Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public

		0000	4					
_			lar year, or tax year begin			and ending	7	, 20
		applicable:		NITED WAY OF BIG SPRI	NG & HOWARD		D Emp	loyer identification number
님 '	Address	change		DUNTY INC			-	75-6003906
H	Name ch	nange		ox if mail is not delivered to street address)		Room/suite	E Telep	phone number
닏	nitial ret	urn	PO BOX 24				!	(432) 267-5201
닏	Final retu	urn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code			G Gros	ss receipts
닏 '	Amended	d return	BIG SPRING, T	x 79721-0024			\$	241,238
	Applicatio	on pending	F Name and address of principal	al officer:		H(a) Is this	a group return	for subordinates? Yes X No
						H(b) Are a	ll subordinat	tes included? Yes No
<u> </u>	Гах ехеп	npt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No	," attach a li	st. See instructions
<u>J</u> 1	Nebsite:		TEDWAYBSHC.ORG			H(c) Group	exemption	number
_				sociation Other	L Year of formati	on: 1955 M	State of leg	gal domicile: TX
Pa	rt I	Summar	У					
	1	Briefly descri	ibe the organization's miss	ion or most significant activities:	FUNDING TO I	AX-EXEMPT O	RGANIZ	ATIONS IN BIG
ą,		SPRING A	ND HOWARD COUNTY	TO ASSIST WITH THEIR	INDIVIDUAL PR	OGRAMS.		
Activities & Governance					100			
Ĕ					-			
ò	2	Check this b	ox lif the organization of	discontinued its operations or disp	posed of more than 25	% of its net assets		
S	3	Number of vo	oting members of the gove	rning body (Part VI, line 1a)			3	5
S	4	Number of in	dependent voting member	s of the governing body (Part VI,	line 1b)		4	5
Ě	5	Total number	r of individuals employed ir	n calendar year 2023 (Part V, line	2a)	j Tivarri	5	1
Ċţ;	6	Total number	r of volunteers (estimate if	necessary)			6	
A	7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12			7a	0
	ь			from Form 990-T, Part I, line 11			7b	0
	İ			A some		Prior Yea	-	Current Year
	8	Contributions	s and grants (Part VIII, line	1h)			6,392	241,233
e	9			2g)			0,332	0
en	10	•	•	A), lines 3, 4, and 7d)			5	5
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			3	0
-	12			must equal Part VIII, column (A),		27	6,397	241,238
_	13			X, column (A), lines 1-3)			3,055	
	14			(, column (A), line 4)		20	3,055	170,201
	15	•	,	e benefits (Part IX, column (A), lin		4	5 457	50.461
68				column (A), line 11e)	•	4.	5,457	50,461
Sus			-					0
Expenses			sing expenses (Part IX, col		54,193			
ш	17		ses (Part IX, column (A), lir				7,506	112,746
	18			equal Part IX, column (A), line 25		27	6,018	333,408
	19	Revenue les	s expenses. Subtract line 1	o from line 12		1	379	(92,170)
200		T-4-14- 4	(D-4 V II 40)			Beginning of Cur		End of Year
eset Bala	20						5,072	529,342
Net Assets or Fund Balances	21		s (Part X, line 26)				0,006	276,446
			r fund balances. Subtract li	ne 21 from line 20		34.	5,066	252,896
Pa			re Block	n, including accompanying schedules and	statements, and to the best o	f my knowledge and hal	inf it in	
				cer) is based on all information of which pr		i my knowedge and bei	iei, ti is	
	1	100	. //				1	
Sig	,		STIAN FAIR					
_	- 1	Signature of office	er				Dat	te
Her	е		STIAN FAIR, EXECU	TIVE DIRECTOR				
		Type or print nam			1-			
		Print/Type prep	parer's name	Preparer's signature	Date	Check	X if	PTIN
Paid			n Heath Hughes	Jonathan Heath Hughes	10-31-20	24 self-en	nployed	XXXXXXXXXX
	parer		Heath Hu	ghes, CPA		Firm's EIN		
Use	Only	Firm's address	307 C We	st 16th		Phone no.		
			Big Spri	ng TX 79720			432-2	267-3659
May	he IRS	discuss this r	return with the preparer sho	own above? See instructions				Yes X No

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. · · · · · · X 203 X 61 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 6 L Part VIII, lines 1c and 8a? ff "Yes," complete Schedule G, Part II X 81 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 48 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 41 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on ۷, X 91 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 9٤ for any foreign organization? If "Yes," complete Schedule F, Parts II and II and it is in the solution of the Х SI Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. X 97L fundraising, business, investment, and program service activities outside the United States, or aggregate Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization maintain an office, employees, or agents outside of the United States? X 149 Is the organization a school described in section 170(h)(t)(ii)? If "Yes," complete Schedule E X 13 "Yes" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 4Sh Was the organization included in consolidated, independent audited financial statements for the tax year? If Schedule D, Parts XI and XII 129 X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete the organization's liability for uncertain fax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 111 f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses e Did the organization report an amount for other liabilities in Part X, fine 25? If "Yes," complete Schedule D, Part X x all reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X PII bid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. X JIC c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. X 411 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more complete Schedule D, Part VI X 119 a Did the organization report an amount for land, buildings, and equipment in Part X, fine 107 # "Yes," VII, VIII, IX, or X, as applicable. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, H or in quasi-endowments? If "Yey" complete Schedule D, Part V x 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments debt negotiation services? If "Yes," complete Schedule D, Part IV · · · · · · · · · · · · · · · · · X 6 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a complete Schedule D, Part III X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Z Did the organization receive or hold a conservation easement, including easements to preserve open space, "Yes," complete Schedule D, Part I Х 9 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization maintain any donor advised funds or any similar funds or accounts for which donors assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Х 9 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, election in effect during the tax year? If "Yes," complete Schedule C, Part II X Þ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) candidates for public office? If "Yes," complete Schedule C, Part I X ε Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to ε 7 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 7 X Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," SOX ON VIhsq Checklist of Required Schedules Form 990 (2023) UNITED WAY OF BIG SPRING & HOWARD Page 3 9068009-94

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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23) UNITED WAY OF BIG SPRING & HOWARD Checklist of Required Schedules (continued) Part IV

		c ₂	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	5 F			
	\$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	, , , , , , , , , , , , , , , , , , , ,	24b		_
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d		24c		
25a		24d		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
Ь	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		Х
	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		Ψ.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20	_	X
	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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		- 1	
	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			
D	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		T	
1.0	Enter the number reported in her 2 of Forms 1000 Finter 0. Knot and Bankle		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	-	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

If "Yes," complete Form 6069

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		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	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	7.50		-
-	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
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	770		^
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_	\vdash
C	describe on Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13	_	v
4	Did the organization have a written document retention and destruction policy?	14		Х
	Did the process for determining compensation of the following persons include a review and approval by	14	1 5 5	Х
5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		450		
a	The organization's CEO, Executive Director, or top management official	15a	_	X
b		15b		X
c-	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	40		
L-	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		
_	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
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 only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ 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 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			

Form	agn	(2023)

Page 7

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles	Pos eck m ss per	son is	Highest compensated employee	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)DAPHNE GLENN DIRECTOR	2.00	х	J				0	0	0	
(2)CHRISTIE LARSON DIRECTOR	2.00	х					0	0	0	
(3)SHANE BURT DIRECTOR	2.00	x					0	0	0	
(4)KEVIN KINGDIRECTOR	2.00	x					0	0	0	
(5)BRANDON SANDERS DIRECTOR	2.00	х					0	0	0	
(6)GARRET CLINE DIRECTOR	2.00	x					0	0	0	
(7)STERLING_HOHENSEE	2.00	х					0	0	0	
(8)KELLI CROUSE DIRECTOR	2.00	x					0	0	0	
(9)BRANDON ATKINS DIRECTOR	2.00	x					0	0	0	
(10)HAYLEY LEWIS	2.00	x					0	0	0	
(11)ADRIENNE GREEN DIRECTOR	2.00	х					0	0	0	
(12)APRIL ARMS DIRECTOR	2.00	x					0	0	0	
(13)MISTY HECKLER DIRECTOR	2.00	х					0	0	0	
(14)CINDY JONES DIRECTOR	2.00	x					0	0	0	

