TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Р	re	pa	ar	ed	١F	o	r:
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UNITED WAY OF SOUTHERN CAMERON COUNTY 634 E. LEVEE ST BROWNSVILLE, TX 78520

Prepared By:

Burton McCumber & Longoria, LLP 1950 Paredes Line Rd. Brownsville, TX 78521

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

2022 and ending	JUN	3 0	20 2 3
2022 and ending	UUM		20 7.3

OMB No.	1545-0047

74-1241385

Department of the Treasury

For calendar year 2022, or fiscal year beginning JUL 1

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer UNITED WAY OF SOUTHERN

EIN or SSN

WENDY DE LEON Name and title of officer or person subject to tax

CAMERON COUNTY

PRESIDENT & CEO

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b $1,542,077.$
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here			Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signature	gnati	ure	Authorization of Officer or Person Subject to Tax	
Under p	penalties of perjury, I declare that	X	I an	n an officer of the above entity or 🔲 I am a person subject to tax with resp	sect to (name
of entity	<i>y</i>)			, (EIN) and that I have	examined a copy of the
of any r entry to financia later tha paymer persona	efund. If applicable, I authorize the the financial institution account in institution account in the entry to an 2 business days prior to the part of taxes to receive confidential.	ne U.S indica this ac aymer inforn	S. Treated countries to the countries to	n of the transmission, (b) the reason for any delay in processing the return obasury and its designated Financial Agent to initiate an electronic funds with in the tax preparation software for payment of the federal taxes owed on this nt. To revoke a payment, I must contact the U.S. Treasury Financial Agent at attement) date. I also authorize the financial institutions involved in the processory to answer inquiries and resolve issues related to the payment. I re for the electronic return and, if applicable, the consent to electronic funds	drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic have selected a
		СПМ	BE	R & LONGORIA, LLP to enter my F	PIN 25185
				ERO firm name	Enter five numbers, but do not enter all zeros
	, ,	iting c	harit	ectronically filed return. If I have indicated within this return that a copy of the ies as part of the IRS Fed/State program, I also authorize the aforementione n.	· ·
	return. If I have indicated with	iostbile	det.	th respect to the entity, I will enter my PIN as my signature on the tax year 20 rn that a copy of the return is being filed with a state agency(ies) regulating of the return's disclosure consent screen.	charities as part of the
Signature	of officer or person subject to tax (Date	12/8/2023
Part	III Certification and A	uthe	ntf	Sation Sation	
	EFIN/PIN. Enter your six-digit ele r (EFIN) followed by your five-digit			70550171005	
				hich is my signature on the 2022 electronically filed return indicated above. I irements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized II	

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Business Returns. ERO's signature

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2023 2022 and ending JUN 30, JUL 1, A For the 2022 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: UNITED WAY OF SOUTHERN Address change CAMERON COUNTY Name change 74-1241385 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 956-548-6880 634 E. LEVEE ST 1,547,364. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 78520 BROWNSVILLE, TX H(a) Is this a group return F Name and address of principal officer: WENDY DE LEON Applica-tion for subordinates? L Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.UNITEDWAYRGV.ORG H(c) Group exemption number J Website: Trust Association Other L Year of formation: 1955 M State of legal domicile: TX K Form of organization: X Corporation Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 25 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 482 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 1,205,627 1,032,430. 8 Contributions and grants (Part VIII, line 1h) Λ. Program service revenue (Part VIII, line 2g) 40,507. 209,566. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,830.300,081. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,244,304. 542,077. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 473,493. 510,024. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 593,586. 615,174. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 497,174 488,764. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $1,600,\overline{784}$. 577,431. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -356,480. -35,354. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 7,197,662. 7,239,530. Total assets (Part X, line 16) 594,645. 553,148. Total liabilities (Part X, line 26) 6,603,017. 6,686,382. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign WENDY DE LEON PRESIDENT & CEO Here Type or print name and title Date PTIN X Preparer's signature Print/Type preparer's name self-employed P00957458 WW E JAVIER E. ALARCON, CPA Paid Firm's EIN 74-2609610 LONGORIA, Preparer Firm's name BURTON MCCUMBER Use Only Firm's address 1950 PAREDES LIME RD.

X Yes

Phone no. (956) 542-2553

BROWNSVILLE,

May the IRS discuss this return with the preparer shown above? See instructions

TX 78521

Form	990 (2022) CAMERON COUNTY 74-1241385 Page 2
	t 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 UNITED WAY OF SOUTHERN CAMERON COUNTY'S MISSION IS TO "IMPROVE
	LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADVANCE THE
	COMMON GOOD".
	COLLION GOOD .
	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 270,163. including grants of \$ 163,343.) (Revenue \$ 291,910.)
	EDUCATION: UNITED WAY WORKS TO HELP CHILDREN AND YOUTH ACHIEVE THEIR
	POTENTIAL THROUGH ENSURING A) CHILDREN ENTER SCHOOL WITH LITERACY,
	EMOTIONAL AND INTELLECTUAL SKILLS; B) ELEMENTARY STUDENTS ARE ACADEMIC
	ACHIEVERS IN MATH AND READING; AND C) YOUNG PEOPLE GRADUATE FROM HIGH
	SCHOOL READY FOR COLLEGE OR WORK. BASED ON TEXAS SCHOOL READINESS
	SCORES, UNITED WAY IS CLOSING THE GAP FOR CHIDREN ENTERING SCHOOL AND
	REDUCING THE NUMBER OF CHILDREN REPEATING THE EARLY GRADES. THROUGH
	STRATEGIC DIALOGUES AND DATA REVIEW UNITED WAY IS GAINING AND
	UNDERSTANDING WHAT IS NECESSARY FOR YOUTH TO COMPLETE HIGH SCHOOL AND
	GAIN POST SECONDARY CREDENTIALS THAT LEAD TO GOOD PAYING JOBS.
	GAIN FOST SECONDARY CREDENTIALS THAT LEAD TO GOOD FAITING TODS.
	f10 026 121 206 v
4b	(Code:) (Expenses \$ 519,936. including grants of \$ 121,306.) (Revenue \$)
	INCOME: THE UNITED WAY'S INCOME INITIATIVE PRIMARILY FOCUSES ON
	PROMOTING FINANCIAL STABILITY ALONG WITH FINANCIAL INDEPENDENCE. THE
	UNITED WAY HEADS AN ANNUAL PROGRAM CALLED THE "VOLUNTEER INCOME TAX
	ASSISTANCE" (VITA), FOR LOW INCOME FAMILIES IN THE COMMUNITY TO REDUCE
	THE COST OF INCOME TAX PREPARATION AS WELL AS PROMOTE THE AWARENESS OF
	TAX CREDITS THESE FAMILIES MAY BE ELIGIBLE FOR.
4c	(Code:) (Expenses \$ 458,660 • including grants of \$) (Revenue \$)
	HEALTH: THE UNITED WAY WORKS TO IMPROVE THE HEALTH OF THOSE WITHIN THE
	COMMUNITY BY PROVIDING ACCESSIBILITY TO QUALITY HEALTH CARE, ALONG WITH
	THE PROMOTION OF PREVENTATIVE MEASURES SUCH AS IMPROVED HEALTH AND
	FITNESS. THE UNITED WAY PARTNERS WITH VARIOUS COMMUNITY PARTNERS BY
	PROVIDING GRANT FUNDS AND VOLUNTEER ASSISTANCE.
4d	
	(Expenses \$ 887. including grants of \$) (Revenue \$)
_4e	Total program service expenses 1,249,646.

