	50105	50,050.				
WOMEN'S CENTER FOR ADVANCEMENT							ARPA
222 S 29TH ST							ALLOCATIONS/COMMUNITY
OMAHA, NE 68131-3543	27-3205476	501C3	237,000.	٥.			IMPACT FUND ALLOCATIONS
YMCA OF GREATER OMAHA							
430 SO 20TH ST							COMMUNITY IMPACT FUND
OMAHA, NE 68102-2506	47-0376586	501C3	165,000.	0.			ALLOCATIONS
YOUTH EMERGENCY SERVICES, INC.							
2679 FARNAM ST STE 205							COMMUNITY IMPACT FUND
OMAHA, NE 68131-3653	47-0586898	501C3	40,000.	0.			ALLOCATIONS

Schedule I (Form 990)

47-0376605 Page 1

	AY OF THE		and Days setting O				7-0376605 Pag
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) 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

Schedule I (Form 990) 2023

Page 2

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.

GOODFELLOWS 874 502,931. 211 BAKERS MEAL VOUCHERS 308 19,968. NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE 289 289,000. VICTIM ASSISTANCE PAYOUTS - VOCA 3 2,008.	f (d) Amount of non cash assistance	 (e) Method of valuation (book, FMV, appraisal, other) 	(f) Description of noncash assistance
211 BAKERS MEAL VOUCHERS 308 19,968. NEBRASKA & IOWA TORNADO RELIEF ASSISTANCE 289 289,000.			
IEBRASKA & IOWA TORNADO RELIEF ASSISTANCE 289 289,000.	31. 0		
IEBRASKA & IOWA TORNADO RELIEF ASSISTANCE 289 289,000.			
	68. 0		
VICTIM ASSISTANCE PAYOUTS - VOCA 3 2,008.	00. 0		
VICTIM ASSISTANCE PAYOUTS - VOCA 3 2,008.			
	08.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b);			

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 GRANTEES.

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

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 I (Form 990)

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)			
		Compensated Employees		20	Ľ٦)			
Dono	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction				
Nan	ne of the organization	1		identificatio		mber			
		UNITED WAY OF THE MIDLANDS	47-(037660	5				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate 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.							
	First-class or c								
	Travel for com								
		ation and gross-up payments							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or							
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х				
2	ladiaatakiala if a								
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec							
	·	ation of the CEO/Executive Director, but explain in Part III.							
	·		ommittoo						
		ther organizations X Approval by the board or compensation of	ommittee						
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 re								
а	-	e payment or change-of-control payment?		4a		x			
b		eive payment from a supplemental nonqualified retirement plan?				X			
c	-	eive payment from an equity-based compensation arrangement?				X			
	-	hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r								
а	The organization?			5a		X			
		ation?				X			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n						
	contingent on the r	et earnings of:							
а	The organization?			6a		X			
		ation?				X			
		or 6b, describe in Part III.							
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
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	1 53.4958-6(c)?	<u></u>	9					
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2023			

LHA 332111 11-06-23

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHAWNA FORSBERG	(i)	299,604.	47,068.	8,815.	33,000.	1,072.	389,559.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA TATTEN	(i)	189,731.	22,508.	2,897.	21,224.	1,769.	238,129.	0.
SVP DONOR ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TRAVIS KLEIN	(i)	182,105.	21,012.	639.	14,270.	2,020.	220,046.	0.
SVP FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW WALLEN	(i)	173,188.	19,446.	1,024.	19,263.	1,040.	213,961.	0.
SVP COMMUNITY INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA SCHWALB	(i)	155,962.	22,738.	-2,043.	17,870.	10,205.	204,732.	0.
FORMER COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISSY SUSKI	(i)	160,917.	18,960.	-702.	1,264.	1,265.	181,704.	0.
SVP MARKETING & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SCOTT HUSCROFT	(i)	148,056.	0.	2,475.	14,806.	1,035.	166,372.	0.
SENIOR DIRECTOR INFORMATIO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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)

Department of the Treasury Internal Revenue Service

Devit

Noncash Contributions

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

47-0376605

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.

Name of the organization

UNITED WAY OF THE MIDLANDS

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>0</u>	(d) Method of de noncash contribu	•	ıts
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	Х	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 organiz						
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			
						Yes	s No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of t						v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	- l'					v
31	Does the organization have a gift acceptance p					31	X
32a	Does the organization hire or use third parties of		•			20.0	x
L.	contributions? If "Yes," describe in Part II.					32a	
	If the organization didn't report an amount in co	olumn (o) fo	ratura of property	for which column (a) is she	ockod		
33		Martin (C) (OI	a type of property	nor which column (a) is che	JUNEU,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	1 (Form 990) 2023	UNITED	WAY	OF	THE	MIDLANDS	47-0376605 _F
Part II	Supplemental is reporting in Part this part for any ac	: I, column (b),	the nur	vide t nber c	ne inforr of contrib	nation required by outions, the numbe	Part I, lines 30b, 32b, and 33, and whether the organization er of items received, or a combination of both. Also complete

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 47 - 0376605

UNITED WAY OF THE MIDLANDS

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 ADN 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

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Schedule O (Form 990) 2023	Page 2						
Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605						
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 UTILIZ	ES 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.

332212 11-14-23