Part VII	Section A. Officers, Directors, T	rustees,	Key I	Ēmμ	plo	yee	es, an	ıd F	lighest Comp	ensated Empl	ed Employees (contin		ntinued
						(C)							
	(A)	(B)			Po	sition	ı		(D)	(E)		(F)	
	Name and title						han one						
	Name and the	Average hours					is both ar r/trustee)		Reportable compensation	Reportable compensation	Esi	timated ar of othe	
		per week		oci din	u u u	16010	iriusiec,		from the	from related	,	compensa	
		(list any	0 =	T -		_	О.Т	-	organization (W-2/	organizations (W-2/		from the	
		hours for	Individual or director	nstit	Officer	ę	igh dgm	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		ganizatior ted organ	
		related	ecto	Hio	욕	emp	est o	ьег	1093-1420)	1095-NEC)	1614	led organ	lizations
		organizations	Individual trustee or director	18		Key employee	eom						
		dotted line)	stee	Institutional trustee		n	pens						
		dotted line)		ď			Highest compensated employee						
44.5													
	_ROBERSON	2.00											
PRESIDEN			_		Х				0	0			0
(16) <u>KENDA</u>	JONES	2.00											
PAST PRE	SIDENT				Х				0	0			0
(17)STACI	E KING	2.00											
SECRETAR	XY				х				0	0			0
(18)MICHE	LLE HAMLIN	2.00											
VICE PRE					x			4	0	0			0
(19)KELSE	Y JONES	2.00							1				
2ND VP					х		40	Dr.	0	0			0
(20)							office.						
						2		6.	3/4				
(21)					. 4			9					
<u></u> /						1		J.					
(22)				6		Da.	100						
· -'				7		A		9					
(23)		_	the contract			Ä							
<u> </u>			RC .	1		9							
(24)				4				\neg					
· -'				18									
(25)		70		9				7					
<u> </u>			100										
1b Sub	total												
c Tota	Il from continuation sheets to Part VII, Sect	ion A .	3 W .	. 19				1					
	Il (add lines 1b and 1c)		6.2	-53	90		,	-	0	0			
	al number of individuals (including but no												0
	ortable compensation from the organization		11030	- 1131	leu	abc	7VC) VV	110 1	received more ti	iaπ φ100,000 σι			•
ТСР	Stable compensation from the organiza	CICA I			-	_		_				Voc	No No
3 Did t	he organization list any former officer, director	tructoo kov	omple		ork	nia h	- ot oon	anar	anstad			Yes	INO
	20 AU					-							
	loyee on line 1a? If "Yes," complete Schedule									* * * * * * * * * * * * * * * * * * * *	3	_	X
	any individual listed on line 1a, is the sum of re												
	nization and related organizations greater than			" con	nple	te S	chedui	le J i	for such				
	idual									• % % • • 100(00) •	4		X_
	any person listed on line 1a receive or accrue of						_						
	ervices rendered to the organization? If "Yes,"	complete Sci	hedule	J foi	r suc	ch p	erson .				5		Х
	3. Independent Contractors												
	aplete this table for your five highest cor												
com	pensation from the organization. Report	t compensa	ation f	or th	ne c	ale	ndar y	ear	ending with or v	vithin the organiz	ation'	s tax y	year.
	(A)								(B)		(C)		
	Name and business address								Description of service	s	Compen	sation	
2 Tota	i number of independent contractors (in	cluding but	not li	mite	d to	the	ose lis	ted	above) who	75-1			
rece	ived more than \$100,000 of compensat	ion from the	e orga	niza	atio	n							

906E009-9L

Statement of Revenue

-	Part VIII
	IIII/I MOG
/	

Total revenue, See instructions 241,238 0 9 0 e Total. Add lines 11a-11d Miscellanous Revenue d All other revenue q 119 Susiness Code Net income or (loss) from sales of inventory b Less: cost of goods sold 40r returns and allowances 109 10a Gross sales of inventory, less c Net income or (loss) from gaming activities **96** b Less: direct expenses activities. See Part IV, line 19 **6**6 9a Gross income from gaming c Net income or (loss) from fundraising events b Less: direct expenses d8 1c). See Part IV, line 18 89 of contributions reported on line events (not including \$_ Other Revenue 8a Gross income from fundraising (ssol) no nise teM b c Gain or (loss) DΖ səsuədxə səles pue b Less: cost or other basis other than inventory ΕŢ sales of assets 7a Gross amount from (i) Securities d Net rental income or (loss) c Rental income or (loss) p ress: rental expenses · · 99 6a Gross rents iii) Personal (i) Real Royalties Income from investment of tax-exempt bond proceeds other similar amounts) G 9 3 Investment income (including dividends, interest, and 9 Total. Add lines 2a-2f Program Service Revenue eunever service revenue ə p Э q **Business Code** 241,233 Total. Add lines 1a-1f Contributions, Gifts, Grants and Other Similar Amounts 61 \$ Noncash contributions included in 241,233 and similar amounts not included above 11 All other contributions, gifts, grants, Government grants (contributions) a, p pL Fundraising events ٦Ļ Membership dues . . . q١ eĻ from tax under \$12-\$14 business revenue еппсбоп гечепие Revenue excluded Related or exempt Unrelated Total revenue (c) Check if Schedule O contains a response or note to any line in this Part VIII

9068009-94

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Form 990 (2023) ONITED WAY OF BIG SPRING & HOWARD

(D) Fundraising	(C) Management and	(8)	(A)	t include amounts reported on lines 6b, 7b,	on oQ
Sasuadxa		Program service	Total expenses		
sesuedxe	general expenses	exbeuses		anoits single area sessions of a partial sessions.	76 '98
		170,201	170 201	Grants and other assistance to domestic organizations	L
	4	T07/0/T	102,071	and domestic governments. See Part IV, line 21	C
	HEN ET DE			Grants and other assistance to domestic	
				individuals. See Part IV, line S2	
				Grants and other assistance to foreign	3
				organizations, foreign governments, and	
	1			foreign individuals. See Part IV, lines 15 and 16	
			 	Benefits paid to or for members	7
				Compensation of current officers, directors,	9
				frustees, and key employees	•
				Compensation not included above to disqualified	9
				persons (as defined under section 4958(f)(1)) and	
12,625	202.71	16 696	310 34	persons described in section 4958(c)(3)(B)	-
CZ0 / CT	12,625	12,625	SL8'97	Other salaries and wages	7
				Pension plan accruals and contributions (include	8
		-		section 401(k) and 403(b) employer contributions)	
301 1	2011		+	Other employee benefits	6
961'I	961'1	96T'T	989'8	Payroll taxes	10
			J	Fees for services (nonemployees):	11
	+			tnamagensM	
001	1301				
£87	£87	787	090'I	Accounting	
		A.		Lobbying	
			1 4 8	Professional fundraising services. See Part IV, line 17.	
			4000	nvestment management repet	Ì
				Other. (If line 11g amount exceeds 10% of line 25, column	
				(A), amount, list line 11g expenses on Schedule O.)	
τ90'ε	190'ε	3,062	78T'6	Advertising and promotion	12
E6L'T	76L'I	₱6 <i>L</i> T	186'9	Office expenses	13
				Information technology	カレ
				Royalties	12
1,241	1,241	1,241	827, £	Occupancy	91
340	339	688	8T0'T	Travel	۷۲
				Payments of travel or entertainment expenses	81
				for any federal, state, or local public officials	
				Conferences, conventions, and meetings	49
					20
				Payments to affiliates	21
		129	179	Depreciation, depletion, and amortization	22
1,132	EET'T	1,133	866'6	Justing the property and generality	53
	Latin Markettini E	1	250/5	Other expenses litemize expenses not covered	24
				above (List miscellaneous expenses on line 24e. If	4.7
				Nov. (East Andersanceds Orporate School Column	
		11 11 11		(A), amount, list line 24e expenses on Schedule O.)	
25, 602	Z5, 601	Z5, 601	₹08′9८		E
OTT'E	TII'E	3,110	TEE '6	BOYED MEETING EXPENSE	
969	969	969	98L'T	DIES & SIESCRIPTIONS	-
91	LI	LT	09	BYNK BEES DOES * SOBSCHIBLIONS	p o
				YII other expenses BANK FEES	ə
24°163	96T'#9	225,020	333,408	Total functional expenses. Add lines 1 through 24e	52
				Joint costs. Complete this line only if the	92
				organization reported in column (B) joint costs	
				from a combined educational campaign and fundraising solicitation. Check here	

