

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE MIDLANDS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1818 BLANDING STREET City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, SC 29201 F Name and address of principal officer: SARA FAWCETT SAME AS C ABOVE	D Employer identification number 57-0314396 E Telephone number 803-733-5405 G Gross receipts \$ 21,942,057. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UWAY.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		L Year of formation: 1954
		M State of legal domicile: SC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY CONNECTS PEOPLE AND RESOURCES TO IMPROVE THE QUALITY OF LIFE IN THE MIDLANDS. UNITED WAY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	87
	6	Total number of volunteers (estimate if necessary)	6	2223
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 12,132,110.
9		Program service revenue (Part VIII, line 2g)	151,042.	337,888.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	340,802.	388,467.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	427,929.	217,084.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,051,883.	21,780,654.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,673,536.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,644,217.	5,084,643.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	438,226.	160,945.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,994,893.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,265,518.	2,331,616.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,021,497.	13,420,706.
	19	Revenue less expenses. Subtract line 18 from line 12	-969,614.	8,359,948.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 20,781,941.	End of Year 29,995,241.
	21	Total liabilities (Part X, line 26)	1,213,645.	1,360,519.
	22	Net assets or fund balances. Subtract line 21 from line 20	19,568,296.	28,634,722.

Part II Signature Block

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

Sign Here	Signature of officer SARA FAWCETT, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHELLE CHAPMAN, CPA	Preparer's signature MICHELLE CHAPMAN, CP
	Firm's name MAULDIN & JENKINS, LLC	Date 04/25/25
	Firm's address 508 HAMPTON STREET COLUMBIA, SC 29201	Check if self-employed <input type="checkbox"/> PTIN P01263095
		Firm's EIN 58-0692043 Phone no. 803-799-5810

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY CONNECTS PEOPLE AND RESOURCES TO IMPROVE THE QUALITY OF LIFE IN THE MIDLANDS. UNITED WAY INVESTS IN A BROAD RANGE OF COMMUNITY PROGRAMS THAT INCREASE ACCESS TO HEALTH CARE, IMPROVE STUDENT SUCCESS, ASSIST PEOPLE IN CRISIS TO ACHIEVE LONG TERM STABILITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,063,339. including grants of \$ 1,462,768.) (Revenue \$) UWM PROMOTES ACCESS TO PRIMARY HEALTH CARE AS WELL AS DENTAL AND EYE CARE FOR PEOPLE WHO ARE UNDERINSURED OR LACK INSURANCE AT ALL. UNITED WAY PROGRAMS AND INVESTMENTS HELPED OVER 4,400 PEOPLE ACCESS HEALTH CARE, PROVIDING 3,107 ADULT AND CHILD PATIENT VISITS FOR DENTAL CARE AND 2,756 ADULT PATIENT VISITS FOR EYE CARE.

4b (Code:) (Expenses \$ 2,297,234. including grants of \$ 1,618,647.) (Revenue \$) UWM SERVES AS LEAD U.S. HOUSING AND URBAN DEVELOPMENT DEPARTMENT (HUD) AGENCY FOR THE MIDLANDS AREA CONSORTIUM FOR THE HOMELESS (MACH) WHICH IS THE HUD DESIGNATED HOMELESS CONTINUUM OF CARE COVERING 13 COUNTIES STRETCHING FROM YORK, THROUGH THE MIDLANDS TO AIKEN. AS A TEAM, WE ARE COMMITTED TO ENDING HOMELESSNESS IN THE MIDLANDS. MACH MEMBER AGENCIES AND OTHER PARTNERS PROVIDE DIRECT SERVICES, SHELTER AND HOUSING THAT ASSIST OUR COMMUNITY'S HOMELESS FAMILIES, INDIVIDUALS, YOUTH AND VETERANS TO STABILITY. THE COMPLEXITY OF THE ISSUE, DIVERSITY OF THE POPULATIONS AND SHIFTING RESOURCES AND PRIORITIES OF THE COMMUNITY AND FEDERAL GOVERNMENT MAKE COORDINATION KEY TO COMMUNITY SUCCESS. SINCE 2006, UWM HAS LED MACH'S EFFORTS TO SECURE FEDERAL FUNDING FROM THE U.S. DEPARTMENT OF HUD TO SUPPORT HOMELESS HOUSING PROGRAMS. TO DATE,

4c (Code:) (Expenses \$ 1,544,143. including grants of \$ 1,544,143.) (Revenue \$) DONOR DESIGNATIONS- AS A CONVENIENCE TO ITS DONORS, UNITED WAY OF THE MIDLANDS ALLOWS DIRECT UNRESTRICTED CONTRIBUTIONS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES. UNITED WAY OF THE MIDLANDS SUPPORTS 73 PARTNER AGENCIES IN THE AREAS OF BUILDING RESILIENCY AND PROVIDING SAFETY NET SERVICES. UNITED WAY OF THE MIDLANDS DOES NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE INFORMATION RELATIVE TO THE USE RESULTS OF THESE CONTRIBUTIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,617,734. including grants of \$ 1,217,944.) (Revenue \$ 517,215.)