Form 990 (2022) CAMERON COUNTY 74-1241385 Page 3
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1	400000000000000000000000000000000000000			Yes	No
2 Is the organization required to complete. Schedule 8, Schedule of Contributors? See instructions 3 Is diffuse organization reagage in indirect or indirect profited campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Is the organization. But the organization engage in lobbying activities, or have a section 501(pk) sorganization. But the organization engage in lobbying activities, or have a section 501(pk) solicition in effect during the tax war? If "Yes," complete Schedule C, Part I Is the organization section 501(pk) 501(pk) or 501(pk) 601 graphization that receives membership dues, assessments, or similar amounts as defined in Part Yes, to complete Schedule C, Part II If the organization maintain any donor advised funds or any similar funds or accounts If "Yes," complete Schedule D, Part II If the organization maintain any donor advised funds or any similar funds or accounts If "Yes," complete Schedule D, Part II If the organization maintain in Part X, line 21, for escrivor or custodial account liability, serve as a custodian for amounts in Early X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV If It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI If It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI If If the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI II If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VI III If the organization report an amount for land, buildings, and equipment in Part X, line 10? that is stolal assets reported in Part X, line 10? If "Yes," complete Schedule	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
3 Dit the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 5016(2) organizations. Did the organization engage in lobbying activities, or have a section 501(b) decition in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Did the organization association 501(6)(6) 501(6)(6) organization that receives membership dues, assossments, or similar amounts as defined in Rev. Proc. 9819? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any denor activised 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for the right in a such accounts for the provide advice on the distribution or investment in such funds or accounts for the pair, or debt negotiation services? If Yes, "complete Schedule D, Part V III III III III III III III III III		If "Yes," complete Schedule A	1		
public office? If 'I''es', 'complete Schedule Q. Part I' Section 501(pk) organization. Bit the organization engage in lobbying activities, or have a section 501(pk) election in effect during the tax year? 'I' 'Yes,' complete Schedule C, Part I' Is the organization a section 501(pk), 501(p	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy sear? if "Yes," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Pev. Proc. 58-197 if "Yes," complete Schedule C, Part III. 5 Did the organization diversition and your devised entire or any similar amounts as defined in Pev. Proc. 58-197 if "Yes," complete Schedule C, Part III. 5 Did the organization diversition and your door advised funds or any similar unded or any similar preserve or pens specific provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 5 Did the organization market collections of works of art., historical trausance, or other installar assets? If "Yes," complete Schedule D, Part III. 5 Did the organization report an amount in Part X line 21, for escrive or custodial account flability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or if the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 11a X 11b Did the organization report an amount for investments - other securities in Part X, line 102, the Yes," complete Schedule D, Part VIII. 11b Did the organization report an amount for investments - other securities in Part X, line 102, the Yes," complete Schedule D, Part VIII. 11b Did the organization report an amount for investments - program entertial in Part X, line 102, the Yes, complete Schedule D, Part VIII. 11c Did the organization report an amount for investments -	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(4) 501(e)(6) for		public office? If "Yes," complete Schedule C, Part I	3		X
5 is the organization a section 5016(A) 5016(S), or 5016(S) or 2016(S) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 96.197 if "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II. 7 Did the organization receiver hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrew or oustodial 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. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for sinvestments - program related in Part X, line 15? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for other assets in Part X, line 15? What Yes, complete Schedule D, Part VIII. 13 Did the organization sport an amount for other assets in Part X, line 15? What Yes, complete Schedule D, Part X III. 14 Did the organization report an amount for other assets in Part X, line 15? What Yes, complete Schedule D,	4				
similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which the provide advice on the distribution or investment, including easuments to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not isted in Part X, or provide credit counselling, dieth management, credit repair, or debt negotiation services? If "Yes," early life Schedule D, Part IV. Did the organization injectly or through a related organization, hold assets in donor-restricted endowments or injects, complete Schedule D, Part IVI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI. Did the organization report an amount of revestments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part IVI. Did the organization report an amount for chier assets 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 XIII. Did the organization report an amount for other assets in Part X, line 15, this is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization sport an amount for other labelities in Part X, line 15, this is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III		during the tax year? If "Yes," complete Schedule C, Part II	4		_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? #*Yes,* complete Schedule D, Part / 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? #*Yes,* complete Schedule D, Part /i 8 Did the organization report an amount in Part X. line 21, for escrov 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? #*Yes,* complete Schedule D, Part V. 10 Did the organization and part of the following questions is ryes, then complete Schedule D, Part V, v. as applicable. 10 Did the organization answer or any of the following questions is ryes, then complete Schedule D, Part V, v. as applicable. 11 Did the organization answer or any of the following questions is ryes, then complete Schedule D, Part V, v. as applicable. 12 Did the organization answer or any of the following questions is ryes, then complete Schedule D, Part V, v. as applicable. 13 Did the organization answer or any of the following questions is ryes, then complete Schedule D, Part V, v. as applicable. 14 Did the organization report an amount for Investments - other securities in Part X, line 12? #Yes,* complete Schedule D, Part VIII. 15 Did the organization report an amount for investments - program related in Part X, line 15? #Yes,* complete Schedule D, Part VIII. 16 Did the organization and proper the part X, line 16? #Yes,* complete Schedule D, Part VIII. 17 Did the organization and proper the part X, line 16? #Yes,* complete Schedule D, Part VIII. 18 Did the organization and proper the part X, line 16? #Yes,* complete Schedule D, Part VIII. 19 Did the organization and proper the part X, line 16? #Yes,* complete Schedule D, Part X IIII X. 20 Did the or	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part I Did the organization receive or hold a conservation essement, including easements to proserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II II 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasie advowments? If Yes, complete Schedule D, Part IV 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II I		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assess*? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assess*? If "Yes," complete Schedule D, Part III Did the organization and the Part X, ine 21, for escrive 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 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 IV III If the organization asserver to any of the following questions is "Yes," then complete Schedule D, Part VI, III, III, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII III III III III III III III III I	6				
the environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "yes," complete Schedule D, Part IV 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 counselling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part IV 9 X William (I was a proper or in quasi endowments? // "Yes," complete Schedule D, Part V 10 X Will the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part W 11 X Will the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part W 11 X X Will the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part W 11 X X Will the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part W 11 X X Will the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part W 12 X Will the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11 X X Was the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization selection obtain separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X X X X Was the organization have aggregate revenues	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "yes," complete Schedule D, Part IV 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 counselling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part IV 9 X William (I was a proper or in quasi endowments? // "Yes," complete Schedule D, Part V 10 X Will the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part W 11 X Will the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part W 11 X X Will the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part W 11 X X Will the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part W 11 X X Will the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part W 12 X Will the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11 X X Was the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization selection obtain separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X X X X Was the organization have aggregate revenues		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17			16		_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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20a				Х
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					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21				
g / // // // ree, complete contended in the final infinite minimum minimum in 1			21	X	
FART 22-13-22	20000				(202

(gambling) winnings to prize winners?