906E009-9L

Form 990 (2023)

229,342

968'797

270,203

990'978

33

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15

Total flabilities and net assets/fund balances

Total net assets or fund balances

Refained earnings, endowment, accumulated income, or other funds

Net Assets or Fund Paid-in or capital surplus, or land, building, or equipment fund 30 Capital stock or trust principal, or current funds 58 and complete lines 29 through 33. Organizations that do not follow FASB ASC 958, check here Balances Net assets with donor restrictions 28 82 Net assets without donor restrictions 72 990'578 968 757 72 and complete lines 27, 28, 32, and 33. Organizations that follow FASB ASC 958, check here 97 Total liabilities. Add lines 17 through 25 977 942 900'097 56 of Schedule D 52 parties, and other liabilities not included on lines 17-24). Complete Part X Other liabilities (including federal income tax, payables to related third 52 Unsecured notes and loans payable to unrelated third parties 54 24 Secured mortgages and notes payable to unrelated third parties 23 23 Liabilities controlled entity or family member of any of these persons 22 trustee, key employee, creator or founder, substantial contributor, or 35% Loans and other payables to any current or former officer, director, 22 Escrow or custodial account liability. Complete Part IV of Schedule D 12 12 50 20 Deferred revenue 6٤ 250,000 766,000 61 8١ 48 Accounts payable and accrued expenses 21 977 OT 900'0T 4٤ Total assets. Add lines 1 through 15 (must equal line 33) 91 270, 203 229,342 91 91 91 **かし** 71 Investments - program-related. See Part IV, line 11 13 13 Investments - other securities. See Part IV, line 11 15 21 Investments - publicly traded securities significants - strampts ш 1,298 686'88 q LL9 10c 10b basis. Complete Part VI of Schedule D 9T9'7E 109 Land, buildings, and equipment: cost or other FOL Prepaid expenses and deferred charges 81,732 000'86 6 · · · · · · · · · · · · · · · · · əsu ro əlsə rof səirofnəvnl 8 8 Notes and loans receivable, net L Z under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 9 Loans and other receivables from other disqualified persons (as defined 9 controlled entity or family member of any of these persons 9 trustee, key employee, creator or founder, substantial contributor, or 35% Loans and other receivables from any current or former officer, director, 9 Accounts receivable, net Þ Þ Pledges and grants receivable, net ε ε Savings and temporary cash investments 7 Cash - non-interest-bearing 222,042 \$99'0E Beginning of year End of year (A) Check if Schedule O contains a response or note to any line in this Part X PartX Balance Sheet

A33

33

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	"	۰		
				did the organization undergo the required audit or audits? If the organization did not undergo the
Х	9	3		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
1				3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the
				Schedule O.
				If the organization changed either its oversight process or selection process during the tax year, explain on
	2	7	<u>*</u>	the sudit, review, or compilation of its financial statements and selection of an independent accountant?
				c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of
				separate basis, consolidated basis, or both. Softh consolidated and separate basis Consolidated basis
				If "Yes," check a box below to indicate whether the financial statements for the year were audited on a
x	a	z	į s	b Were the organization's financial statements audited by an independent accountant?
				reviewed on a separate basis, consolidated basis
				If "Yes," check a box below to indicate whether the financial statements for the year were compiled or
x		_		Za Were the organization's financial statements compiled or reviewed by an independent accountant?
X		7		Schedule O.
		- 1		If the organization changed its method of accounting from a prior year or checked "Other," explain on
			· ·	1 Accounting method used to prepare the Form 990: X Cash Cash Cher. Other
				19440 [] Island [] 49-2 [V 1000 mm. 2 m. 1 m.
ON	Yes			Check if Schedule O contains a response or note to any line in this Part XII
Ш		(2),	8.8	Part XII Financial Statements and Reporting
968	707		01	32, column (B))
908	020		Or	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
				9 Other changes in net assets or fund balances (explain on Schedule O)
0			6	8 Prior period adjustments
			8	səsuədxə juəmisəvul Z
				6 Donated services and use of facilities
			9	Met unrealized gains (losses) on investments
	/		9	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
990			7	Revenue less expenses. Subtract line 2 from line 1 from line 3 fro
170)			3	Total expenses (must equal Part IX, column (A), line 25)
801			2	1 Total revenue (must equal Part VIII, column (A), line 12)
238	241		l l	
		• •		Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Check if Schedule O contains a response or note to any line in this Part XI
				(0.707) 000 1110
30e 12	² d	90)6E009-9	PC GGAWON 2 DIVIDED DIFF TO VAN GENTLAN (SCOOL) 000 mg-3

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

A33

2023 OMB No. 1545-0047

Public Charity Status and Public Support

Complete if the organization for (2)(2)(3) organization or a section (2)(3)(3) on a section of the trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDNLE A

Inspection Open to Public www.irs.gov/Form990 for instructions and the latest information.

							(a)
							(c)
						}	(8)
							(A)
		ON	SЭY				
fo vinomA (iv) osher support (see (snoticurteni	(v) Amount of monetary ees) boqquus instructions)	gnimavog .	ivo afit al (vi) inyouri sembolo sembolo in	noßszinsgro ło əqyT (iii) Of-f sənil no bədnəsəb) ((znoibunisni səs) əvods	(ii)	noilezimegno bahoqque to ameN (i)	
				(s)noitszins		Provide the following information about	6
	(4/96)		noitszine	ntegrated supporting orga		functionally integrated, or Type I	Ì
	Type II, Type III					Check this box if the organization	ə
						requirement (see instructions). /	
•	esenevitaetts as bas ta	əməriupər	noitudinteit	generally must satisfy a c	noiszinsgro edT .t	that is not functionally integrated	
(1	s)noitazinagro behoqqu	ıs eji Ajiw r	connection	ni betsaeqo noitszinsgro	rated. A supporting	Type III non-functionally integ	р
						es) (s)noitszinsgio behodgus sti	
	tionally integrated with,	onuì bas ,	lection with			Type III functionally integrated	5
						organization(s). You must comp	
	manage the supported	control or	roqque en i that anoare	niw noncentrace in believer	tesigemo paitoga.	Type II. A supporting organization of the se	q
	pnived vd. (a)goitesi	insmo bet	loaans sti c			supporting organization. You mu	•
	au io saatsnii	io sioiseii	ity or the d			the supported organization(s) th	
						Type I. A supporting organization	B
						the box on lines 12a through 12d tha	
иеск						one or more publicly supported orga	
						stago bns bazinsgro noitszinsgro nA 🗌	15
		.(4)(s)6	escrion 20	est for public safety. See	ated exclusively to t	stago bna basinagro noitasinagro nA 🗌	11
	SILIO 9/ C/T CC HEIII) no more	ess section	orgect to certain exceptical l) emooni eldexet esenicu	exempt functions, s ne and unrelated b	An organization that normally receive receipts from activities related to its support from gross investment incoranged by the organization after U.	10
		19				university:	
	te of the college or	ets bns (th	e name, d	see instructions). Enter th	ege of agriculture (or university or a non-land-grant coll	
	h a land-grant college	unction wit	inoo ni bet	snaqo (xi)(A)(1)(d)071 no	described in sect i	An agricultural research organization	6
						A community trust described in sections A	8
						described in section 170(b)(1)(A)(vi	
	oildug la general public					A federal, state, or local government An organization that normally receive	
		(^)(▼ /(1//4//02	L noitaes di bedinaseb tid		section 170(b)(1)(A)(iv). (Complete	•
	tal unit described in	overnment	ated by a g	university owned or opera		ned ent rof betsredo noitszinsgro nA	9
						hospital's name, city, and state:	
)(A)(iii). Enter the					A medical research organization ope	3
		.(ii).	iVA)(F)(d)(A school described in section 170(b pospital s	
		٠/١٧/١٠/٠)(a)o 2 216			A church, convention of churches, or	
						bed noitsbruot etsvira s ton si noitszinst	
'01	ionan heili aan (a ii						Part
	3095003–27 30it2untani 992 (tri	or sidt e	+0144400		CISIAN	D MAY OF BIG SPRING & HON	
	Employer identification					f the organization	Name o
Joquille	Tolton Bitanhi Tounland	10111011111	comi olia r	AND SHOULDING HIS CHILD	IIIO J/AOB'S JI'MMM		