4e Total program service expenses 10,522,450.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	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 on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 36		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
RENU SEERA - 803-733-5405
1818 BLANDING STREET, COLUMBIA, SC 29201

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA FAWCETT PRESIDENT & CEO	50.00			X			239,749.	0.	43,586.	
(2) DR. TAMARA STOCKTON HIGHEST COMPENSATED EMPLOY	40.00				X		164,267.	0.	35,446.	
(3) JENNIFER MOORE HIGHEST COMPENSATED EMPLOY	40.00				X		121,615.	0.	27,570.	
(4) GUNN OLSEN HIGHEST COMPENSATED EMPLOY	40.00				X		114,089.	0.	28,008.	
(5) MARGARET NICHOLS VP, FINANCE & ADMINISTRATI	40.00			X			97,525.	0.	24,594.	
(6) SCOTT GRAVES CHAIR	1.00	X		X			0.	0.	0.	
(7) BRITTANY OWEN VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) KEVIN LINDLER SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
(9) TIM ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) ROSLYN CLARK ARTIS DIRECTOR	1.00	X					0.	0.	0.	
(11) TOD AUGSBURGER DIRECTOR	1.00	X					0.	0.	0.	
(12) KATY BAIR DIRECTOR	1.00	X					0.	0.	0.	
(13) MICHAEL BIEDIGER DIRECTOR	1.00	X					0.	0.	0.	
(14) PEYTON BRYANT DIRECTOR	1.00	X					0.	0.	0.	
(15) MICHAEL BUNDY DIRECTOR	1.00	X					0.	0.	0.	
(16) TANYA BUTTS DIRECTOR	1.00	X					0.	0.	0.	
(17) GLEN CAULK DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CRAIG CURREY DIRECTOR	1.00	X						0.	0.	0.
(19) BARON DAVIS DIRECTOR	1.00	X						0.	0.	0.
(20) SHANNON EICHELBERGER DIRECTOR	1.00	X						0.	0.	0.
(21) CALVIN ELAM DIRECTOR	1.00	X						0.	0.	0.
(22) TERRANCE FORD DIRECTOR	1.00	X						0.	0.	0.
(23) J. R. GREEN DIRECTOR	1.00	X						0.	0.	0.
(24) JENNIFER GUGLIOTTI DIRECTOR	1.00	X						0.	0.	0.
(25) MATTHEW HAMMOND DIRECTOR	1.00	X						0.	0.	0.
(26) CHERYL HOLLAND DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								737,245.	0.	159,204.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								737,245.	0.	159,204.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	35,876.				
	1 b	Membership dues					
	1 c	Fundraising events	38,373.				
	1 d	Related organizations	1,395,774.				
	1 e	Government grants (contributions)	958,019.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	18,409,173.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 569,649.				
	1 h	Total. Add lines 1a-1f		20,837,215.			
	Program Service Revenue	2 a	HOMELESS MANAGEMENT INFORMATION S	624100	160,504.	160,504.	
2 b		SPONSORSHIP INCOME	624100	157,944.	157,944.		
2 c		ADMISSIONS	561000	15,797.	15,797.		
2 d		PROGRAM SERVICE	624100	3,643.	3,643.		
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		337,888.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		526,855.		526,855.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	10,755.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		10,755.			
	6 d	Net rental income or (loss)		10,755.		10,755.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		138,388.			
	7 c	Gain or (loss)		-138,388.			
7 d	Net gain or (loss)		-138,388.		-138,388.		
8 a	Gross income from fundraising events (not including \$ 38,373. of contributions reported on line 1c). See Part IV, line 18		28,924.				
8 b	Less: direct expenses		23,015.				
8 c	Net income or (loss) from fundraising events		5,909.		5,909.		
9 a	Gross income from gaming activities. See Part IV, line 19		5,070.				
9 b	Less: direct expenses		0.				
9 c	Net income or (loss) from gaming activities		5,070.		5,070.		
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	PLEDGE PROCESSING REVENUE	561000	179,327.	179,327.		
	11 b	CONTRACT REVENUE	624100	16,023.		16,023.	
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		195,350.			
12	Total revenue. See instructions		21,780,654.	517,215.	0.	426,224.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,843,502.	5,843,502.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	343,525.	240,811.	36,954.	65,760.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,474,748.	2,180,404.	425,657.	868,687.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	286,448.	179,746.	35,090.	71,612.
9 Other employee benefits	687,135.	431,177.	84,174.	171,784.
10 Payroll taxes	292,787.	183,724.	35,866.	73,197.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,000.	12,550.	2,450.	5,000.
d Lobbying	44,182.	27,724.	5,412.	11,046.
e Professional fundraising services. See Part IV, line 17	160,945.			160,945.
f Investment management fees	15,122.	9,489.	1,852.	3,781.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	220,749.	138,520.	27,042.	55,187.
12 Advertising and promotion	47,711.	29,938.	5,845.	11,928.
13 Office expenses	161,362.	101,254.	19,767.	40,341.
14 Information technology	518,526.	325,375.	63,519.	129,632.
15 Royalties				
16 Occupancy	185,719.	116,538.	22,751.	46,430.
17 Travel	19,820.	12,437.	2,428.	4,955.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	56,929.	35,723.	6,974.	14,232.
20 Interest				
21 Payments to affiliates	153,578.	96,370.	18,813.	38,395.
22 Depreciation, depletion, and amortization	275,323.	172,765.	33,727.	68,831.
23 Insurance	36,296.	22,776.	4,446.	9,074.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM	190,202.	119,351.	23,300.	47,551.
b COMMUNITY EVENTS	143,364.	89,961.	17,562.	35,841.
c CLINICAL SUPPLIES	114,687.	71,966.	14,049.	28,672.
d LAB COSTS	62,704.	39,347.	7,681.	15,676.
e All other expenses	65,342.	41,002.	8,004.	16,336.
25 Total functional expenses. Add lines 1 through 24e	13,420,706.	10,522,450.	903,363.	1,994,893.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,712,681.	1	2,144,636.
	2 Savings and temporary cash investments	2,042,367.	2	1,546,862.
	3 Pledges and grants receivable, net	2,696,079.	3	5,029,857.
	4 Accounts receivable, net	76,087.	4	93,156.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,204.	9	152,079.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,135,813.		
	b Less: accumulated depreciation	10b 3,018,858.	10c	4,116,955.
	11 Investments - publicly traded securities	7,875,891.	11	13,482,328.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,993,100.	15	3,429,368.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,781,941.	16	29,995,241.	
Liabilities	17 Accounts payable and accrued expenses	535,436.	17	679,982.
	18 Grants payable	668,209.	18	675,537.
	19 Deferred revenue	10,000.	19	5,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,213,645.	26	1,360,519.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,471,021.	27	24,645,585.
	28 Net assets with donor restrictions	1,097,275.	28	3,989,137.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,568,296.	32	28,634,722.
33 Total liabilities and net assets/fund balances	20,781,941.	33	29,995,241.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,780,654.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,420,706.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,359,948.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,568,296.
5	Net unrealized gains (losses) on investments	5	706,478.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,634,722.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13139116.	21522788.	11483444.	12132110.	20837215.	79114673.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13139116.	21522788.	11483444.	12132110.	20837215.	79114673.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						83,275.
6 Public support. Subtract line 5 from line 4.						79031398.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	13139116.	21522788.	11483444.	12132110.	20837215.	79114673.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	80,182.	80,029.	258,346.	272,519.	537,610.	1228686.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			374,326.	427,250.	195,350.	996,926.
11 Total support. Add lines 7 through 10						81340285.
12 Gross receipts from related activities, etc. (see instructions)					12	688,524.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.16	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.83	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
 (See instructions.)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: COMMUNITY IMPACT FUND