UNITED WAY OF SOUTHERN

CAMERON COUNTY 74-1241385 Form 990 (2022) Page 4 Part IV | Checklist of Required Schedules (continued) No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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? If Х "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? |f "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 8 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1h c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Form 990 (2022) CAMERON COUNTY 74-1241385 Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 25 filed for the calendar year ending with or within the year covered by this return 2a 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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? Х 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? Х 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or 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? 17 If "Yes," complete Form 6069.

Form 990 (2022) CAMERON COUNTY

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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.

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) X Own website X Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 IRENE HINOJOSA - 956-548-6880

78520

634

E. LEVEE ST, BROWNSVILLE,

UNITED WAY OF SOUTHERN CAMERON COUNTY

Form 990 (2022) CAMERON COUNTY 74-1241385

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.

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- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos heck i	more	than o	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unles cer an	ss per id a di	son i irecto	s both	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (truste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) FRANK LOPEZ	2.00						_			
CHAIR		Х		Х				0.	0.	0.
(2) MICHAEL LIMAS	2.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) FRANK ACEVEDO	2.00									
TREASURER		X		X				0.	0.	0.
(4) CHIEF FELIX SAUCEDA	2.00									
CAMPAIGN CHAIR		Х		X				0.	0.	0.
(5) DAHLIA AGUILAR	2.00									
DIRECTOR		X			_			0.	0.	0.
(6) ROBIN COWEN	2.00								_	_
DIRECTOR		X						0.	0.	0.
(7) JAIME GARCIA	2.00								_	_
DIRECTOR		X						0.	0.	0.
(8) CARLOS GARZA	2.00	1						_	_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(9) MARIBEL GUERRERO	2.00	1				ļ		_		_
DIRECTOR		Х				_		0.	0.	0.
(10) JUANITA HERNANDEZ	2.00									•
DIRECTOR		X				_		0.	0.	0.
(11) JUAN LOYA	2.00	ļ				Ì				•
DIRECTOR	1	X			_	ļ		0.	0.	0.
(12) PEDRO MALDONADO	2.00	ļ								•
DIRECTOR		Х	<u> </u>	-	<u> </u>	<u> </u>	_	0.	0.	0.
(13) PAM VAN RAVENSWAAY	2.00									_
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	ļ	ļ	0.	0.	0.
(14) RICK VILLARREAL	2.00	┨					1			_
DIRECTOR	10.00	X	ļ	_	-	-	ļ	0.	0.	0.
(15) TRACI WICKETT	40.00	-		,,				75 440	_	7 407
PRESIDENT & CEO	10.00	+	<u> </u>	Х	!	\vdash	├-	75,449.	0.	7,487.
(16) WENDY DE LEON	40.00	-		,,				65 000		11 477
PRESIDENT & CEO	1 40 00	+	├	X	├	┼	├	65,000.	0.	11,477.
(17) IRENE HINOJOSA	40.00	+		x				62 222	0.	11,546.
FINANCE DIRECTOR	_L		<u></u>	14		Щ	L	63,333.	0.	Form 990 (2022)

232007 12-13-22 Form **990** (2022)

UNITED WAY OF SOUTHERN CAMERON COUNTY

	990 (2022) CAMERON C									74-124	138	35	Page 8
Par	t VII Section A. Officers, Directors, Trust	1	oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box,	not cl	Pos heck i	rson i	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		ompen from organiz and rel organiza	sation the ation ated
											-		
											-		
											+		411-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Subtotal						l		203,782.	0	+	30,	510.
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 203,782.	0			0. 510.
2	Total number of individuals (including but no compensation from the organization								· · · · · · · · · · · · · · · · · · ·				0
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	loye	e, or	hig	hest compensated emp	loyee on		Ye	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		4	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ			5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y		satior		
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Com	(C) npensat	ion
								1					
			-1"										
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	-	OT III	ппес	ο το '		se lis	ted	above) who received me	ore than	_	00/	1 (0000)

CAMERON COUNTY 74-1241385 Page 9 Form 990 (2022) Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Gifts, Grants illar Amounts 640,862. 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 107,703. Government grants (contributions) 1e All other contributions, gifts, grants, and 283,865. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g |\$,032,430. h Total. Add lines 1a-1f **Business Code** Program Service All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 209,566. 35,097. 174,469. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 13,100. 6 a Gross rents 6a 0. **b** Less: rental expenses 13,100.c Rental income or (loss) 13,100. 13,100. d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses 7b Other Revenue 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ ___ contributions reported on line 1c). See 35,455. Part IV, line 18 5,287 **b** Less: direct expenses 30,168. 30,168. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 256,813. 256,813. 900099 d All other revenue 256,813. e Total. Add lines 11a-11d 542,077. 291,910. 217,737. Total revenue. See instructions

Form 990 (2022) CAMERON COUNTY
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	nis Part IXB)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	450 400	400		
	and domestic governments. See Part IV, line 21	473,493.	473,493.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 702	202 702		
	trustees, and key employees	203,782.	203,782.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	291,956.	110,187.	109,511.	72,258.
7	Other salaries and wages	291,930.	110,107.	109,511.	12,230.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	119,436.	69,887.	29,292.	20,257.
9	Other employee benefits	119,430.	09,007.	49,494.	20,237.
10	Payroll taxes		· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e		18,167.		18,167.	
f	Other. (If line 11g amount exceeds 10% of line 25,	10,1071		10,107.	
g	column (A), amount, list line 11g expenses on Sch O.)	92,954.	86,912.	3,311.	2,731.
12	Advertising and promotion				
13	Office expenses	173,500.	147,864.	14,760.	10,876.
14	Information technology	18,799.	11,810.	3,679.	3,310.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		5 0 4 0	2.1.0	1 006
19	Conferences, conventions, and meetings	8,724.	5,940.	848.	1,936.
20	Interest	41 (11	26 522	0.064	C 010
21	Payments to affiliates	41,611.	26,529.	8,264.	6,818.
22	Depreciation, depletion, and amortization	31,422.	19,901.	6,941.	4,580.
23	Insurance	13,894.	8,857.	2,760.	2,277.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM EXPENSES	84,801.	83,962.	Section and Assessment Control of the Control of th	839.
a	CAMPAIGN EXPENSE-FUND	4,109.	03,902.		4,109.
b	BOARD EXPENSES	783.	522.	142.	119.
ا C	POLICE BYLENDED	,05•	244	7.47.	117.
d	All other expanses				
e oe	All other expenses	1,577,431.	1,249,646.	197,675.	130,110.
25	Joint costs. Complete this line only if the organization	<u> </u>	1, 11, 10 to 1		200,220.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 Tollowing GOF 30-2 (MGC 900-720)			L	- 000 (