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under OWITED WAY OF BIG SPRING & HOWARD

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)ivi) Partil

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

						instructions	
	es bns xod sidt	or 17b, check		so line 13,	i not check a b	organization	81
∐ naund	as a publicit supl	anon doannes	รวเมะดิเด อน เ	səı səoueisur	racts-and-circ	in $\operatorname{Part}\operatorname{VI}$ how the organization meets the	
hottod	na stop nere. ⊏.	B XOU SIII) NOH	tances test, or	e-ana-circums	meets the rac	15 is 10% or more, and if the organization	
aielay	Dis, or not act and	Hille 13, 10d,	io xoa a xoeno	non did nouszi	z. ir tne organ	10%-facts-and-circumstances test - 202	q
□	bas sztro dát	ear er onit a				organization	•
	addna figurand n	en cominny ne	ແຂ ດເຄີຍເມ ະ ຍແຂ	ופומוורבפ ובפרי ו	มทวมวะกมหะราว	Part VI how the organization meets the fac	
hati	onaus visildua e	se soffileup ac	noono ,icoi e The organizativ	_ 1301 3000010	של מרופ-מווע מנווב ומרופ-מווע	10% of more, and if the organization meet	
ui	nislox = Pare no	te has you sid	t taet chack t	Portaminals I	o tho foots and	10%-facts-and-circumstances test - 202	178
ا4 is	enil bas del ne	sat at anil n	check a hox or	roqque fioriani ton bib noitesi	demice as a h	this box and stop here. The organization of	-2,
		יט מוות שוום ומ	oitesinemo he	no koa is noona hoaana vloildu	TOTA DID TIQUEZ	3. 17.% support test * 1220. If the Olyana	q
re check	s 33 1/3% or moi	idlanilbas s	:At 10 St anil (check a how or	nany a ea ean. Ton bib noites	box and stop here. The organization quali 33 1/3% support test - 2022. If the organic	٦
□			noitesinen	betronnie vic	ildura se soit	ileup doitesidente od Tanad dete bas ved	163
		EE ai At anil t	one &t anil no	theck the box	בטמוכיר, וימורו Tog bib goites	Public support percentage from 2022 Schi 33 1/3% support test - 2023. If the organization	91
%	15		//s)m.o. (1				7 L
%	11		(f) nmuloo t	Panil vd babivi	p (j) damijos	on C. Computation of Public Suppor Public support percentage for 2023 (line 6	
_						organization, check this box and stop here	1,1003
(*(*)			in financial in	this forecoop to			13
(5		se rear as s	d fourth, or fif	ts second thir	nit s'noitesin e n	First 5 years. If the Form 990 is for the org	12
	12	D . (05/05/07)	3.5	(Su	nitainteni ees)	Gross receipts from related activities, etc.	٠. ١١
		1 1				(Explain in Part VI.)	,
						loss from the sale of capital assets	0.1
						Office income. Do not include gain or	01
		,		11		is regularly carried on	
				- 60	1,217	activities, whether or not the business	_
				1/8		Net income from unrelated business	6
				4		sources	
						rents, royalties, and income from	
			0	N. 2		payments received on securities loans,	_
			100			Gross income from interest, dividends,	8
						4 anil mont struomA	2
(f) Total	(e) 2023	(d) 2022	(c) 2021	(b) 2020	(a) 2019	dar year (or fiscal year beginning in)	
						n B. Total Support	
7,						Public support. Subtract line 5 from line 4	9
						shown on line 11, column (f)	
				ENLINE.		line 1 that exceeds 2% of the amount	
						supported organization) included on	
						governmental unit or publicly	
						esch person (other than a	
					By-	The portion of total contributions by	9
						& flytough \$ sin bbA .listoT	7
						organization without charge	
						turnished by a governmental unit to the	_
						The value of services or facilities	3
						to or expended on its behalf	
						organization's benefit and either paid	
						Tax revenues levied for the	2
						include any "unusual grants.")	
						membership fees received. (Do not	
						Giffe, grants, contributions, and	l:
lstoT (f)	(e) 2023	ZZOZ (b)	(c) SOS1	(p) SOSO	(a) 2019	dar year (or fiscal year beginning in)	
						n A. Public Support	Section

If the organization fails to qualify under the tests listed below, please complete Part II.)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. Support Schedule for Organizations Described in Section 509(a)(2) Ill haq

							A (E-111 000) 303						
20	Private foundation. If the organization did	a not check a b	, Pr anil no xoo	19a, or 19b, ct	reck this box a	ountani see bri	snoit						
q	line 18 is not more than 33 1/3%, check this box	and stop here. T	The organization	dua is as aniificup	o behodqus ylcilo	 noitszinsgr]						
Ч	33 1/3% support tests - 2022. If the organization	did not check a	o 4t enil no xod	iline 19a, and line	nsdt erom ei 81 e	bns ,%E\f EE r							
nei	17 is not more than 33 1/3%, check this bo	eu aots bas xo	e re. The organ	efilisup noitszi.	yloilduq s as a	supported org	🛚 noitszins						
199	33 1/3% support tests - 2023. If the organ	on bib noitszin	t check the bo	ns, th≀ enil nox	om si &f ənil bı	ore than 33 1/3							
81	Investment income percentage from 2022	Schedule A. F.	71 anil , III hso			18	% 00.0						
71	Investment income percentage for 2023 (I	muloo ,o01 əni	n (f), divided b	y line 13, colur	((î) nn	۷.	% 00.0						
	ection D. Computation of Investment Income Percentage												
91	Public support percentage from 2022 Sch				* • • • • • • • • • • • • • • • • • • •	91	% 00.00r						
12	Public support percentage for 2023 (line 8	b. column (f), di	· ənil yd bəbivi	(f) nmuloo (£)	*	12	% 00.00r						
Secti	organization, check this box and stop here section C. Computation of Public Support Percentage												
	organization, check this box and stop her				*	¥ ,]						
ヤレ	First 5 years. If the Form 990 is for the or	nit s'noitezinep	st, second, thi	d, fourth, or fift									
	(.21 bns	451,813	£68'LET	215,013	795,397	241,238	1,322,354						
13	Total support. (Add lines 9, 10c, 11,												
	(
	loss from the sale of capital assets												
12	Other income. Do not include gain or												
	or not the business is regularly carried on												
	activities not included on line 10b, whether												
11	seanisud batelarum mont amooni teM												
9	Add lines 10s and 10b												
	acquired after June 30, 1975												
	section 511 taxes) from businesses	4											
q	Unrelated business taxable income (less												
	royalties, and income from similar sources												
	payments received on securities loans, rents,												
10s	Gross income from interest, dividends,												
6		£18,134	£68'LEI	215,013	795,397	241,238	1,322,354						
Calen	dar year (or fiscal year beginning in)	6102 (E)	(b) 2020	(c) SOS1	(q) 5055	(e) 2023	lstoT (t)						
Sectio	on B. Total Support	-10				0000	1120						
	(.ð ənil						1,322,354						
8	Public support. (Subtract line 7c from												
3	d\ bns s\ sənil bbA			76									
	or 1% of the amount on line 13 for the year		Ob.										
	persons that exceed the greater of \$5,000		100	. 6									
	received from other than disqualified			7									
q	E bns S senil no bebuloni struomA		600	-									
	received from disqualified persons												
F7	Amounts included on lines 1, 2, and 3												
9	Total. Add lines 1 through 5	£18'19#	E68'LET	215,013	776,397	241,238	1,322,354						
	organization without charge			-		333 113	730 000 1						
	furnished by a governmental unit to the												
9	The value of services or facilities												
	to or expended on its behalf			 									
	organization's benefit and either paid												
Þ	Tax revenues levied for the												
-	unrelated trade or business under section 513												
3	Gross receipts from activities that are not an				1								
•	organization's tax-exempt purpose	904	977	15	g	g	CITIT						
	sold or services performed, or facilities furnished in any activity that is related to the		-7.		•	3	ELT'T						
7	Gross receipts from admissions, merchandise												
	received. (Do not include any "unusual grants.")	LOT'TS#	877 451	215,001	268,372	241,233	1,321,181						
ı	Gifts, grants, contributions, and membership fees	1											
Calenc	dar year (or fiscal year beginning in)	(a) 2019	(p) SOSO	(c) 2021	(d) 2022	(e) 2023	lstoT (1)						
	woddno ougn L'V IIC			,000 ()	3000 ti-7	0000 (4)	1-1-T (3)						