DATE: 03/26/24 AMOUNT: 731714.

DESCRIPTION: COMMUNITY IMPACT FUND

DATE: 09/07/23 AMOUNT: 4900000.

Schedule A

Identification of Unusual Grants

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
ESTATE OF GERALD L. DAVIS, JR	COMMUNITY IMPACT FUND	03/26/24	731,714.
ESTATE OF GERALD L. DAVIS, JR	COMMUNITY IMPACT FUND	09/07/23	4,900,000.
Total Unusual Grants			5,631,714.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization UNITED WAY OF THE MIDLANDS	Employer identification number 57-0314396
---	---

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	46,051.													
c Total lobbying expenditures (add lines 1a and 1b)	46,051.													
d Other exempt purpose expenditures	10,522,450.													
e Total exempt purpose expenditures (add lines 1c and 1d)	10,568,501.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	678,425.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	169,606.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	670,305.	691,238.	695,730.	678,425.	2,735,698.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,103,547.
c Total lobbying expenditures	200.	404.	28,527.	46,051.	75,182.
d Grassroots nontaxable amount	167,576.	172,810.	173,933.	169,606.	683,925.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,025,888.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF THE MIDLANDS Employer identification number 57-0314396

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected reporting requirements for art and historical treasures, and amounts required to be reported under FASB ASC 958.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,992,252.	986,399.	1,116,340.	903,562.	915,260.
b Contributions	1,152,824.	900,000.	100,100.		
c Net investment earnings, gains, and losses	321,426.	136,589.	-184,657.	254,513.	26,150.
d Grants or scholarships					
e Other expenditures for facilities and programs	18,400.	19,200.	34,700.	31,000.	28,000.
f Administrative expenses	19,589.	11,536.	10,684.	10,735.	9,848.
g End of year balance	3,428,513.	1,992,252.	986,399.	1,116,340.	903,562.