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Form 990 (2022) CAMERON COUNTY

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,958,990. 1,927,934. Cash - non-interest-bearing 4,691,294. 4,629,692. 2 Savings and temporary cash investments 2 177,979. 181,603. 3 3 Pledges and grants receivable, net 1,815. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 31. Prepaid expenses and deferred charges 1,688. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 958,942. 10a 438,661. 520,281. 427,498. Less: accumulated depreciation _______ 10b 100 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 7,197,662. 7,239,530. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 594,645. 553,148. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities 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 Unsecured notes and loans payable to unrelated third parties 24 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 25 594,645. 553,148. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,130,061 6,255,319. Net assets without donor restrictions 27 472,956. 431,063. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 6,686,382. 6,603,017. 32 Total net assets or fund balances 32 7,197,662. 7,239,530. 33 Total liabilities and net assets/fund balances

Form 990 (2022)

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UNITED WAY OF SOUTHERN CAMERON COINTY

Form	990 (2022) CAMERON COUNTY	74-	-1241385	Pag	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,542		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,577		
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,603		
5	Net unrealized gains (losses) on investments	5	118	3,7	<u> 19.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,686	5,3	<u>82.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				77
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?			<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	aule C).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0000)
			Form	990	(2022)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF SOUTHERN

CAMERON COUNTY

Employer identification number

74-1241385 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. _____ 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. ____ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported in vour governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Nο above (see instructions))

Schedule A (Form 990) 2022 CAMERON COUNTY 74-1241

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

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(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 (d) 2021 (e) 2022 (f) Total (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not 1032430.12978600. 7266944. 1205627. 1714202 1759397. include any "unusual grants.") 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 1032430.12978600. 1759397. 7266944. 1205627. 1714202. 4 Total. Add lines 1 through 3 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) 12978600. 6 Public support. Subtract line 5 from line 4. Section B. Total Support **(b)** 2019 (e) 2022 (a) 2018 (c) 2020 (d) 2021 (f) Total Calendar year (or fiscal year beginning in) 1032430. 1714202. 1759397. 7266944 1205627 12978600. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 22,538. 52,507. 222,666. 346,041. 34,161 14,169 and income from similar sources 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 292,268. 1003692 101,852 41.784. 182,946. 384.842. assets (Explain in Part VI.) 14328333 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 90.58 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 92.66 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

CAMERON COUNTY

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Schedule A (Form 990) 2022 CAMERON COUNTY | 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

Sec	qualify under the tests listed be	Line to the second seco	noto i dit ii.j				
	tion A. Public Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ı					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						<u></u>
^	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support		The second secon				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(4) 2010	+ 12, 2010	+ 13, 2020	+	+ · · · · · · · · · · · · · · · · · · ·	
	Amounts from line 6	1		1	1		
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
t 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section {	501(c)(3) organizatio	on,
11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here						on,
11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the						on,
11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	c Support Pe	rcentage				on,
11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	ic Support Pel	rcentage divided by line 13,				
11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public	ic Support Pe ine 8, column (f), o Schedule A, Part	rcentage divided by line 13, t III, line 15	column (f))		15	%
11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I	ic Support Pei ine 8, column (f), c Schedule A, Part stment Incom	rcentage divided by line 13, t III, line 15	column (f))		15	%
11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	ic Support Per ine 8, column (f), of Schedule A, Part stment Income 22 (line 10c, colu 2021 Schedule A,	rcentage divided by line 13, t III, line 15 e Percentage umn (f), divided by I , Part III, line 17	column (f))		15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	ic Support Per ine 8, column (f), of Schedule A, Part stment Income 22 (line 10c, colu 2021 Schedule A,	rcentage divided by line 13, t III, line 15 e Percentage umn (f), divided by I , Part III, line 17	column (f))		15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Investment income percentage from 2021 cition D. Computation of Investment income percentage from 2031 1/3% support tests - 2022. If the	ic Support Peline 8, column (f), of Schedule A, Partstment Incompose (line 10c, colu 2021 Schedule A, organization did	rcentage divided by line 13, t III, line 15 e Percentage Imn (f), divided by I , Part III, line 17 not check the box	column (f))line 13, column (f))	e 15 is more than (15 16 17 18 33 1/3%, and line 1	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ic Support Peline 8, column (f), of Schedule A, Partstment Incomo 22 (line 10c, colu 2021 Schedule A, e organization did and stop here. The	rcentage divided by line 13, t III, line 15 e Percentage Imn (f), divided by I , Part III, line 17 not check the box e organization qual	column (f)) line 13, column (f)) on line 14, and line lifes as a publicly services.	e 15 is more than 3	15 16 17 18 33 1/3%, and line 1 ation	% % % % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Investment income percentage from 2021 cition D. Computation of Investment income percentage from 2031 1/3% support tests - 2022. If the	ic Support Pei ine 8, column (f), o Schedule A, Part stment Income 222 (line 10c, colu 2021 Schedule A, e organization did and stop here. The e organization did	rcentage divided by line 13, t III, line 15 e Percentage Imn (f), divided by I , Part III, line 17 not check the box e organization qual not check a box or	column (f)) line 13, column (f)) on line 14, and line lifies as a publicly so	e 15 is more than 3 supported organiza a, and line 16 is ma	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a	% % % 7 is not

UNITED WAY OF SOUTHERN CAMERON COUNTY

Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_ 1		
2		
За		
3b		
Зс		
4a		
4b		88412880
4c		
5a		138 30s
5b		
5c	Square school	
6		
-		
7		
8		
9a		
9b		
9c		
33		
10a		
ioa		
10b	m 990	l

Sche		4-124138	5 Ра	age 5
Pai	t IV Supporting Organizations (continued)		· · · · ·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
-			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi directors, or trustees at all times during the tax year? 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	cers, orted		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	- 1-12-20-1-1-1-1	1000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2	N. Januaris	
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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	(A)		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			30000
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	uctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instructio	1.	T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	•			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		8 1000000000000000000000000000000000000	e englisher
	that these activities constituted substantially all of its activities.	2a		AG (GS)
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			2800000
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	TO TO SERVICE STATE	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Voc " describe in Part VI the role played by the organization in this regard	3b		1

74-1241385 Page 6 CAMERON COUNTY Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 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 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

74-1241385 Page 7 CAMERON COUNTY Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CAMERON COUNTY 74-1241385 Page 8

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: SPECIAL EVENTS 2018 AMOUNT: \$ 11,093. 2019 AMOUNT: 5,307. 10,550. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 11,786. 35,455. 2022 AMOUNT: \$ OTHER INCOME 2018 AMOUNT: \$ 68,563. 206,123. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 91,302. 29,998. 2021 AMOUNT: 2022 AMOUNT: \$ 256,813. IN-KIND REVENUE 2018 AMOUNT: \$ 103,290. 2019 AMOUNT: \$ 173,412.