Page 4

Vart IV

Supporting Organizations

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

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit IN Treq ni listab abivoru ", 29/" Il 'Yes, " provide detail in Part II. 96 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which q described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 99 disqualified persons, as defined in section 4946 (other than foundation managers and organizations Was the organization controlled directly or indirectly at any time during the tax year by one or more 56 7? 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 8 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Z (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor L benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. by one or more of its supported organizations, or (iii) other supporting organizations that also support or anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited Did the organization provide support (whether in the form of grants or the provision of services or facilities) to Substitutions only. Was the substitution the result of an event beyond the organization's control? Э 20 designated in the organization's organizing document? qg Type I or Type II only. Was any added or substituted supported organization part of a class already was accomplished (such as by amendment to the organizing document). 29 (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 29 ·səsodınd 37 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used Did the organization support any foreign supported organization that does not have an IRS determination Э despite being controlled or supervised by or in connection with its supported organizations. qp supported organization? If "Yes," describe in Part VI how the organization had such control and discretion Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. Was any supported organization not organized in the United States ("foreign supported organization")? If purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)organization made the determination. 3P satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and q lines 3b and 3c below. 39 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 39 organization was described in section 509(a)(1) or (2). 7 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported Did the organization have any supported organization that does not have an IRS determination of status 7 class or purpose, describe the designation. If historic and continuing relationship, explain. L documents? If "No," describe in Part VI how the supported organizations are designated. If designated by Are all of the organization's supported organizations listed by name in the organization's governing Say ON Section A. All Supporting Organizations Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V)

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determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer line 10b below.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated Was the organization subject to the excess business holdings rules of section 4943 because of section

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

			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	q
		29	how the organization was responsive to those supported organizations, and how the organization determined these	
			those supported organizations and explain how these activities directly furthered their exempt purposes,	
			the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
			Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	В
oN	SЭД		Activities Test. Answer lines 2a and 2b below.	2
○IA	30X	·(s	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	9
		,	The organization is the parent of each of its supported organizations. Complete line 3 below.	q
			The organization satisfied the Activities Test. Complete line 2 below.	В
(suc	าเวกม	ısuı a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	Į.
	.,		on E. Type III Functionally integrated Supporting Organizations	Secti
		3	biegei zitit ni beyeld znoitazinegio behodquz	
		54	or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
			a significant voice in the organization's investment policies and in directing the use of the organization's	
			By reason of the relationship described in line 2, above, did the organization's supported organizations have	3
		Z	how the organization maintained a close and continuous working relationship with the supported organization(s).	
			organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	
			Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	7
_		ŀ	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
			year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
. 1			organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	100	11 =	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	L
ON	SƏX			
-14	V-X		on D. All Type III Supporting Organizations	Secti
		L	the supported organization(s).	
			or management of the supporting organization was vested in the same persons that controlled or managed	
			or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
			Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	L
oN	SƏA			
			on G. Type II Supporting Organizations	Section
		7	supervised, or controlled the supporting organization.	
			Now providing such benefit camed out the purposes of the supported organization(s) that operated,	
		10	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
		1 =	Did the organization operate for the benefit of any supported organization other than the supported	7
		L	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
		- 1-	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
		-	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
			directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
			more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
			Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	L
οN	SƏX			
	******		on B. Type I Supporting Organizations	Section
		ગા	provide detail in Part VI.	
			A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	0
		qıı	A family member of a person described on line 11a above?	q
		119	11c below, the governing body of a supported organization?	
		- 1	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
			Has the organization accepted a gift or contribution from any of the following persons?	11
ON	SƏX			
			(nonumusa) augustumbio buniadine	Part
			Shering Organizations (continued) Supporting Organizations (continued)	

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

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

Parent of Supported Organizations. Answer lines 3a and 3b below.

have engaged in these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Schedule A (Form 990) 2023

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9	Page	90)6	٤

			Aggregate fair market value of all non-exempt-use assets (see	<u> </u>
(B) Current Year (optional)	(A) Prior Year		finomA teseA muminiM - 8 not	Sect
		8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8
		1	Other expenses (see instructions)	
		9	property held for production of income (see instructions)	
			of gross income or for management, conservation, or maintenance of	
			Portion of operating expenses paid or incurred for production or collection	9
		9	Depreciation and depletion	ç
		b	Add lines 1 through 3.	Þ
		3	Other gross income (see instructions)	3
		2	Recoveries of prior-year distributions	7
		L	Net short-term capital gain	I.
(B) Current Year (optional)	(A) Prior Year		əmoənl វəЍ bətsujbA - A noi	Sect
s A through E.	ons must complete Section	izatio	instructions. All other Type III non-functionally integrated supporting organ	
o in Part VI). See	t on Nov. 20, 1970 (explain	snış f	Check here if the organization satisfied the Integral Part Test as a qualifying	1
	suoijez	gani	0 ., 0 (0)(/002 1	Part
96s Page (6E009-5 <i>L</i>		16 A (Form 990) 2023 UNITED WAY OF BIG SPRING & HOWARD	Schedu

9	9	Multiply line 5 by 0.035.	9
9	G	Net value of non-exempt-use assets (subtract line 4 from line 3)	9
Į į	_	see instructions).	
		Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	Þ
3	ε	Subtract line 2 from line 1d.	3
2	2	Acquisition indebtedness applicable to non-exempt-use assets	7
		(explain in detail in Part VI):	

p,

21

qL

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	9	emergency temporary reduction (see instructions).	
		Distributable Amount. Subtract line 5 from line 4, unless subject to	9
	S	Income tax imposed in prior year	g
	t	Enter greater of line 2 or line 3.	7
	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3
	2	Lnter 0.85 of line 1.	7
****	L	Adjusted net income for prior year (from Section A, line 8, column A)	L

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

Schedule A (Form 990) 2023

Current Year

(see instructions).