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		514,345.		514,345.
b Buildings		4,214,193.	1,921,334.	2,292,859.
c Leasehold improvements				
d Equipment		2,116,963.	965,165.	1,151,798.
e Other		290,312.	132,359.	157,953.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,116,955.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ENDOWMENT FUNDS	3,428,513.
(2) OTHER ASSETS	855.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,429,368.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	19,891,569.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	706,478.
b	Donated services and use of facilities	2b	186,557.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	23,017.
e	Add lines 2a through 2d	2e	916,052.
3	Subtract line 2e from line 1	3	18,975,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,805,137.
c	Add lines 4a and 4b	4c	2,805,137.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,780,654.

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

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

1	Total expenses and losses per audited financial statements	1	10,825,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	186,557.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	23,017.
e	Add lines 2a through 2d	2e	209,574.
3	Subtract line 2e from line 1	3	10,615,569.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,805,137.
c	Add lines 4a and 4b	4c	2,805,137.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,420,706.

Part XIII Supplemental Information

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASSIFIED	23,015.
ROUNDING	2.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	23,017.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAID	1,544,143.
DESIGNATED GRANTS	1,260,994.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,805,137.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASSIFIED	23,015.
ROUNDING	2.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	23,017.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAID	1,544,143.
DESIGNATED GRANTS	1,260,994.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,805,137.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE (event type)	DRIVING DOWN MAIN (event type)	NONE (total number)	
Revenue	1	Gross receipts	38,522.	28,775.	67,297.
	2	Less: Contributions	22,373.	16,000.	38,373.
	3	Gross income (line 1 minus line 2)	16,149.	12,775.	28,924.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	500.		500.
	7	Food and beverages	600.	5,947.	6,547.
	8	Entertainment	8,998.		8,998.
	9	Other direct expenses	5,560.	1,410.	6,970.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				5,909.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: SC

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVE 5TH FLOOR, NEW YORK, NY 10022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **57-0314396**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE MIDLANDS 500 GRACERN ROAD, STE 100 COLUMBIA, SC 29210	57-0399808	501 (C) (3)	114,375.	0.			PROGRAM FUNDING
BOYS FARM, INC 6655 SC HIGHWAY 34/121 NEWBERRY, SC 29108	57-0446897	501 (C) (3)	48,750.	0.			PROGRAM FUNDING
BROOKLAND CENTER FOR COMMUNITY ECONOMIC CHANGE - PO BOX 3292 - WEST COLUMBIA, SC 29171	57-1183699	501 (C) (3)	108,180.	0.			PROGRAM FUNDING
COMMUNITIES IN SCHOOLS OF THE MIDLANDS - PO BOX 8884 - COLUMBIA, SC 29202	57-0855391	501 (C) (3)	1189622.	0.			PROGRAM FUNDING
DONOR DESIGNATIONS 1818 BLANDING ST COLUMBIA, SC 29201		501 (C) (3)	1544143.	0.			PROGRAM FUNDING
FREE MEDICAL CLINIC 1875 HARDEN ST COLUMBIA, SC 29204	57-0779279	501 (C) (3)	75,000.	0.			PROGRAM FUNDING

