

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)

**2024**

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2024 calendar year, or tax year beginning 04/01/24, and ending 03/31/25**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>UNITED WAY OF CALHOUN COUNTY</b></p> Doing business as Name and street (or P.O. box if mail is not delivered to street address) <b>P. O. BOX 571</b> City or town, state or province, country, and ZIP or foreign postal code <b>PORT LAVACA TX 77979</b>	<b>D</b> Employer identification number <p style="text-align: center;"><b>74-6021994</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>361-552-3630</b></p> <b>G</b> Gross receipts \$ <b>464,585</b>
<b>F</b> Name and address of principal officer: <b>WENDY CABRERA</b> <b>P. O. BOX 571</b> <b>PORT LAVACA TX 77979</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.UNITEDWAYBYTHEBAY.ORG</b>		<b>L</b> Year of formation: <b>1957</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE UNITED WAY OF CALHOUN COUNTY IS TO HELP INCREASE THE ORGANIZED CAPACITY OF PEOPLE IN CALHOUN COUNTY TO CARE FOR ONE ANOTHER.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>1</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>355</b>
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>410,699</b>	Current Year <b>454,193</b>
	9	Program service revenue (Part VIII, line 2g)		<b>0</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,575</b>	<b>2,892</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>15,434</b>	<b>1,963</b>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>429,708</b>	<b>459,048</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>324,796</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>56,198</b>	<b>59,331</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
b		Total fundraising expenses (Part IX, column (D), line 25) <b>18,770</b>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>38,088</b>	<b>32,756</b>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>419,082</b>	<b>426,972</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>10,626</b>	<b>32,076</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year <b>840,241</b>	End of Year <b>872,660</b>
	21	Total liabilities (Part X, line 26)	<b>336,359</b>	<b>336,702</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>503,882</b>	<b>535,958</b>

**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.

<b>Sign Here</b>	Signature of officer <b>MARINA CRABTREE</b>	Date <b>CURRENT PRESIDENT</b>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name <b>DONALD G. GOLDMAN, CPA</b>	Preparer's signature <b>DONALD G. GOLDMAN, CPA</b>	Date <b>02/05/26</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01301850</b>
	Firm's name <b>GOLDMAN, HUNT &amp; NOTZ, LLP</b>	Firm's address <b>5606 N NAVARRO ST STE 309 VICTORIA, TX 77904</b>	Firm's EIN	Phone no. <b>361-573-2471</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE UNITED WAY OF CALHOUN COUNTY IS TO HELP INCREASE THE ORGANIZED CAPACITY OF PEOPLE IN CALHOUN COUNTY TO CARE FOR ONE ANOTHER.

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 \$ 372,464 including grants of \$ 334,885 ) (Revenue \$ ) PROVIDED FUNDING TO PARTNER AGENCIES BASED ON UNITED WAY'S PRIORITIES OF HEALTH, EDUCATION, AND INCOME FOCUSING ON (1) HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL, (2) PROMOTING FINANCIAL STABILITY AMONG WORKING FAMILIES, AND (3) IMPROVING YOUTH AND ADULT HEALTH.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 372,464

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Client Copy

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, 1a, 1b, Yes, No. Rows include questions 1a through 9 regarding governing body members, family relationships, and documentation.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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.

WENDY CABRERA
PORT LAVACA

311 N. VIRGINIA ST.

TX 77979

361-552-3630

Client Copy

**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 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 dotted 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) WENDY CABRERA EXECUTIVE DIRECTOR	40.00 0.00			X				54,369	0	0
(2) LISA LEDWIK PRESIDENT	1.50 0.00	X		X				0	0	0
(3) AARON CORBELL VICE PRESIDENT	1.50 0.00	X		X				0	0	0
(4) LAURA KING TREASURER	2.25 0.00	X		X				0	0	0
(5) JOHNNY TODD SECRETARY & ALLOC CH	1.50 0.00	X		X				0	0	0
(6) RUBEN CASTILLO DIRECTOR	1.50 0.00	X						0	0	0
(7) LINDA CARUTHERS DIRECTOR	0.50 0.00	X						0	0	0
(8) BETTY BIRDWELL DIRECTOR	0.50 0.00	X						0	0	0
(9) KAREN LYSSY DIRECTOR	0.50 0.00	X						0	0	0
(10) AMY BLANCHETT DIRECTOR	0.50 0.00	X						0	0	0
(11) MARINA CRABTREE CURRENT PRESIDENT	1.50 0.00			X				0	0	0