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6)

e Discount claimed for blockage or other factors

c Fair market value of other non-exempt-use assets

instructions for short tax year or assets held for part of year):

d Total (add lines 1a, 1b, and 1c)

b Average monthly cash balances

a Average monthly value of securities

Recoveries of prior-year distributions

Current Year

Amounts paid to perform activity that directly furthers exempt purposes of supported Amounts paid to supported organizations to accomplish exempt purposes Section D - Distributions Schedule A (Form 990) 2023 UNITED WAY OF BIG SPRING & HOWARD 75-60

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 9068009-94

Schedule A (Form 990) 20	3				AΞ
				Excess from 2023	ə
				Excess from 2022	р
				Excess from 2021	၁
				Excess from 2020	q
				Excess from 2019	B
				Breakdown of line 7:	8
				and 4c.	
				Excess distributions carryover to 2024. Add lines 3j	Z
				Part VI. See instructions.	
				and 4b from line 1. For result greater than zero, explain in	
				Remaining underdistributions for 2023. Subtract lines 3h	9
				greater than zero, explain in Part VI. See instructions.	
				any. Subtract lines 3g and 4a from line 2. For result	
				Remaining underdistributions for years prior to 2023, if	9
				Remainder. Subtract lines 4a and 4b from line 4.	၁
	+			Applied to 2023 distributable amount	q
	+-			Applied to underdistributions of prior years	е
	-			Section D, line 7: \$	
				Distributions for 2023 from	Þ
	+-			Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	Ť
	-		- A	Carryover from 2018 not applied (see instructions)	÷
	-			Applied to 2023 distributable amount	ų
				Applied to underdistributions of prior years	6
	-			Total of lines 3a through 3e	<u>_</u>
	-		430	From 202 SSOm mora	ə
	-			From PS02 mon3	р
				From 202 mora	<u>Р</u>
				6102 mora	q
	1			From 2012	9
					3
				Excess distributions carryover, if any, to 2023	3
				instructions.	
				(reasonable cause required - explain in Part VI). See	_
				Underdistributions, if any, for years prior to 2023	2
				Distributable amount for 2023 from Section C, line 6	ŀ
(iii) Distributable Amount for 2023	su	(ii) Underdistributio Pre-2023	(i) Excess Distributions	on E - Distribution Allocations (see instructions)	ecti
VIO.E	10			fine 8 amount divided by line 9 amount	0
	6			Distributable amount for 2023 from Section C, line 6	6
	8			(provide details in Part VI). See instructions.	
	"	Ousive	the organization is resp	Distributions to attentive supported organizations to which	8
	1	· -		Total annual distributions. Add lines 1 through 6.	Z
	9			Other distributions (describe in Part VI). See instructions.	9
	9	(IA	provide details in var	Qualified set-aside amounts (prior IRS approval required) -	g
	7	(17)	An - Car at all a talk a fait and	Amounts paid to acquire exempt-use assets	7
	3	รูปเกมะว	ses or supported organ	Administrative expenses paid to accomplish exempt purpo	3
		340;102		organizations, in excess of income from activity	Ť
	2	no	nichdne io eachdind idi	Amounts paid to perform activity that directly furthers exem	7.

Page 8

Schedule A (Form 990) 2023

2023 OMB No. 1545-0047

Schedule D (Form 990) 2023

Supplemental Financial Statements

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

Internal Revenue Service Department of the Treasury

(Form 990)

SCHEDNIE D

Revenue included on Form 990, Part VIII, line 1 fellowing amounts required to be reported under FASA ASC 958 relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 7 (ii) Assets included in From 900, Part X Revenue included on Form 990, Part VIII, line 1 provide the following amounts relating to these items: art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of service, provide in Part XIII the text of the footnote to its financial statements that describes these items. of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works al. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III organization's accounting for conservation easements sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance 6 and section 170(h)(4)(B)(ii); ON Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year L Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year violations, and enforcement of the conservation easements it holds? ON 🗌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 9 Number of states where property subject to conservation easement is located Þ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the ε on a historic structure listed in the National Register Number of conservation easements included on line Zc, acquired after July 25, 2006, and not Number of conservation essements on a certified historic structure included on fine 2a Total acreage restricted by conservation easements Total number of conservation easements easement on the last day of the tax year. Held at the End of the Tax Year Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation 7 Preservation of open space Protection of natural habitat Preservation of a certified historic structure Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Purpose(s) of conservation easements held by the organization (check all that apply) L Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Conservation Easements Partil conferring impermissible private benefit? ON only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 9 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all donots and donot advisors in writing that the assets held in donot advised ç Aggregate value at end of year Þ ε Aggregate value of grants from (during year) 7 Aggregate value of contributions to (during year) · · · Total number at end of year (a) Donor advised funds (b) Funds and other accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts DNITED WAY OF BIG SPRING & HOWARD 9068009-94 Name of the organization Employer identification number Go to www.irs.gov/Form990 for instructions and the latest information. **Juspection** Attach to Form 990. Open to Public

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

Assets included in Form 990, Part X

LL9							
			· · · · · (8) nmuloc	X, line 10c, c	rm 990, Part	Add lines 1a through 1e. (Column (d) must equal Fo	
						Other	Ð
LL9	33,939		919'78			Equipment	р
						Leasehold improvements	၁
	-					sgniblina	q
						rang range and r	e,
			/same)	Augus	neasu)		
anun voog (n)	ppreciation		(b) Cost or other basis (other)	1	to no teo (s) to so teo (s)	Description of property	
(q) Book value	Accumulated						
Part X, line 10.	ee Form 990,	11a. S	anil VI had .066 r	" on Form	vered "Yes	ware in the organization answers	1193 1
						[VI Land, Buildings, and Equipmen	ırd
						Describe in Part XIII the intended uses of the organ	7
- 3P		0.0000	· · · · · · · · SA əlubə	ired on Sche	isted as requ	If "Yes" on line 3a(ii), are the related organizations	q
. 3a(ii)	+ (9)(9)(+ + + 9) + 1	58088				(ii) Related organizations?	
(i)a£ .	. (60000	106390				(i) Unrelated organizations?	
						organization by:	
1 seY		OUR IOLE	ב וובות שוות שתווווווווווווווו	ie iem none:	วเมลิดาการ	Are there endowment funds not in the possession	33
		edt 101 b	esetainimbe bas blad o	20 1041 40110.		The percentages on lines 2a, 2b, and 2c should eq	_
					70UUL 1611	Term endowment	2
					400	Permanent endowment %	
					%	Board designated or quasi-endowment	6
			:se plad ((a) nmulo:	ce (line 1g, c	ar end balan	Provide the estimated percentage of the current ye	7
T		1				End of year balance	б
		_				Administrative expenses	j.
		-				brograms	
				- 400		Other expenditures for facilities and	ə
							P
			- 4			· · · · · · · · · · · · · səssol	
					4	Met investment earnings, gains, and	þ
			A			Contributions	q
							7
			7 7			Beginning of year balance	et.
(e) Four years back	(d) Three years back	раск	г уеаг (с) Тwo years	oh9 (d)	Current year	Beginning of year balance	•
(e) Four years back	(q) Three years back		A77			Beginning of year balance	•
(e) Four years back	(q) Тыгее уеагь Баск		A77			wans noitszinsgro ent it bie organization (a) (a) Output Description of the organization of the organiz	st.
(e) Four years back	(d) Three years back	.01	990, Part IV, line	mon Form	ered "Yes	Mans and Funds Trunds Complete if the organization answers (a) (b) (c)	ns9
(e) Four years back		10.	as been provided on Pa	non Form	c here if the e	If "Yes," explain the arrangement in Part XIII. Check Endowment Funds Complete if the organization answ (a) Beginning of year balance	d Part
M		10.	as been provided on Pa	non Form	c here if the e	Did the organization include an amount on Form 99. If "Yes," explain the arrangement in Part XIII. Check Ly Complete if the organization answ Complete if the organization answ	d hs9
<u> </u>		10.	as been provided on Pa	non Form	c here if the e	Ending balance Did the organization include an amount on Form 99 If "Yee," explain the arrangement in Part XIII. Check It "Yee," explain the arrangement in Part XIII. Check It "Yee," explain the organization answ	t SS d ns9
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N Sey	ifficant use of its purpose in Part sported an ama	ske sign see sign see sign see sign seempt s	Johner the organization's Other Johner The organization's real treasures, or other ganization's collection? Hine tributions or other asset over or custodial accounts been provided on Part IV, line town or custodial accounts as been provided on Part IV, line from the provided on Part IV, line from the part of the part	ls, check any d e n how they function of art, histori part of the or diary for confunction on Form scale of the or in on Form scale of the or in on Form	to other record and explain and explain and explain and explain and and and and and and and and and an	Problic exhibition Scholarly research Scholarly research Preservation for future generations Preservation for future generation's collection Provide a description of the organization's collection Sassets to be sold to raise funds rather than to be made Complete if the organization and Partangen	a b c d e t sa b c