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury

Name of the organization

(Form 990)

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

n Employer identification number
UNITED WAY OF SOUTHERN

74-1241385 CAMERON COUNTY Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ 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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

UNITED WAY OF SOUTHERN

CAMERON COUNTY

74-1241385

CAMERON COUNTY Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. BROWNSVILLE FOUNDATION OF HEALTH & X Person 1 EDUCATION Payroll 85,000. Noncash 634 E. LEVEE ST (Complete Part II for noncash contributions.) BROWNSVILLE, TX 78520 (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. X Person 2 U.S. TREASURY/IRS **Payroll** 401 W.O PEACHTREE ST. NW, STOP 420-D 77,703. Noncash (Complete Part II for noncash contributions.) ATLANTA, GA 30308 (d) (b) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 X UNITED WAY WORLDWIDE 3 Person Payroll 100,000. Noncash 701 N FAIRFAX STREET (Complete Part II for noncash contributions.) ALEXANDRIA, VA 22314 (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 4 HRJ CONSULTING LTD Person Payroll 57,500. Noncash SUITE 300, 1124-4TH STREET SW (Complete Part II for noncash contributions.) CALBARY, ALBERTA, CANADA (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. WELLS FARGO FOUNDATION 5 Person Payroll 30,000. Noncash 550 S 4TH ST MAC N9310-074 (Complete Part II for noncash contributions.) MINNEAPOLIS, MN 55415 (d) (c) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 X GLOBAL GIVING FOUNDATION 6 Person Payroll 21,365. Noncash THOMAS CIRCLE NW SUITE 800 (Complete Part II for noncash contributions.) WASHINGTON DC, WA 20005

Schedule B (Form 990) (2022)

Name of organization

UNITED WAY OF SOUTHERN

Employer identification number

74-1241385 CAMERON COUNTY Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (a) (c) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (a) (c) (d) No. FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (a) (c) (d) No. FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (a) (c) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I

Page 4 Schedule B (Form 990) (2022) Employer identification number Name of organization UNITED WAY OF SOUTHERN 74-1241385 CAMERON COUNTY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from Part I (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization

UNITED WAY OF SOUTHERN CAMERON COUNTY

Employer identification number 74-1241385

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreating		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			1 1
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_			2d
3	Number of conservation easements modified, transferred, rel		
•	year	· ·	
4	Number of states where property subject to conservation eas	sement is located	_
5	Does the organization have a written policy regarding the per		-
	violations, and enforcement of the conservation easements it		1 1
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	68, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		
а	D		\$ <u></u>
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

Sche	dule D (Form 990) 2022 CAMERON	COUNTY		•				74-12	41385	Pag	ge 2
Par	2 (1 2 11 1 2 2)		t, Histo	rical Tre	asures, or	Other S	Simila	r Assets	(continu	ıed)	_
3	Using the organization's acquisition, accessi-	on, and other records	s, check	any of the f	ollowing that i	make sign	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		oan or exc	hange prograr	n					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	e organization	ı's exemp	t purpo:	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organi	ization's col	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "ነ	es" on Fo	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								7		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		
	Did the organization include an amount on F						?		Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete							voore book	(e) Four	voare h	
		(a) Current year	(a) Pi	rior year	(c) Two years	s Dack (d) Three y	ears back	(e) roui	years L	auk
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										,
f	Administrative expenses										
g	End of year balance		//: d		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				L		
2	Provide the estimated percentage of the cur			, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		_%									
	The percentages on lines 2a, 2b, and 2c sho			hava bald ava	ad administars	nd for the					
За	Are there endowment funds not in the posse	ession of the organiza	ation that	t are neid ar	iu auministere	ed for the			Г	Yes	No
	organization by:								3a(i)		
	(i) Unrelated organizations								3a(ii)		
	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations										
ь 4	Describe in Part XIII the intended uses of the								<u> </u>		
	t VI Land, Buildings, and Equipm		WITICITE	urius.							v
1.500	Complete if the organization answere), Part IV	, line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other (other)	(c) Acc	cumulat eciation		(d) Book	value	1
10	Land	<u>`</u>			4,000.				154	1,00	00.
	Buildings				3,168.	2:	90,7	46.		2,42	
	Leasehold improvements				, = 1					•	
	Equipment	1		16	2,021.	1.	49,7	82.	12	2,23	39.
	Other				9,753.		79,7	53.			0.
	I. Add lines 1a through 1e. (Column (d) must o		X. colum						438	3,66	1.
	J. COMMITTED TOOLS										

Schedule D (Form 990) 2022

ONT.ED MAY C			
Schedule D (Form 990) 2022 CAMERON COUN	1TY	74	-1241385 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	E 000 D 18/ E-	- 11 - 0 F 000 Post V line 10	
Complete if the organization answered "Yes" o			J - f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 15.)</u>		
MACHINE TO THE PROPERTY OF THE	F 000 Dort IV lin	a 11a ay 11f Can Farm 000 Dart V lina 2f	:
Complete if the organization answered "Yes" of	on Form 990, Part IV, IIII	e Tie of Tii. See Form 990, Part X, line 23	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			1

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

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

(9)

74-1241385 Page 4 CAMERON COUNTY Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,509,282. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 136,387. 2b Donated services and use of facilities c Recoveries of prior year grants 2c -169,1822d d Other (Describe in Part XIII.) -32,795. 2e Add lines 2a through 2d 1,542,077. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 077. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,700,938. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 136,387. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 5.287. 2d d Other (Describe in Part XIII.) 141,674. e Add lines 2a through 2d ,559,264. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 18,167. a Investment expenses not included on Form 990, Part VIII, line 7b 4h **b** Other (Describe in Part XIII.) 18,167. 4c c Add lines 4a and 4b 1,577,431. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION FOLLOWS FASB ASC TOPIC 740, "INCOME TAXES", AS IT RELATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST FEDERAL INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THERE IS NO LIKELIHOOD A MATERIAL TAX ASSESSMENT WOULD BE MADE IF GOVERNMENT AGENCY EXAMINED TAX RETURNS TO AUDIT. ACCORDINGLY, NO PROVISIONS FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED. PART XI, LINE 2D - OTHER ADJUSTMENTS: -174,469. INVESTMENT INCOME

5,287.