Client Copy

**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 dotted 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			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....							<b>54,369</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>54,369</b>			

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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

**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**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>454,043</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>150</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			<b>454,193</b>			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>2,892</b>			<b>2,892</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		<b>7,500</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>	<b>5,537</b>			
		<b>c</b> Net income or (loss) from fundraising events		<b>1,963</b>		<b>1,963</b>	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			<b>459,048</b>	<b>0</b>	<b>0</b>	<b>4,855</b>	

Client Copy

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>334,885</b>	<b>334,885</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>59,331</b>	<b>28,478</b>	<b>18,393</b>	<b>12,460</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	<b>12,100</b>	<b>67</b>	<b>12,006</b>	<b>27</b>
<b>12</b> Advertising and promotion	<b>670</b>	<b>268</b>		<b>402</b>
<b>13</b> Office expenses	<b>8,321</b>	<b>2,829</b>	<b>2,751</b>	<b>2,741</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	<b>2,707</b>	<b>2,301</b>	<b>135</b>	<b>271</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>368</b>	<b>184</b>	<b>92</b>	<b>92</b>
<b>23</b> Insurance	<b>2,806</b>	<b>926</b>	<b>954</b>	<b>926</b>
<b>24</b> 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.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	<b>4,433</b>	<b>1,773</b>	<b>1,108</b>	<b>1,552</b>
<b>b</b> <b>MISCELLANEOUS</b>	<b>1,351</b>	<b>753</b>	<b>299</b>	<b>299</b>
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>426,972</b>	<b>372,464</b>	<b>35,738</b>	<b>18,770</b>
<b>26</b> 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	
<b>Assets</b>	1	Cash—non-interest-bearing	586,708	1	621,231
	2	Savings and temporary cash investments	186,103	2	188,884
	3	Pledges and grants receivable, net	65,144	3	60,909
	4	Accounts receivable, net	386	4	386
	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	954	9	672
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,619		
	b	Less: accumulated depreciation	10b 8,041	946	10c 578
	11	Investments—publicly traded securities		11	
	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		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	840,241	16	872,660	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	13,359	17	13,702
	18	Grants payable	323,000	18	323,000
	19	Deferred revenue		19	
	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	<b>Total liabilities.</b> Add lines 17 through 25	336,359	26	336,702
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	494,353	27	526,429
	28	Net assets with donor restrictions	9,529	28	9,529
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	503,882	32	535,958
33	<b>Total liabilities and net assets/fund balances</b>	840,241	33	872,660	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>459,048</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>426,972</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>32,076</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>503,882</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>535,958</b>

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2024**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UNITED WAY OF CALHOUN COUNTY**

Employer identification number

**74-6021994**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

Client Copy

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	378,168	447,075	420,378	414,391	454,193	2,114,205
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 <b>Total.</b> Add lines 1 through 3	378,168	447,075	420,378	414,391	454,193	2,114,205
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)						523,039
6 <b>Public support.</b> Subtract line 5 from line 4						1,591,166

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	378,168	447,075	420,378	414,391	454,193	2,114,205
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,973	3,086	2,666	3,575	2,892	15,192
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.)	128	4,320	12,118	4,586	7,500	28,652
11 <b>Total support.</b> Add lines 7 through 10						2,158,049

12 Gross receipts from related activities, etc. (see instructions) 12

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**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	73.73 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.76 %
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test — 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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.