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		(A)
		(3) Other
		(2) Closely-held equity interests
		(1) Financial derivatives
(c) Method of valuation: Cost or end-of-year market value	(p) Book value	(a) Description of security or category (including name of security)
11b. See Form 990, Part X, line 12.	n 990, Part IV, line	Complete if the organization answered "Yes" on Form
OF 11 X 1 G 000 = G 111		Part VII Investments - Other Securities
ə6ed 906E009-54	OMARD	Schedule D (Form 990) 2023 UNITED WAY OF BIG SPRING & H
		(A)

	alue	(p) Book v	(a) Description of liability	۱.
			line 25.	
THE OF THE SEE FORM 990, Party,	990, Pari v, ine	Yes" on For	Complete if the organization answered "	
X trea 000 min 2 202 111 12 211	: / / #-G 000 ·-		Other Liabilities	Part X
			 (b) must equal Form 990, Part X, fine 15 col. (B)) 	Total. (Column
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11d. See Form 990, Part X, line 15.	ու 990, Part IV, line	Yes" on For	" betewere if the organization answered	
		W.	Other Assets	PartiX
	1		(b) must equal Form 990, Part X, line 13, col. (8))	
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(c) Method of valuation: Cost or end-of-year market value	(p) Book value		(a) Description of investment	
11c. See Form 990, Part X, line 13.	ה 990, Part IV, line ine	Yes" on For	" barawene noisanization answered	

(6) (8) (7) (9) (<u>c</u>) (4) (8) (2)

(1) Federal income taxes

Part VIII

(H) (B) (L) (3)

Investments - Program Related Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))

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

-	വര്മ പ	
17	aned	

Schedule D (Form 990) 2023

9068009-94

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		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
u.	ınıə≻	Reconciliation of Revenue per Audited Financial Statements With Revenue p	d
	09-0	equie D (Loum 880) 2023 QMILED MAX OF BIG SPRING & HOWARD	yos

	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
h X, line	e 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; Pa	
		Part
S	Add lines 4a and 4b This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	9
40	(any and the orthogonal lattice	q
±**1	Investment expenses not included on Form 990, Part VIII, line 7b	•
13-1	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Þ
3	Subtract line 2e from line 1	3
əz		ә
	Other (Describe in Part XIII.)	p
	Other losses	э
	Prior year adjustments	q
	Donated services and use of facilities	В
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2
L	Total expenses and losses per audited financial statements	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
r Return		Part
G	Add lines 4a and 4b	9
40	(VIII) (VIII)	
	The same of the sa	e
	Amounts included on Form 990, Part VIII, line 12, but not on line 17	Þ
3	Subtract line 2e from line 1	ε
əz	Add lines 2a through 2d	ə
	Other (Describe in Part XIII.)	р
	Recoveries of prior year grants	9
	Donated services and use of facilities	q
	Met unrealized gains (losese) on investments	В
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2
l.	Total revenue, gains, and other support per audited financial statements	·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	

A33

(Form 990) SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public 2023

Employer identification number	Inspection

NITED WAY OF BIG SPRING & HOWA	RD					75-6003906	
Part I General Information on Grants and Assistance	rants and Assist	tance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the g	substantiate the amour	nt of the grants or assist	ance, the grantees' elig		rants or assistance, and		
the selection criteria used to award the grants or assistance?	nts or assistance? .						∐Yes XN
Crib	dures for monitoring th	ne use of grant funds in	the United States.			V->" -> " -> 000	
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	e to Domestic Org ent that received mo	anizations and Dorr ore than \$5,000. Part	lestic Government Il can be duplicated	s. Complete if the or d if additional space	if the organization answered "Yes" on Form 990. Il space is needed.	Yes" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DAV CHAPTER 47							
BIG SPRING TX 79720			9,732				
(2) SCENIC MIN MEDICAL CENTER V							
L601 W 11TH PLACE							
SIG SPRING TX 79720			9,546	4			
(3)CASA OF WEST TEXAS							
MIDLAND TX 79701			12,738				
(4) SPRING OF SILOAM							
BIG SPRING TX 79720			6,750				
(5) EMERGENCY SERVICE CHAPLAIN							
305 JOHNSON)		1				
1		Affix	10,,00				
(6) JOURNEY HOME REFUGE CENTER PO BOX 2182							
BIG SPRING TX 79721	1		10,404				
(7) MIDLAND RAPE CRISIS CENTER							
PO BOX 10081	(7.518				
(8) BOY SCOUTS OF AMERICA							
1101 W TEXAS AVE							
			706'5				
PO BOX 2095							
BIG SPRING TX 79721			11,580				
(10\$ALVATION ARMY							
308 ALYSFORD BIG SPRING TX 79720			13,308		ı		
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	d government organiza	ations listed in the line 1	table				
ı							

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public 2023

Department of the Treasury		Go to www.irs.go	Attach to Form 990. Go to <i>www.irs.gov/Form</i> 990 for the latest information.	st information.			Inspection
Name of the organization						Employer identification number	ion number
UNITED WAY OF BIG SPRING & HOWARD	RD.					75-6003906	
Part I General Information on Grants and Assistance	rants and Assist	tance					
es th	substantiate the amoun	nt of the grants or assista	ance, the grantees' elig		grants or assistance, and		٦ .
the selection criteria used to award the grants or assistance?	nts or assistance?	the use of grant funds in the United States	the United States	:			Yes
~	e to Domestic Org	anizations and Dom	estic Government	s. Complete if the or	te if the organization answered "Yes" on Form 990,	Yes" on Form 99	Õ,
	ent that received mo	ire than \$5,000. Part	Il can be duplicated	if additional space	is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal.	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other	noncash assistance	or assistance
(1) WEST TEXAS COMMUNITY MEDICA							
GREGG STREET							
BIG SPRING TX 79720			8,226				
(2) YOUNG MENS CHRISTIAN ASSN							
BIG SPRING TX 79720			18,102	6			
(3) SALVATION ARMY BOYS & GIRLS							
308 ALYSFORD							
BIG SPRING TX 79720			14,988				
(4) GOPB							
ODESSA TX 79760			10,776				
(5) VICTIM SERVICES	2						
PO BOX 2137							
BIG SPRING TX 79721		•	14,826				
(6)							
(7)	C						
(8)							
(9)							
(10)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	d government organiza	ations listed in the line 1	table				

Part III can be duplicated if additional space is needed.	nal space is needed.				ין מונוא, ווווס כב:
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Schedule I (Form 990) 2023

OMB No. 1545-0047

Supplemental Information to Form 990 or 990-EZ

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

(Form 990)

SCHEDNIE O

Department of the Treasury

Open to Public 2023

Inspection

Schedule O (Form 990) 2023

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

Name of the organization Internal Revenue Service

NO DOCUMENTS AVAILABLE TO THE PUBLIC. 02. Governing documents, etc, available to public (Part VI, line 19) NO KEVIEW WAS OR WILL BE CONDUCTED. 01. Form 990 governing body review (Part VI, line 11) UNITED WAY OF BIG SPRING & HOWARD 9068009-94 Employer identification number