- 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 _____

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE MEDICAL CLINIC OF NEWBERRY PO BOX 783 NEWBERRY, SC 29108	20-0390941	501 (C) (3)	21,250.	0.			PROGRAM FUNDING
GIRL SCOUTS OF SC - MOUNTAINS TO MIDLANDS - 5 INDEPENDENCE POINTE, STE 120 - GREENVILLE, SC 29615	57-0314433	501 (C) (3)	22,500.	0.			PROGRAM FUNDING
HEALTHY LEARNERS 2711 MIDDLEBURG DR., STE 304 COLUMBIA, SC 29204	57-1127197	501 (C) (3)	24,000.	0.			PROGRAM FUNDING
HOME WORKS OF AMERICA 3823 W BELTLINE BLVD COLUMBIA, SC 29204	56-2027026	501 (C) (3)	50,968.	0.			PROGRAM FUNDING
HOMELESS NO MORE 2400 WAITES RD COLUMBIA, SC 29204	57-0898981	501 (C) (3)	128,250.	0.			PROGRAM FUNDING
MIDLANDS HOUSING ALLIANCE (TRANSITIONS) - 2025 MAIN ST - COLUMBIA, SC 29201	20-3524141	501 (C) (3)	180,000.	0.			PROGRAM FUNDING
NEWBERRY COUNTY FIRST STEPS 709 KENDAL ROAD, STE B102 NEWBERRY, SC 29108	57-1097864	501 (C) (3)	8,100.	0.			PROGRAM FUNDING
ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - PO BOX 505 - ORANGEBURG, SC 29116	26-3762573	501 (C) (3)	11,999.	0.			PROGRAM FUNDING
PALMETTO PLACE CHILDREN & YOUTH SERVICES - PO BOX 3395 - COLUMBIA, SC 29230	57-6029097	501 (C) (3)	99,750.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRISMA HEALTH 293 GREYSTONE BLVD, NO 2ND FL COLUMBIA, SC 29210	58-2296052	501 (C) (3)	30,000.	0.			PROGRAM FUNDING
SALVATION ARMY PO DRAWER 2786 COLUMBIA, SC 29202	58-0660607	501 (C) (3)	680,891.	0.			PROGRAM FUNDING
SAMARITAN HOUSE OF ORANGEBURG COUNTY - PO BOX 2392 - ORANGEBURG, SC 29116	57-1112777	501 (C) (3)	56,249.	0.			PROGRAM FUNDING
SENIOR RESOURCES 2817 MILLWOOD AVE COLUMBIA, SC 29205	57-0484965	501 (C) (3)	37,500.	0.			PROGRAM FUNDING
SISTERCARE 1820 MORLAINE DR COLUMBIA, SC 29033	57-0722427	501 (C) (3)	46,721.	0.			PROGRAM FUNDING
THE COOPERATIVE MINISTRY 3821 W BELTLINE BLVD COLUMBIA, SC 29204	57-0825025	501 (C) (3)	13,500.	0.			PROGRAM FUNDING
UNITED WAY ASSOCIATION OF SC PO BOX 5655 COLUMBIA, SC 29205	57-0515275	501 (C) (3)	143,225.	0.			PROGRAM FUNDING
VITAL CONNECTIONS OF THEMIDLANDS 4801 COLONIAL DR COLUMBIA, SC 29203	14-1854297	501 (C) (3)	113,906.	0.			PROGRAM FUNDING
WINGS FOR KIDS 476 MEETING ST, STE E CHARLESTON, SC 29403	57-1055054	501 (C) (3)	67,500.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACERCAMIENTO HISPANIC 827 WILDWOOD AVE, STE 200 COLUMBIA, SC 29203	57-1030805	501 (C) (3)	15,000.	0.			PROGRAM FUNDING
ALSTON WILKES SOCIETY 3519 MEDICAL DR COLUMBIA, SC 29203	57-0477907	501 (C) (3)	37,500.	0.			PROGRAM FUNDING
AMERICAN CANCER SOCIETY 5599 SUNSET BLVD LEXINGTON, SC 29072	13-1788491	501 (C) (3)	37,500.	0.			PROGRAM FUNDING
CITY YEAR COLUMBIA 440 KNOX ABBOTT DR, STE 430 CAYCE, SC 29233	22-2882549	501 (C) (3)	71,250.	0.			PROGRAM FUNDING
COLUMBIA URBAN LEAGUE 1400 BARNWELL ST COLUMBIA, SC 29201	57-0482767	501 (C) (3)	50,000.	0.			PROGRAM FUNDING
FAIRFIELD SCHOOL DISTRICT PO BOX 605 WINNSBORO, SC 29180	38-4033238	501 (C) (3)	300,000.	0.			PROGRAM FUNDING
FAMILY CONNECTION OF SC, INC 1800 ST. JULIAN PLACE, STE 104 COLUMBIA, SC 29204	57-0901467	501 (C) (3)	54,444.	0.			PROGRAM FUNDING
GOOD SAMARITAN CLINIC 1316 LEAPHART ST WEST COLUMBIA, SC 29169	57-1109766	501 (C) (3)	15,000.	0.			PROGRAM FUNDING
LATINO COMMUNICATIONS 1805 CLEMSON RD, NO 292021 COLUMBIA, SC 29229	27-0291442	501 (C) (3)	11,250.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDLANDS FATHERHOOD COALITION 1420 COLONIAL LIFE BLVD, STE 80 COLUMBIA, SC 29210	81-0564753	501 (C) (3)	90,000.	0.			PROGRAM FUNDING
MIRCI PO BOX 4246 COLUMBIA, SC 29240	57-0984185	501 (C) (3)	170,000.	0.			PROGRAM FUNDING
ORANGEBURG BOYS & GIRLS CLUBS 1313 CANNON BRIDGE RD ORANGEBURG, SC 29036	57-0834510	501 (C) (3)	29,750.	0.			PROGRAM FUNDING
ORANGEBURG COUNTY FIRST STEPS 610 LAUREL ST ORANGEBURG, SC 29115	57-1097868	501 (C) (3)	10,000.	0.			PROGRAM FUNDING
PATHWAYS TO HEALING 3830 FOREST DR, STE 201 COLUMBIA, SC 29204	57-0763120	501 (C) (3)	12,000.	0.			PROGRAM FUNDING
SC APPLESEEDLEGALJUSTICECENTER PO BOX 7187 COLUMBIA, SC 29202	57-1035023	501 (C) (3)	10,000.	0.			PROGRAM FUNDING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION ANNUALLY REVIEWS ALL PARTNER AGENCIES' 990, ANNUAL REPORT,
AND REGISTRATION WITH THE SC SECRETARY OF STATE TO ASSURE PARTNERS ARE
MEETING MINIMUM LEGAL AND REGULATORY REQUIREMENTS. WHEN THE ORGANIZATION
ISSUES PROGRAM GRANTS, THESE AGENCIES MUST ALSO SUBMIT QUARTERLY EXPENSE
REPORTS AND RESULTS REPORTS EVERY 12 MONTHS THEREAFTER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARA FAWCETT PRESIDENT & CEO	(i)	228,211.	9,675.	1,863.	19,981.	23,605.	283,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. TAMARA STOCKTON HIGHEST COMPENSATED EMPLOY	(i)	157,904.	5,930.	433.	15,956.	19,490.	199,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7 - NON-FIXED PAYMENTS NOT LISTED