DIRECT FUNDRAISING EXPENSES

UNITED WAY OF SOUTHERN Schedule D (Form 990) 2022 CAMERON CO
Part XIII Supplemental Information (continued) 74-1241385 Page 5 CAMERON COUNTY TOTAL TO SCHEDULE D, PART XI, LINE 2D -169,182. PART XII, LINE 2D - OTHER ADJUSTMENTS: 5,287. DIRECT FUNDRAISING EXPENSES

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service	Go t	www.irs.go	ov/Form990 for instruc	ctions	and th	ne latest information	١.	PERCENT	Inspection
Name of the organization			SOUTHERN						ntification number
	CAMERON	COUNTY	<u> </u>					74-1241	385
The state of the s			the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	'. Form 990-EZ	filers are not
	complete this part								
		ed funds thro	ough any of the followin						
a Mail solicitati					-	overnment grants			
	email solicitations				-	nment grants			
c Phone solicit			g Special	fundra	using 6	events			
d In-person sol			and the state of t	Con all cod	lina of	fianza dizantara trua	tooo	0 F	
2 a Did the organizatio			ity in connection with p				iees,	Yes	No
			ities (fundraisers) pursu				ne fun		
compensated at le				arit to	agreei	nonto unadi winon u	10 1011	araissi is to se	
	шаг фо,ооо by trie	r	•			1			
(i) Name and address	s of individual			(iii) fundr	Did	(iv) Gross receipts	(v)	Amount paid r retained by)	(vi) Amount paid
or entity (fund			(ii) Activity	have c	ustody itrol of	from activity	1	undraiser	to (or retained by) organization
, (,			contrib	utions?	Ž	list	ed in col. (i)	Organization
				Yes	No				
				-	ļ				
				1					
							ļ		
				 	ļ				
					<u> </u>				
			ed or licensed to solicit		utions	or has been notified	litic 4	evennt from re	
or licensing.	ich the organization	n is registere	ed of licensed to solicit	CONTINE	utions	or has been notined	111.15	skempt mom re	gistration
- Indonding.									
								_	

Schedule G (Form 990) 2022

CAMERON COUNTY

74-1241385 Page 2

Pa	rt I					
		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ALL YOU NEED	BASKET		(add col. (a) through
			IS LOVE	RAFFLE	2	col. (c))
4			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	10,446.	13,730.	11,279.	35,455.
ш						
	2	Less: Contributions				
		\ \	40.446	10 500	11 070	25 455
	3	Gross income (line 1 minus line 2)	10,446.	13,730.	11,279.	35,455.
	4	Cash prizes				
	_					
(C)	5	Noncash prizes				
ıse	_	Dept/facility costs				
Direct Expenses	6	Rent/facility costs				
χE	7	Food and beverages				
irec	•	1 ood and beverages				
Ц	8	Entertainment				
	9	Other direct expenses	1 1 1 1	157.	3,873.	5,287.
	10	Direct expense summary. Add lines 4 through				5,287.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			30,168.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				niligo/progressive niligo		coi. (a) through coi. (c))
Rev						
	1	Gross revenue				
		Cook prizes				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
X	٦	Nonodon prized				
Direct	4	Rent/facility costs				
چَ	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
9		ter the state(s) in which the organization condu	-			Yes No
		the organization licensed to conduct gaming a				res No
k) It "	No," explain:				
	_					
10-	\\\	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax v	vear?	Yes No
		Yes," explain:			,	
•						
	-					

UNITED WAY OF SOUTHERN 74-1241385 Schedule G (Form 990) 2022 CAMERON COUNTY 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed Yes to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility 13b b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes ___ No **b** If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address Gaming manager information: Name Gaming manager compensation Description of services provided Employee Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

		UNITED WAY OF SOUTHERN	T. 404400F	
Schedule G	(Form 990) Supplemental Infor	CAMERON COUNTY	74-1241385	Page 4
Partiv	Supplemental infor	ination (continued)		
		· · · · · · · · · · · · · · · · · · ·		
		•		
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	,			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

Open to Public 2022 Inspection

OMB No. 1545-0047

Employer identification number 74-1241385 Go to www.irs.gov/Form990 for the latest information. UNITED WAY OF SOUTHERN General Information on Grants and Assistance CAMERON COUNTY

% × Yes 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5.000. Part II can be duplicated if additional space is needed. criteria used to award the grants or assistance? Part II