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

2023 OMB No. 1545-0172

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Attachment Sequence No. 179

9068009-94

ldentifying number

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Name(s) shown on return Department of the Treasury Internal Revenue Service

Form

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TZ9	22	instructions	ornorations - see	OS bring er es	nes 14 through 17, line of your return. Partners	n ,21 Uni mon ; ani atrinone	inuoms dda .isio i bere eed ee the ee	' <i>77</i>
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reciation deduction	(6) Debi	(f) Method	nothnevnoO (a)	(d) Recovery period	(c) Basis for depreciation (business/myestment use (business/myestment use (c)	(b) Month and year placed in service	Slassification of property	(a) C
	System	neral Depreciation	ar Using the Ge	2023 Tax Ye	gain Service During	- Assets Place	Section B	
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179	11		g before 2023	ars beginning	ed in service in tax ye	for assets plac	RACRS deductions	1 21
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	' '	I IU SELNICE	bobeus) biscec	er than listed	qualified property (oth	sllowance for	Special depreciation	14
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(000;10	7.1, 0.0.;	3 -4	. \ 1	ead, use Par	for listed property. Inst	Part III below	Don't use Part II or	lote:
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portion of the basis attributable to section 263A costs

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

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

(Rev. January 2024)

Internal Revenue Service Department of the Treasury

time to file Form 5330.

Form 990-PF

Form 990-T (corporation)

Form 990-T (trust other than above)

Form 990-T (sec. 401(a) or 408(a) trust)

8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension 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

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

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

Form 4720	(leuhivihai)	60	Form 5227		10
Form 990 c	Z3-069 mro7 ro	10	Form 4720 (other than indivi	(leut	60
		SpoO			epoo
Applicatio	n ls For	Return	Application is For	4	Return
Enter the Re	turn Code for the return that this application	s for (file a	separate application for each i	- · · · · · · · · · · · · · · · · · · ·	Τ 0
instructions.	BIG SPRING TX 79721-0024		W.		
filing your return. See	City, town or post office, state, and ZIP code. For a	foreign addre	se, see instructions.		
due date for	PO BOX 24				
File by the	Number, street, and room or suite no. If a P.O. box,	, see instructio	·suc		
print	UNITED WAY OF BIG SPRING & HOWAR	D		9068009-97	
Type or	Name of exempt organization, employer, or other fi	ler, see instruc	:enoit	Taxpayer identification number (er (TIN)
Part I - Ider	rification				
7004 to reques	t an extension of time to file income tax returns.				

 After you enter your Return Code, complete either Part II or Part III, including signature, is applicable only for an extension of A-1401 mio7 80

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Form 5330 (other than individual)

Form 5330 (individual)

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Form 6069

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

	'	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	Э
\$	qє	estimated tax payments made. Include any prior year overpayment allowed as a credit.	
•		If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	q
\$	33	nonrefundable credits. See instructions.	
		If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	33
		Change in accounting period	
!	return	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return	2
02 ,-	_	Dax year beginning 02 ,0s and ending	
30		X cslendar year 20 23 or	
		the organization named above. The extension is for the organization's return for:	
איווודשיווסון ובייחון	io idi	I request an automatic 6-month extension of time until	L
of anitos aciteriaes	20 şu	mayor odd olf of the OC man are the major of the order of	
		with the names and TINs of all members the extension is for.	a list
and attach	٦.	e whole group, check this box	
si sidt ti		is is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	idt th •
□ 30. · · · 0. 0. ·	(90)	1	• It the
□ >		phone No. 432-267-5201 Fax No. 432-267-3654	<u>J</u> eje
-		books are in the care of Christian Fair, po box 24 big spring IX 79721	ЭЧТ
		II - Automatic Extension of Time To File for Exempt Organizations (see instructions)	Part
		Plan Year Ending (MM/DD/YYYY)	
		Plan Number	l
		Plan Name	
		Shinganna and an extension of the control of the co	H II II .

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OMB No. 1545-0047

Internal Revenue Service

b FMV of assets at end of tax year (Form 5227, liem O) Form 5227 check here 89 Total tax (Form 4720, Part III, line 1) Form 4720 check here . . PΑ b Total tax (Form 990-T, Part III, line 4) **6**3 Form 990-T check here b Balance due (Form 8868, line 3c) Form 8868 check here · · · · O b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here . . . b Total tax (Form 1120-POL, line 22) Form 1120-POL check here . . Form 990-EZ check here Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) applicable line below. Do not complete more than one line in Part I. 3P, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form Type of Return and Return Information Part CHRISTIAN FAIR, EXECUTIVE DIRECTOR Name and title of officer or person subject to tax UNITED WAY OF BIG SPRING & HOWARD 906E009-9L Name of filer EIN of SSN Go to www.irs.gov/Form8879TE for the latest information. Department of the Treasury Do not send to the IRS. Keep for your records. 2023 For calendar year 2023, or fiscal year beginning 2023, and ending 20 for a Tax Exempt Entity **3T-6788** mo3 IRS E-file Signature Authorization OMB No. 1545-0047

infermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic refurn. I consent to allow my 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and and that I have examined a copy of the Under penalties of perjury, I declare that I am a person subject to tax with respect to (name I am an officer of the above entity or

Amount of credit payment requested (Form 8038-CP, Part III, line 22) · ·

b Tax due (Form 5330, Part II, line 19)

the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c)

Declaration and Signature Authorization of Officer or Person Subject to Tax

electronic funds withdrawal.

Form 8038-CP check here · ·

Form 5330 check here · · · ·

PIN: check one box only

do not enter all zeros Enter five numbers, but as my signature E0090

q6

to enter my PIN

ERO firm name Heath Hughes, CPA

Sauthorize | X

Partil

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Part III

return's disclosure consent screen. agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state

of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically

Date 10-31-2024

10-31-505¢

Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN. ERO's EFIN/PIN. Enlet your six-digit electronic filing identification

Do not enter all zeros 15369 ₹98694

Providers for Business Returns. am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I

ERO's signature

Signature of officer or person subject to tax

Do Not Submit This Form to the IRS Unless Requested To Do So ERO Must Retain This Form - See Instructions

of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. filed return. If I bave indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically return's disclosure consent screen. agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state do not enter all zeros EKO # w usme Enter five numbers, but Heath Hughes, CPA X I authorize to enter my PIN as my signature £0090 PIN: check one box only electronic funds withdrawal. the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) infermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic refurn. I consent to allow my 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and or entity) and that I have examined a copy of the Under penalties of perjury, I declare that I am an officer of the above entity or Ism a person subject to tax with respect to (name Declaration and Signature Authorization of Officer or Person Subject to Tax b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . Form 8038-CP check here · · · Loun 2330 check here · · · · 69 **96** b FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here Bδ Form 4720 check here ΕŽ d Total tax (Form 990.T, Part III, line 4) Form 990-T check here 68 b Balance due (Form 8868, line 3c) 29 Form 8868 check here b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here Form 1120-POL check here . . Form 990-EZ check here . . . b Total revenue, if any (Form 990-EZ, line 9) 29 Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 241,238 applicable line below. Do not complete more than one line in Part I. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form Type of Return and Return Information Parti CHRISTIAN FAIR, EXECUTIVE DIRECTOR Name and title of officer or person subject to tax ONILED MAY OF BIG SPRING & HOWARD 906E009-9L Name of filer EIN OF SSN Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Department of the Treasury Do not send to the IRS. Keep for your records. 2023 For calendar year 2023, or fiscal year beginning 2023, and ending SO for a Tax Exempt Entity 3T-6788 mo3 IRS E-file Signature Authorization OMB No. 1545-0047

Form **8879-TE** (2023)

10-31-2024

Date 10-31-2024

T 2369 Do not enter all zeros

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I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file

For Privacy Act and Paperwork Reduction Act Motice, see the instructions.

ERO's signature

Part III

Providers for Business Returns.

Signature of officer or person subject to tax

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Certification and Authentication