THE PLAN IS NOT RELATED TO ECONOMIC PERFORMANCE BUT TO THE ACHIEVEMENT OF CERTAIN MEASURABLE GOALS SET FORTH ANNUALLY THAT SUPPORT THE ATTAINMENT OF THE ORGANIZATION'S STRATEGIC PLAN AND OBJECTIVES WHICH IS UPDATED EVERY THREE YEARS AND APPROVED BY THE BOARD. EACH YEAR THE ORGANIZATION'S STAFF DEFINES BOTH ORGANIZATIONAL AND DEPARTMENTAL GOALS CONSISTENT WITH THE PLAN. THESE GOALS ARE SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL. IF AND WHEN APPROVED, THESE GOALS ARE INCORPORATED INTO EACH EMPLOYEE'S ANNUAL GOALS. EACH FISCAL YEAR, INDIVIDUAL DEPARTMENTS AND THE ORGANIZATION REPORT ON WHETHER OR NO THEY HAVE ACHIEVED SOME OR EACH ONE OF THESE GOALS. IF EVIDENCE INDICATES THAT A GIVEN ORGANIZATIONAL OR DEPARTMENTAL GOAL IS ACHIEVED, THEN THE BOARD REVIEWS THESE REPORTS AND DECIDES, BASED ON THE ORGANIZATION'S FINANCIAL CAPACITY, TO EITHER FUND OR NOT FUND INCENTIVE PAY EARNED.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **57-0314396**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BLUE CROSS BLUE SHIELD O	BOARD MEMBER	514,614.	EMPLOYEE HE		X
(2) COLONIAL LIFE	BOARD MEMBER	7,953.	LONG-TERM D		X
(3) MIDLANDS HOUSING ALLIANC	BOARD MEMBER	211,079.	GRANTEE		X
(4) CYBERWOVEN	BOARD MEMBER	60,800.	CONSULTING		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BLUE CROSS BLUE SHIELD OF SC

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE HEALTH INSURANCE

(A) NAME OF PERSON: COLONIAL LIFE

(D) DESCRIPTION OF TRANSACTION: LONG-TERM DISABILITY AND LIFE INSURANCE

(A) NAME OF PERSON: MIDLANDS HOUSING ALLIANCE

(A) NAME OF PERSON: CYBERWOVEN

(D) DESCRIPTION OF TRANSACTION: CONSULTING

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF THE MIDLANDS**
Employer identification number: **57-0314396**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	543,650.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	25,999.	FMV
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

SCHEDULE M, LINE 31

UWM'S GIFT ACCEPTANCE POLICY STATES GIFTS OF ANY NONSTANDARD CONTRIBUTIONS MAY ONLY BE ACCEPTED AFTER REVIEW AND APPROVAL OF THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

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

INVESTS IN A BROAD RANGE OF COMMUNITY PROGRAMS THAT INCREASE ACCESS TO
HEALTH CARE, IMPROVE STUDENT SUCCESS, ASSIST PEOPLE IN CRISIS TO
ACHIEVE LONG TERM STABILITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OVER \$49 MILLION IN FEDERAL RESOURCES HAVE BEEN BROUGHT INTO THE
MIDLANDS THROUGH THIS WORK LEVERAGING AN ESTIMATED \$154 MILLION IN
MATCHING RESOURCES.

UWM MANAGES EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) FUNDS FOR FOUR OF
OUR COUNTIES. EFSP FUNDS ARE FEDERAL DOLLARS THAT SUPPORT SHELTERING,
FOOD, AND EMERGENCY FINANCIAL ASSISTANCE PROGRAMS IN FOUR OF UWM'S
COUNTIES. THIS YEAR WE RECEIVED THE FOLLOWING EFSP FUNDS: \$8,531 FOR
FAIRFIELD COUNTY; \$85,906 FOR LEXINGTON COUNTY; \$12,124 FOR NEWBERRY
COUNTY; \$135,615 FOR RICHLAND COUNTY.

UWM'S WHOLE FAMILY STRATEGY EXPANDS AGENCIES' LONG-TERM CASE MANAGEMENT
FOR FAMILIES REFERRED BY LOCAL SCHOOL DISTRICT PARTNERS THAT ARE
EXPERIENCING HOUSING OR ECONOMIC INSTABILITY. ASSISTANCE INCLUDES
RESOURCE NAVIGATION, WORKFORCE DEVELOPMENT SUPPORT, AND WRAP AROUND
SERVICES FOR THE CHILDREN IN THE FAMILIES. 438 FAMILIES CONSISTING OF
1,084 CHILDREN WERE REFERRED FROM SCHOOL DISTRICTS ACROSS 4 COUNTIES TO
RECEIVE MULTI-GENERATIONAL STABILITY SERVICES FROM WHOLE FAMILY
SUPPORTED PARTNERS.