(if applicable) cash grant noncash 74-2479212 501(C)(3) 38,000. 0. 74-279966 501(C)(3) 45,000. 0. 74-2817583 501(C)(3) 27,000. 0. 74-2209659 501(C)(3) 30,000. 0. 74-1195191 501(C)(3) 40,000. 0. 74-2797890 501(C)(3) 57,500. 0.	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
FAMILY OUTREACH ST TY 78520 TY 78523 TY	or government		(if applicable)	cash grant	noncash assistance	Valuation (Dook, FMV, appraisal, other)	noncash assistance	or assistance
FIT TAY 78520	на от пред стантту оппредси							
TX 78520 TX 78520 TX 78520 TX 78566 TY 4-2479212 501(C)(3) TY 78566 TY 78523 TY 78526 TY	455 E. LEVEE ST							CASE MANAGEMENT AND
ES CLUB OF LOS FRESNOS TA 74-2799966 501(C)(3) 45,000. TY 78566 TY CHILDREN'S ADVOCACY TY CHILDREN'S ADVOCACY TY CHILDREN'S ADVOCACY TY CHILDREN'S ADVOCACY THY CHILDREN'S ADVOCACY THY CHILDREN'S ADVOCACY THY 78523 THY 78524 THY 78524 THY 78526 THY 785			501(C)(3)	38,000.	0.			PARENTING CLASSES
ES CLUB OF LOS FRESNOS DELVD TX 78566 T4-2799966 501(C)(3) 45,000. TY 78566 TY CHILDREN'S ADVOCACY SOX 2145 - SAN BENITO, TY 7853 TY 7853 TY 78523 TY 78523 TY 78526 TX 78526								Can Con Con Con Con Con Con Con Con Con Co
TX 78566 TY 78566 TY 74-2799966 TY 74-2817583 TY 78528 TY 78528 TY 78526 TY 785	BOYS AND GIRLS CLUB OF LOS FRESNOS							POWER HOUR TUTORIALS AND
TX 78566 TY 78566 TY 78566 TY 4-2799966 501(C)(3) TY CHILDREN'S ADVOCACY SOX 2145 - SAN BENITO, TA 74-2817583 501(C)(3) TX 78523 TX 78523 TX 78523 TX 78523 TY 74-1195191 501(C)(3) TY 78524 TY 74-1195191 501(C)(3) TY 78526 TY 74-2797890 501(C)(3) TY 78526 TY 78526 TY 74-2797890 501(C)(3) TY 78526	900 N. ARROYO BLVD							HOMEWORK HELP AND TRIFLE
FY CHILDREN'S ADVOCACY 30X 2145 - SAN BENITO, 74-2817583 501(C)(3) 74-2209659 501(C)(3) TX 78523 TX 78523 TA 74-2209659 501(C)(3) A MOODY CLINIC - 1901 - BROWNSVILLE, TX 74-1195191 501(C)(3) A DIEGO TX 78526 TX 78526 TY 78529 TY 78529 TY 78529 TY 78529 TY 78526		74-2799966	501(C)(3)	45,000.	0			PLAY HEALTHY HABITS
DO BOX 2145 - SAN BENITO, PO BOX 2145 - SAN BENITO, 112 LLE, TX 78523 ST BROWNSVILLE, TX JUAN DIEGO 30001 422817583 501(C)(3) 27,000 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0								
PO BOX 2145 - SAN BENITO, T4-2817583 501(C)(3) 27,000. 0. IP OF WOMEN LLE, TX 78523 T4-2209659 501(C)(3) 30,000. 0. LLE, SOCIETY FOR CRIPPLED ARA MODDY CLINIC - 1901 ST BROWNSVILLE, TX T4-1195191 501(C)(3) 40,000. 0. JUAN DIEGO 038 LLE, TX 78526 T4-2797890 501(C)(3) 57,500. 0.	CAMERON COUNTY CHILDREN'S ADVOCACY							
T4-2817583 501(C)(3)	CENTER - PO BOX 2145 - SAN BENITO,							THERAPY FOR CHILD VICTIMS
112 LLE, TX 78523 LLE SOCIETY FOR CRIPPLED , ARA MOODY CLINIC - 1901 ST BROWNSVILLE, TX JUAN DIEGO 038 LLE, TX 78526 74-2797890 501(C)(3) 57,500. 0.	TX 78586	74-2817583	501(C)(3)	27,000.	0			OF ABUSE
TX 78523 TX 78523 TX 78523 TA-2209659 501(C)(3) SOCIETY FOR CRIPPLED A MOODY CLINIC - 1901 - BROWNSVILLE, TX 74-1195191 501(C)(3) TX 78526 TX 78526 TX 78526 TY 4-2797890 501(C)(3) TX 78526 TY 74-2797890 501(C)(3) TY 78526 TY 74-2797890 501(C)(3) TY 78526 TY 78526 TY 74-2797890 501(C)(3) TY 78526								
TX 78523 T4-2209659 501(C)(3) SOCIETY FOR CRIPPLED A MOODY CLINIC - 1901 - BROWNSVILLE, TX 74-1195191 501(C)(3) N DIEGO TX 78526 TX 78526 O. O. 90.000. 0. 40,000. 0. 10.000. 10	FRIENDSHIP OF WOMEN							
TX 78523	PO BOX 3112							DOMESTIC VIOLENCE
SOCIETY FOR CRIPPLED A MOODY CLINIC - 1901 - BROWNSVILLE, TX 74-1195191 501(C)(3) 40,000. 0. N DIEGO TX 78526 74-2797890 501(C)(3) 57,500. 0.		74-2209659	501(c)(3)	30,000.	0			PREVENTION PROGRAMMING
74-1195191 501(C)(3) 40,000. 0.	BROWNSVILLE SOCIETY FOR CRIPPLED							
74-1195191 501(C)(3) 40,000. 0. (2)	CHILDREN, AKA MOODY CLINIC - 1901							
74-1195191 501(C)(3) 40,000. 0. 74-2797890 501(C)(3) 57,500. 0.	E. 22ND ST BROWNSVILLE, TX							PHYSICAL, SPEECH AND
N DIEGO TX 78526 74-2797890 501(C)(3) 57,500.	78521	74-1195191	501(C)(3)	40,000.	0			OCCUPATIONAL THERAPY
IN DIEGO T4-2797890 501(C)(3) 57,500. 0.								
TX 78526 74-2797890 501(C)(3) 57,500.	PROYECTO JUAN DIEGO							HEALTH SCREENINGS,
TX 78526 74-2797890 501(C)(3) 57,500. 0.	PO BOX 8038							AFTERSCHOOL TUTORIALS AND
		74-2797890	501(c)(3)	57,500.	0			EARLY LEARNING LITERACY

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

74-1241385

CAMERON COUNTY

Schedule I (Form 990)

Page 1 인 OCCUPATIONAL TRAINING FOR 암 IOMEWORK HELP AND TRIPLE READING INTERVENTION FOR READING INTERVENTION FOR OWER HOUR TUTORIALS AND IMMEDIATE AND NEAR TERM EDUCATION AND COACHING SKILLED ADULTS LEADING TUNDS ALLOCATED TOWARD JORKPLACE TRAINING AND HELP FAMILIES IMPROVE NEEDS OF ORGANIZATION FAMILY ENGAGEMENT FOR (h) Purpose of grant or assistance EVELOPMENT OF YOUTH FTERSCHOOL TUTORIAL CREDENTIALS AND JOB HIGH SCHOOL SUCCESS LAY HEALTHY HABITS OW INCOME AND LOW STRUGGLING READERS PROVIDES FINANCIAL STRUGGLING READERS PARTICIPANTS REDIT. ROGRAM (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation • 。 。 。 。 0 。 。 0 (e) Amount of noncash assistance 624. (d) Amount of cash grant 7,500. 000 30,000 20,000 7,396, 25,000 40,000, 25,000 10, 25, (c) IRC section if applicable 74-1835777 501(C)(3) 74-2768931 501(C)(3) 74-1835777 501(C)(3) 501(C)(3) 13-4103746 501(C)(3) 501(C)(3) 74-1211654 501(C)(3) 74-2746090 74-2534100 26-2152167 26-2152167 (**p**) EIN OF BROWNSVILLE - 901 E. LEVEE ST -COMMUNITY DEVELOPMENT CORPORATION COMMUNITIES IN SCHOOLS OF CAMERON GUADALUPE REGIONAL MIDDLE SCHOOI GOOD NEIGHBOR SETTLEMENT HOUSE (a) Name and address of organization or government LAGUNA MADRE YOUTH CENTER COUNTY - 700 E. LEVEE ST PORT ISABEL, TX 78578 BROWNSVILLE, TX 78520 PORT ISABEL, TX 78578 78520 TX 78520 78578 BROWNSVILLE, TX 78520 TX 78521 MERCEDES, TX 78570 GARRIGA ELEMENTARY DERRY ELEMENTARY ΤX 1254 E. TYLER ST ΤX 417 S. OHIO AVE ST1214 LINCOLN ST 1702 SECOND ST 200 WEST ADAMS 190 PORT ROAD 901 E. LEVEE PORT ISABEL, BROWNSVILLE, BROWNSVILLE, BROWNSVILLE, LA PUERTA