Client Copy

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

Client Copy

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-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 <b>Total annual distributions.</b> 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>OTHER INCOME</b>	<b>\$ 359</b>
<b>FUNDRAISING EVENTS</b>	<b>\$ 28,293</b>

Client Copy

**Schedule B**  
**(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**UNITED WAY OF CALHOUN COUNTY**

**74-6021994**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Client Copy

Name of organization <b>UNITED WAY OF CALHOUN COUNTY</b>	Employer identification number <b>74-6021994</b>
-------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOW CHEMICAL COMPANY P. O. BOX 186  PORT LAVACA TX 77979	\$ 53,209	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FORMOSA PLASTICS P. O. BOX 700  POINT COMFORT TX 77978	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

SCHEDULE D (Form 990) (Rev. December 2024) 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

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF CALHOUN COUNTY

74-6021994

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 values, and yes/no questions about donor advisement.

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, acreage, expenses, and yes/no questions about monitoring and reporting.

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 yes/no questions about reporting art and historical treasures.



**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)		
<b>Total.</b> (Column (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)		
<b>Total.</b> (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
<b>Total.</b> (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





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF CALHOUN COUNTY**

Employer identification number

**74-6021994**

**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
(1)	BILLY T. CATTAN RECOVERY OUTREACH 802 E. CRESTWOOD DRIVE VICTORIA TX 77901	74-2961798	501(C)	18,500				
(2)	CALHOUN COMMUNITY MINISTRIES 331 ALCOA DRIVE PORT LAVACA TX 77979	76-0129997	501(C)	59,000				
(3)	CALHOUN COUNTY SENIOR CITIZENS P. O. BOX 128 PORT LAVACA TX 77979	74-1921482	501(C)	50,000				
(4)	CALHOUN COUNTY YMCA 713 HWY 35 S PORT LAVACA TX 77979	74-1368574	501(C)	37,500				
(5)	FOOD BANK OF THE GOLDEN CRESCENT P. O. BOX 5085 VICTORIA TX 77903	74-2534561	501(C)	20,000				
(6)	GIRL SCOUTS OF GREATER SOUTH TEXAS 202 E. MADISON HARLINGEN TX 78550	74-1256499	501(C)	9,000				
(7)	GOLDEN CRESCENT CASA P. O. BOX 1627 VICTORIA TX 77902	74-2743738	501(C)	23,000				
(8)	GULF COAST COUNCIL BOY SCOUTS 700 EVERHART TERRACE, BLDG. A CORPUS CHRISTI TX 78411	74-1143068	501(C)	6,000				
(9)	MID COAST FAMILY SERVICES 2010 N. NAVARRO, SUITE A VICTORIA TX 77901	74-2605669	501(C)	28,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF CALHOUN COUNTY**

Employer identification number

**74-6021994**

**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
(1)	<b>SOUTH TEXAS ASSESSMENT AND REFERRAL 4208 RETAMA CIRCLE VICTORIA TX 77901</b>	<b>74-1977674</b>	<b>501(C)</b>	<b>9,000</b>				
(2)	<b>THE HARBOR'S BENEVOLENCE FUND P. O. BOX 1300 PORT LAVACA TX 77979</b>	<b>74-2578679</b>	<b>501(C)</b>	<b>25,000</b>				
(3)	<b>THE HARBOR CHILDRENS ALLIANCE P. O. BOX 1300 PORT LAVACA TX 77979</b>	<b>74-2578679</b>	<b>501(C)</b>	<b>35,000</b>				
(4)	<b>SPECIAL EVENT</b>			<b>9,785</b>				
(5)								
(6)								
(7)								
(8)								
(9)								

- 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) (Rev. 12-2024)



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF CALHOUN COUNTY**

Employer identification number

**74-6021994**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
IF ANY CONFLICT OF INTEREST EXISTS, IT IS DOCUMENTED AND THE BOARD MEMBER  
REFRAINS FROM VOTE OR DISCUSSION THAT MIGHT CALL THEIR IMPARTIALITY INTO  
QUESTION.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION, PERFORMANCE EVALUATION, AND ANNUAL WORK PLAN FOR THE  
EXECUTIVE DIRECTOR ARE REVIEWED, AND RECOMMENDATIONS ARE APPROVED BY THE  
EXECUTIVE COMMITTEE. COMPENSATION ADJUSTMENTS ARE COMMUNICATED TO THE  
ACCOUNTANT BY THE BOARD CHAIR, AND ANNUAL PERFORMANCE EVALUATION IS  
MAINTAINED IN THE PERSONNEL FILE OF THE EXECUTIVE DIRECTOR.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.**



Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

**2024**

Attachment Sequence No. **179**

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Identifying number

**UNITED WAY OF CALHOUN COUNTY**

**74-6021994**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>368</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>368</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

74-6021994

**Federal Asset Report**

FYE: 3/31/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Equipment	4/01/99	1,866			1,866	5 MO S/L	1,866	0
2	Telephone	3/01/01	190			190	7 MO S/L	190	0
3	Equipment	12/31/05	936			936	5 MO S/L	936	0
4	Fire Proof File Cabinet	1/16/13	501			501	10 MO S/L	501	0
5	2 Drawer File Cabinet	2/18/14	608			608	10 MO S/L	608	0
6	Dell Inspiron Computer	1/15/15	680			680	5 MO S/L	680	0
7	Fire Proof 2 Drawer File	1/16/15	599			599	10 MO S/L	550	49
8	File Cabinet	2/10/17	589			589	10 MO S/L	472	59
9	HP Laptop	7/26/17	1,270			1,270	5 MO S/L	1,270	0
10	Portable Hard Drive	7/26/17	80			80	5 MO S/L	80	0
11	Laptop	9/10/22	1,300			1,300	5 MO S/L	520	260
	<b>Total Other Depreciation</b>		<u>8,619</u>			<u>8,619</u>		<u>7,673</u>	<u>368</u>
	<b>Total ACRS and Other Depreciation</b>		<u>8,619</u>			<u>8,619</u>		<u>7,673</u>	<u>368</u>
	<b>Grand Totals</b>		8,619			8,619		7,673	368
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>8,619</u>			<u>8,619</u>		<u>7,673</u>	<u>368</u>

Client Copy

**OFFICER INFORMATION**

**GENERAL INFORMATION**

NAME: WENDY CABRERA  
 ADDRESS P. O. BOX 571  
 CITY, STATE ZIP CODE: PORT LAVACA, TX 77979  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 40.00  
 RELATED:

**CONTACT**

PRINCIPAL? YES  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION OFFICER  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE EXECUTIVE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

BASE: ORGANIZATION 54,369  
 BONUS/INCENTIVE:  
 OTHER:  
 RETIREMENT/DEFERRED BENEFITS:  
 OTHER COMP/NONTAXABLE:

**RELATED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER**

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

NONTAXABLE BENEFITS: ORGANIZATION  
 PRIOR YEAR:

**RELATED**

\_\_\_\_\_  
 \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: 28,478  
 MANAGEMENT & GENERAL: 18,393  
 FUNDRAISING: 12,460

**INCOME ALLOCATION**

NET INVESTMENT:  
 ADJUSTED NET:  
 CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: 28,478  
 SECOND:  
 THIRD:  
 OTHER:

# OFFICER INFORMATION

FYE: 3/31/2025

### GENERAL INFORMATION

NAME: LISA LEDWIK

ADDRESS: P. O. BOX 571

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 1.50

RELATED:

### CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

### OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE PRESIDENT

OFFICER TYPE INDIVIDUAL

### COMPENSATION

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

### ORGANIZATION

### RELATED

### OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: \_\_\_\_\_

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: \_\_\_\_\_

### SCHEDULE J

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

### ORGANIZATION

### RELATED

SEVERANCE: \_\_\_\_\_

NONQUALIFIED PLAN: \_\_\_\_\_

EQUITY BASED: \_\_\_\_\_

RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

# OFFICER INFORMATION

FYE: 3/31/2025

### GENERAL INFORMATION

NAME: AARON CORBELL

ADDRESS: P. O. BOX 571

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 1.50

RELATED:

### CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

### OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE VICE PRESIDENT

OFFICER TYPE INDIVIDUAL

### COMPENSATION

COMPENSATION	ORGANIZATION	RELATED
BASE:	_____	_____
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

### OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

### SCHEDULE J

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:	_____	_____
PRIOR YEAR:	_____	_____

SEVERANCE: \_\_\_\_\_

NONQUALIFIED PLAN: \_\_\_\_\_

EQUITY BASED: \_\_\_\_\_

RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

# OFFICER INFORMATION

FYE: 3/31/2025

### GENERAL INFORMATION

NAME: LAURA KING

ADDRESS P. O. BOX 571

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 2.25

RELATED:

### CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

### OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE TREASURER

OFFICER TYPE INDIVIDUAL

### COMPENSATION

COMPENSATION	ORGANIZATION	RELATED
BASE:	_____	_____
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

### OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

### SCHEDULE J

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:	_____	_____
PRIOR YEAR:	_____	_____

SEVERANCE: \_\_\_\_\_

NONQUALIFIED PLAN: \_\_\_\_\_

EQUITY BASED: \_\_\_\_\_

RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

# OFFICER INFORMATION

FYE: 3/31/2025

### GENERAL INFORMATION

NAME: JOHNNY TODD

ADDRESS: P. O. BOX 571

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 1.50

RELATED:

### CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

### OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE SECRETARY & ALLOC CH

OFFICER TYPE INDIVIDUAL

### COMPENSATION

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

### ORGANIZATION

### RELATED

### OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: \_\_\_\_\_

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: \_\_\_\_\_

### SCHEDULE J

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

### ORGANIZATION

### RELATED

SEVERANCE: \_\_\_\_\_

NONQUALIFIED PLAN: \_\_\_\_\_

EQUITY BASED: \_\_\_\_\_

RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

# OFFICER INFORMATION

**GENERAL INFORMATION**

NAME: RHONDA NIELSEN  
 ADDRESS: P. O. BOX 571  
 CITY, STATE ZIP CODE: PORT LAVACA, TX 77979  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.50  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? YES  
 TITLE FORMER PRESIDENT  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

BASE:	ORGANIZATION	RELATED
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

**OTHER**

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
PRIOR YEAR:	_____	_____

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

**INCOME ALLOCATION**

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

# OFFICER INFORMATION

### GENERAL INFORMATION

NAME: RUBEN CASTILLO  
 ADDRESS: P.O. BOX 571  
 CITY, STATE ZIP CODE: PORT LAVACA, TX 77979  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 1.50  
 RELATED:

### CONTACT

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

### OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

### COMPENSATION

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

### ORGANIZATION

### RELATED

### OTHER

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

### SCHEDULE J

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

### ORGANIZATION

### RELATED

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

# OFFICER INFORMATION

### GENERAL INFORMATION

NAME: LINDA CARUTHERS

ADDRESS: P. O. BOX 571

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 0.50

RELATED:

### CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

### OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

### COMPENSATION

BASE:	ORGANIZATION	RELATED
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

### OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

### SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
PRIOR YEAR:	_____	_____

SEVERANCE:

NONQUALIFIED PLAN: EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

# OFFICER INFORMATION

**GENERAL INFORMATION**

NAME: BETTY BIRDWELL  
 ADDRESS: P. O. BOX 571  
 CITY, STATE ZIP CODE: PORT LAVACA, TX 77979  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 0.50  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

**ORGANIZATION****RELATED****OTHER**

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

**ORGANIZATION****RELATED**

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

**INCOME ALLOCATION**

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**OFFICER INFORMATION**

**GENERAL INFORMATION**

NAME: KAREN LYSSY  
 ADDRESS: P. O. BOX 571  
 CITY, STATE ZIP CODE: PORT LAVACA, TX 77979  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 0.50  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**OFFICER INFORMATION**

**GENERAL INFORMATION**

NAME: AMY BLANCHETT  
 ADDRESS: P. O. BOX 571  
 CITY, STATE ZIP CODE: PORT LAVACA, TX 77979  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 0.50  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

**ORGANIZATION**

**RELATED**

**OTHER**

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

**ORGANIZATION**

**RELATED**

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

**INCOME ALLOCATION**

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

# OFFICER INFORMATION

FYE: 3/31/2025

### GENERAL INFORMATION

NAME: MARINA CRABTREE

ADDRESS: P.O. BOX 571

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

### HOURS PER WEEK

ORGANIZATION: 1.50

RELATED:

### CONTACT

PRINCIPAL? NO

SIGNATURE? YES

USE ORG ADDR? YES

### OTHER INFORMATION

POSITION OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE CURRENT PRESIDENT

OFFICER TYPE INDIVIDUAL

### COMPENSATION

BASE:	ORGANIZATION	RELATED
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

### OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

### SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
PRIOR YEAR:	_____	_____

SEVERANCE: \_\_\_\_\_

NONQUALIFIED PLAN: \_\_\_\_\_

EQUITY BASED: \_\_\_\_\_

RECEIVED COMP FROM UNRELATED? NO

### SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

### FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

### INCOME ALLOCATION

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

### PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

74-6021994

### CONTRIBUTOR INFORMATION

FYE: 3/31/2025

#### GENERAL INFORMATION

NAME: DOW CHEMICAL COMPANY

E-FILING TYPE:  
DO NOT DISCLOSE  
NAME AND ADDRESS?

BUSINESS

ADDRESS P. O. BOX 186

NO

CITY, STATE ZIP CODE: PORT LAVACA, TX 77979

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

#### CONTRIBUTIONS

CASH CONTRIBUTION: 53,209

FUNDRAISING PORTION:

TYPE: PERSON

#### OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

INCLUDE ON SCH B?

NO

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

#### TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

ADDRESS

DISQUALIFIED PERSON?:

NO

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

49,054

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

#### SCHEDULE A

74-6021994

### CONTRIBUTOR INFORMATION

FYE: 3/31/2025

#### GENERAL INFORMATION

NAME:	FORMOSA PLASTICS	E-FILING TYPE:	BUSINESS
		DO NOT DISCLOSE	
ADDRESS	P. O. BOX 700	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: POINT COMFORT, TX 77978			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

#### CONTRIBUTIONS

CASH CONTRIBUTION: 250,000  
 FUNDRAISING PORTION:  
 TYPE: PERSON

#### OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO
CHARITABLE CONTRIB? NO	DISREGARD ON SCH B?	NO
PURPOSE OF GIFT:		

USE OF GIFT:

IF SET ASIDE, HOW HELD:

#### TRANSFER INFORMATION

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

#### SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	257,098

Form **990**

**Event Income and Deduction Worksheet**

**2024**

Description **FAMILY FUN DAY**

Name  
**UNITED WAY OF CALHOUN COUNTY**

Taxpayer Identification Number  
**74-6021994**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>7,500</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>7,500</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>5,537</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>5,537</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>1,963</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>5,537</u>
<b>Total Fundraising Expense</b>	<u>5,537</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Client Copy

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning <b>04/01/24</b> , ending <b>03/31/25</b>		

Name **UNITED WAY OF CALHOUN COUNTY** Taxpayer Identification Number **74-6021994**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	410,699	454,193	43,494
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	3,575	2,892	-683
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	15,434	1,963	-13,471
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>429,708</b>	<b>459,048</b>	<b>29,340</b>
<b>Expenses</b>	13. Grants and similar amounts paid	324,796	334,885	10,089
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	56,198	59,331	3,133
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees			
	18. Other professional fees	12,450	12,100	-350
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	434	368	-66
	21. Other expenses	25,204	20,288	-4,916
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>419,082</b>	<b>426,972</b>	<b>7,890</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>10,626</b>	<b>32,076</b>	<b>21,450</b>
<b>Other Information</b>	24. Total exempt revenue	429,708	459,048	29,340
	25. Total unrelated revenue			
	26. Total excludable revenue	19,009	4,855	-14,154
	27. Total assets	840,241	872,660	32,419
	28. Total liabilities	336,359	336,702	343
	29. Retained earnings	503,882	535,958	32,076
	30. Number of voting members of governing body	16	10	
	31. Number of independent voting members of governing body	16	10	
	32. Number of employees	1	1	
33. Number of volunteers	356	355		

Client Copy