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 57-0314396
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UWM IS MAXIMIZING THE IMPACT OF A GIFT FROM MACKENZIE SCOTT BY AWARDING FUNDS TO ORGANIZATIONS AND PROJECTS THAT IMPROVE AFFORDABLE HOUSING IN THE MIDLANDS AND ADVANCE SOCIAL JUSTICE. TO DATE, UWM HAS INVESTED \$4 MILLION IN AFFORDABLE HOUSING INITIATIVES, LEVERAGING MORE THAN \$67 MILLION IN TOTAL PROJECT COSTS. THIS REPRESENTS NEARLY 377 NEW AFFORDABLE HOUSING UNITS IN THE MIDLANDS.

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

EDUCATION IS KEY TO AN INDIVIDUAL'S LONG-TERM SUCCESS AND FINANCIAL STABILITY. UWM FOCUSES ON EARLY EDUCATION AND KEY TRANSITIONS IN SCHOOL TO IMPROVE ON-TIME GRADUATION. DURING THE 2023-2024 SCHOOL YEAR, A TOTAL OF 181 ONE-ON-ONE MIDLANDS READING CONSORTIUM (MRC) VOLUNTEERS AND 15 GUEST READERS SERVED 211 STUDENTS THROUGH ONE-ON-ONE READING SESSIONS AND 700 STUDENTS THROUGH GUEST READING SESSIONS. MRC EXPANDED STEM CURRICULUM INTO THE PROGRAM MODEL IN 5 SCHOOLS AND SUPPORTED 12 STEM EVENTS AT MRC SCHOOLS. 57 MRC VOLUNTEERS SERVED 1,460 STUDENTS THROUGH STEM EVENTS. MRC HAD A PRESENCE IN 20 SCHOOLS, 9 SCHOOL DISTRICTS, AND FIVE COUNTIES. UWM ALSO SUPPORTED CHILDREN IN AFTER-SCHOOL AND SCHOOL-BASED PROGRAMS. A TOTAL OF 4,137 STUDENTS BETWEEN KINDERGARTEN AND 12TH GRADE WERE ENROLLED IN YOUTH EDUCATION AND DEVELOPMENT PROGRAMS SUPPORTED BY UWM.

YOUNG MEN UNITED (YMU) IS AN EVIDENCE-INFORMED INITIATIVE DESIGNED TO CREATE BARRIER-FREE PATHWAYS FOR YOUNG MEN TO REACH THEIR ACADEMIC AND CAREER GOALS. YMU OFFERS WRAPAROUND SUPPORTS TO YOUNG MEN STARTING IN THE TENTH AND ELEVENTH GRADE, SUPPORTING THEM UNTIL THEY GRADUATE FROM A COLLEGE PROGRAM AND/OR ENTER THE WORKFORCE. IN 2023-2024, YMU EXPANDED FROM 18 STUDENTS AT TWO SCHOOLS TO 75 STUDENTS AT FOUR SCHOOLS: EAU CLAIRE HIGH SCHOOL, RICHLAND NORTHEAST HIGH SCHOOL, IRMO

Name of the organization

UNITED WAY OF THE MIDLANDS

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HIGH SCHOOL, AND COLUMBIA HIGH SCHOOL. THE FIRST GROUP OF YMU SENIORS GRADUATED HIGH SCHOOL THIS YEAR WITH A 100% GRADUATION RATE.

RESILIENT MIDLANDS(RM) DEVELOPSSYSTEMS AND SERVICES THAT PREVENT AND TREAT THE TOXIC EFFECTS OF TRAUMAAND ADVERSE CHILDHOOD EXPERIENCES (ACES).TO ADDRESS ACES IN RICHLAND COUNTY, RM FOCUSES ON FOUR STRATEGIES: 1) TRAININGS FOR YOUTH AGES 12-18 YEARS ON DEESCALATING SITUATIONS WITH PEERS AND OTHERS, 2) TARGETED TRAINING FOR PROFESSIONALS WORKING WITH CHILDREN, 3) PROVIDING BASIC NEEDS SUPPLIES SUCH AS HYGIENE ITEMS AND WARM WINTER CLOTHES TO ELEMENTARY SCHOOL STUDENTS, 4) A COMMUNITY-BASED RESILIENCY TEAM TO PROVIDE INTENSIVE SUPPORT TO CHILDREN AND FAMILIES EXPERIENCING COMPLEX TRAUMA. THE RESILIENCY TEAM CONSISTS OF A SOCIAL WORKER AND BEHAVIOR INTERVENTIONIST TO SUPPORT FAMILIES AND TEACHERS. THE TEAM PROVIDED INTERVENTIONAL SUPPORT TO OVER 20 STUDENTS. IN 2023-2024, RM OFFERED 4 FREE WORKSHOPS TO THE PUBLIC THAT FOCUSED ON DIFFERENT ASPECTS OF CHILDHOOD TRAUMA. THE WORKSHOPS AVERAGED 20-30 PARTICIPANTS EACH. RM ALSO PROVIDED 80 STUDENTS BETWEEN THE AGES OF 12-18 WITH BASIC LEGAL EDUCATION THROUGH ON-SITE JUVENILE JUSTICE JEOPARDY.