Schedule I (Form 990)

Page 1

74-1241385

UNITED WAY OF SOUTHERN

Schedule I (Form 990) CAMERON COUNTY

HOMELESS AND FAMILIES IN HOUSING AND SHELTER FOR (h) Purpose of grant or assistance NEED (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of noncash assistance (d) Amount of cash grant 40,000. (c) IRC section if applicable 74-2740560 501(C)(3) (**p**) EIN (a) Name and address of organization or government BROWNSVILLE, TX 78521 656 N MINNESOTA AVE OZANAM CENTER

232241 04-01-22

Schedule I (Form 990)

Page 2

74-1241385

UNITED WAY OF SOUTHERN

CAMERON COUNTY

Schedule I (Form 990) 2022

Part III

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) TO PROVIDE QUARTERLY PROGRAM OUTCOME REPORTS Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b); and any other additional information. AND FINANCIAL REPORTS FOR THE FUNDS UWSCC GRANTS TO THEM. ADDITIONALLY (d) Amount of non-cash assistance FUNDED PROGRAMS (c) Amount of cash grant (b) Number of recipients 990 FOR GOVERNMENT: VIDA FORMS ARE REQUIRED THE AUDITS AND (H) (a) Type of grant or assistance COLUMN OR ORGANIZATION FUNDED PROGRAMS N UWSCC REVIEWS LINE LINE H NAME OF PART I Part IV PART

Schedule I (Form 990) 2022

(H) PURPOSE OF GRANT OR ASSISTANCE: OCCUPATIONAL TRAINING FOR LOW INCOME

AND LOW SKILLED ADULTS LEADING TO CREDENTIALS AND JOB PLACEMENT

232102 10-31-22

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

UNITED WAY OF SOUTHERN

Employer identification number

CAMERON COUNTY	74-1241385
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
THE UNITED WAY OF SOUTHERN CAMERON COUNTY'S MISSION IS TO	"IMPROVE
LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADV	ANCE THE
COMMON GOOD".	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
COMMUNITY INVESTMENT: FOR GENERAL COMMUNITY IMPACT/INVESTM	ENT
ACTIVITIES THAT BENEFIT THE COMMUNITY AS A WHOLE.	
EXPENSES \$ 887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE PRESIDENT AND CEO OF UNITED WAY WILL EMAIL EACH BOARD	MEMBER A COPY OF
THE FORM 990 FOR REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A QUESTIONNAIRE IS CIRCULATED TO THE BOARD OF DIRECTORS, O	FFICERS, AND
EMPLOYEES ANNUALLY TO DETERMINE WHETHER THERE ARE ANY CONF	LICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS	THE COMPENSATION
OF THE CEO AND COMPARES WITH NATIONAL, STATE AND LOCAL COM	PENSATION DATA TO
DETERMINE IF THE COMPENSATION IS REASONABLE AND IF ANY CHA	NGES ARE
REQUIRED. THE CEO OF UNITED WAY OF SOUTHERN CAMERON COUNTY	REVIEWS AND
DETERMINES COMPENSATION FOR ALL OTHER EMPLOYEES.	

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED WAY OF SOUTHERN CAMERON COUNTY	Employer identification number 74–1241385
FORM 990, PART VI, SECTION C, LINE 19:	
GENERAL INFORMATION IS AVAILABLE ON THE UNITED WAY OF SOUT	HERN CAMERON
COUNTY'S WEBSITE AND SPECIFIC GOVERNING DOCUMENTS ARE AVAI	LABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R

(Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

Open to Public Inspection 2022

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. UNITED WAY OF SOUTHERN

Employer identification number 74-1241385

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

CAMERON COUNTY

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) Tend-of-year assets		(f) Direct controlling	
of disregarded entity		foreign country)			<u> </u>	enuty	
			×				
				-			
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization an	nswered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one o	v more related tax-exe	mpt	
(a)	(q)	(၁)	(p)	(e)	(£)	(g)	0(5,749)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	kel kel
of related organization		foreign country)	section	status (if section	entity	entity?	,,
				((E)(3))		Yes	٤
BROWNSVILLE FOUNDATION FOR HEALTH AND							
EDUCATION, 634 E. LEVEE ST, BROWNSVILLE, TX				LINE 12D,			

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

Schedule R (Form 990) 2022

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N/A

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CAMERON COUNTY

Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets		ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Perc	(k) centage nership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	yanizations Taxable a rporation or trust durin	s a Corpor g the tax ye	ation or Trust. Co	omplete if the	e organization	answered "Ye	ss" on Form	990, Part IV	, line 34,	because it ha	d one or	more re	lated
(a) Name, address, and EIN of related organization	<u> </u>	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ing Type c (C corp	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	al	(g) Share of end-of-year assets	(h) Percentage ownership	ge Sac Sec Sac ip contraction and	(i) Section 512(b)(13) controlled entity?
232162 09-14-22										Sche	Schedule R (Form 990) 2022	orm 99(0) 2022

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UNITED WAY OF SOUTHERN CAMERON COUNTY

Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed in	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	^
Gift, grant, or capital contribution from related organization(s)				1c X	_
d Loans or loan guarantees to or for related organization(s)				19	×
E Loans or loan quarantees by related organization(s)				1e	
Dividends from related organization(s)				11	
g Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)				1h	_
Exchange of assets with related organization(s)				i=	
Lease of facilities, equipment, or other assets to related organization(s)				1j	Ĥ
Lease of facilities, equipment, or other assets from related organization(s)				¥	×
Performance of services or membership or fundraising solicitations for related orgi	related organization(s)			X	\dashv
m Performance of services or membership or fundraising solicitations by related orga	elated organization(s)			-1m	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	-
o Sharing of paid employees with related organization(s)				9	-
Reimbursement paid to related organization(s) for expenses				=	4
q Reimbursement paid by related organization(s) for expenses				19	
Other transfer of cash or property to related organization(s)				۲	×
Other transfer of cash or property from related organization(s)				\$ -	_
s for infor	who must complete th	is line, including covered re	mation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	t involved	
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BROWNSVILLE FOUNDATION FOR HEALTH AND EDUCATION	ц	12,000.			
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UNITED WAY OF SOUTHERN

CAMERON COUNTY Schedule R (Form 990) 2022 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income Are all Patters se. (related, unrelated, sociol(3) excluded from tax under sections 512-514)	(f) Are all Share of 50/10/13 total Tess No income	(g) Share of end-of-year assets	Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing partner?	(k) Percentage ownership

Schedule R	(Form 990) 2022	CAMERON	COUNTY	74-1241385 Page 5
Part VII	(Form 990) 2022 Supplemental Info	rmation		
			es to questions on Schedule R. See instructions.	
	T TOVIGO additional linton	nation for response	no to quoditorio di Contoquio III coo mottaditorio.	
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