LEADERSHIP AND CAPACITY BUILDING SUPPORTS THE MISSION OF UWM AND COMMUNITY IMPACT BY PROVIDING CAPACITY BUILDING ACTIVITIES THAT SUPPORT STRONG NONPROFIT PARTNERS AND ENCOURAGING CIVIC ENGAGEMENT IN THE COMMUNITY.CAPACITY BUILDING ACTIVITIES INCLUDE TRAINING AND SUPPORT IN THE DEVELOPMENT AND REPORTING OF COMMON OUTCOMES AND INDICATORS, AND TRAINING AND TECHNICAL ASSISTANCE IN GOVERNANCE AND OTHER NONPROFIT BEST PRACTICES. IN 2023-2024, UWM STAFF AND VOLUNTEERS RENEWED PARTNERSHIP WITH 17 NONPROFIT ORGANIZATIONS AND INITIATED PARTNERSHIPS

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 57-0314396
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WITH THREE NEW ORGANIZATIONS. STAFF AND VOLUNTEERS REVIEWED 54 FUNDING APPLICATIONS AND ASSESSED 22 END-OF-YEAR PROGRAM REPORTS. THROUGH OUR BLUEPRINT FOR LEADERSHIP PROGRAM, WE TRAINED 23 COMMUNITY MEMBERS FOR BOARD AND COMMITTEE SERVICE. THE UWM VOLUNTEER CENTER MANAGED THE COMMUNITY PORTAL FOR VOLUNTEERING AND ORGANIZED OR FACILITATED 49 VOLUNTEER PROJECTS IN THE COMMUNITY. THE TOTAL NUMBER OF VOLUNTEERS ASSOCIATED WITH UWM DURING THE FISCAL YEAR WAS 2,243. EXPENSES \$ 3,617,734. INCL GRANTS OF \$ 1,217,944. REVENUE \$ 517,215.

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

THERE ARE SOME BUSINESS RELATIONSHIPS WITHIN THE BOARD. THERE ARE TWO BOARD MEMBERS WHO WORK IN THE HEALTH INSURANCE INDUSTRY WHILE TWO BOARD MEMBERS WORK FOR LOCAL HEALTH PROVIDERS. THE BOARD ALSO INCLUDES EXECUTIVES OF FIVE BANKING INSTITUTIONS. SEVERAL OTHER BOARD MEMBERS MAY UTILIZE THESE BANKS FOR THEIR PERSONAL OR BUSINESS FINANCIAL NEEDS.

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

DIRECTORS WERE E-MAILED A COPY OF THE RETURN, ASKED TO REVIEW, AND RESPOND WITH ANY QUESTIONS THEY HAD REGARDING THE INFORMATION THEREIN.

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

THE BOARD OF DIRECTORS ARE ASKED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST STATEMENT. ALL POTENTIAL CONFLICTS, REGARDLESS OF TYPE AND AMOUNT, WERE REQUIRED TO BE DISCLOSED. ALL BOARD MEMBERS ARE ALSO REQUIRED TO SIGN A CODE OF ETHICS DOCUMENT. IF A MEMBER IS DEEMED TO HAVE A CONFLICT OF INTEREST, THAT MEMBER WILL REFRAIN FROM VOTING ON THE ISSUE.

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

Name of the organization

UNITED WAY OF THE MIDLANDS

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THE HR AND COMPENSATION COMMITTEE AND BOARD OF DIRECTORS ARE PROVIDED WITH A WRITTEN PERFORMANCE REPORT OF THE CHIEF EXECUTIVE OFFICER. THEY ARE ALSO PROVIDED WITH COMPARABLE SALARY INFORMATION FROM UNITED WAY WORLDWIDE AND LOCAL/REGIONAL PEER ORGANIZATIONS. THE HR AND COMPENSATION COMMITTEE MEETS INDEPENDENTLY TO STUDY THE PERFORMANCE REPORT AND SALARY INFORMATION AND DEVELOP A RECOMMENDATION TO THE BOARD OF DIRECTORS. THE FULL BOARD OF DIRECTORS VOTES ON WHETHER TO ACCEPT OR MODIFY THE RECOMMENDATIONS OF THE HR AND COMPENSATION COMMITTEE. THIS PROCESS IS FOLLOWED ANNUALLY.

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **57-0314396**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COMMUNITY PARTNERS OF THE MIDLANDS, LLC - 46-0744183, 1818 BLANDING STREET, COLUMBIA, SC 29201	FREE DENTAL AND EYE SERVICES	SOUTH CAROLINA	1,542,734.	1,262,022.	UNITED WAY OF THE MIDLANDS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2012	11,597.									
B	2013	5,087.									
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
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