

UNITED WAY OF THE CROSSROADS
104 S WILLIAM ST
VICTORIA, TX 77901
ATTENTION: BETHANY CASTRO

DEAR BETHANY:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

RANDY L. WALKER, CPA

Return of Organization Exempt From Income Tax

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE CROSSROADS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 104 S WILLIAM ST City or town, state or province, country, and ZIP or foreign postal code VICTORIA, TX 77901	D Employer identification number 74-6024990 E Telephone number (361) 578-3561
F Name and address of principal officer: BETHANY CASTRO SAME AS C ABOVE		G Gross receipts \$ 762,495. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDWAYCROSSROADS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1946 M State of legal domicile: TX

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE CROSSROADS WORKS TO ADVANCE THE COMMON GOOD. - SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7	
	6 Total number of volunteers (estimate if necessary)	6	60	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 698,937.	Current Year 754,920.
9 Program service revenue (Part VIII, line 2g)		695.	4,907.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		366.	859.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,058.	1,809.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		718,056.	762,495.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	499,909.	489,550.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	156,457.	183,474.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	92,057.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,300.	97,745.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	768,666.	770,769.	
19 Revenue less expenses. Subtract line 18 from line 12	-50,610.	-8,274.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 584,551.	End of Year 580,214.	
	21 Total liabilities (Part X, line 26)	491,727.	495,664.	
	22 Net assets or fund balances. Subtract line 21 from line 20	92,824.	84,550.	

Part II Signature Block

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

Sign Here	Signature of officer BOBBY CUBRIEL, PRESIDENT	Date
Paid Preparer Use Only	Print/Type preparer's name RANDY L. WALKER, CPA	Preparer's signature
	Firm's name RANDY WALKER & CO	Date
	Firm's address 7800 IH 10 WEST, STE. 505 SAN ANTONIO, TX 78230	Check if self-employed <input type="checkbox"/> PTIN P00963779
		Firm's EIN 20-3992693
		Phone no. 210-366-9430

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MOBILIZE AND SUPPORT A UNITED AND RESILIENT CROSSROADS COMMUNITY THAT CREATES OPPORTUNITIES FOR EVERY PERSON TO HAVE ACCESS TO A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH. - SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 \$ 603,873. including grants of \$ 489,550.) (Revenue \$ 4,907.) UNITED WAY OF THE CROSSROADS (UWC) WORKS TO ADVANCE THE COMMON GOOD IN THE RURAL CROSSROADS REGION (VICTORIA, DEWITT, LAVACA AND GOLIAD COUNTIES AND THE CITY OF GONZALES) BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL THROUGH ACTIVE LEADERSHIP, COLLABORATION AND PARTICIPATION ACROSS THE REGION WITH GOVERNMENTS, BUSINESSES, OTHER NON-PROFITS AND VOLUNTEERS.

UWC HAS FOUR MAIN FOCUS AREAS: 1) YOUTH SUCCESS: HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL; 2) FINANCIAL STABILITY: HELPING FAMILIES BECOME STABLE AND INDEPENDENT; 3) HEALTH: IMPROVING PEOPLE'S HEALTH AND 4) DISASTER RELIEF & RECOVERY (INCLUDING COVID). CONTINUED ON SCHED O

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

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

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

4e Total program service expenses 603,873.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and organizational activities.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MICHAEL S. KLINGLE, CPA, LLP - (361) 578-2721
202 E SANTA ROSA STREET, VICTORIA, TX 77901

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETHANY CASTRO EXECUTIVE DIRECTOR	40.00	X		X				69,000.	0.	3,172.
(2) DERRICK HUNT BOARD MEMBER	1.00	X						0.	0.	0.
(3) HEIDI SHOOK BOARD MEMBER	1.00	X						0.	0.	0.
(4) DON KINSEY BOARD MEMBER	1.00	X						0.	0.	0.
(5) TERI MOTEN BOARD MEMBER	1.00	X						0.	0.	0.
(6) DONALD JIRKOVSKY BOARD MEMBER	1.00	X						0.	0.	0.
(7) CALEB STAUDT BOARD MEMBER	1.00	X						0.	0.	0.
(8) GLENDA GIBBS BOARD MEMBER	1.00	X						0.	0.	0.
(9) LAUREN WELCH BOARD MEMBER	1.00	X						0.	0.	0.
(10) BOBBY CUBRIEL PRESIDENT ELECT	3.00	X						0.	0.	0.
(11) JOSHUA HANCHETT PRESIDENT	3.00	X		X				0.	0.	0.
(12) ALLISON LACEY VICE PRESIDENT	3.00	X		X				0.	0.	0.
(13) MIKE ELGIN TREASURER	3.00	X		X				0.	0.	0.
(14) REGINA MAY SECRETARY	3.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							69,000.	0.	3,172.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							69,000.	0.	3,172.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	75,246.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	679,674.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		754,920.			
Program Service Revenue	2 a	IMPACT WORK	Business Code				
			900999	4,907.	4,907.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		4,907.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		859.		859.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	1,809.			
			8b	0.			
c	Net income or (loss) from fundraising events		1,809.		1,809.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a				
			9b				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a				
			10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		762,495.	4,907.	0.	2,668.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	489,550.	489,550.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	73,160.	36,020.	18,570.	18,570.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	91,224.	45,805.	23,259.	22,160.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,832.	2,086.	1,873.	1,873.
10 Payroll taxes	13,258.	6,629.	3,381.	3,248.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,051.	67.	12,942.	42.
12 Advertising and promotion	12,505.	3,126.		9,379.
13 Office expenses	27,480.	379.	474.	26,627.
14 Information technology	10,243.	3,408.	3,644.	3,191.
15 Royalties				
16 Occupancy	5,343.	1,764.	1,870.	1,709.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,462.	10,006.	2,283.	173.
20 Interest				
21 Payments to affiliates	7,764.	2,718.	2,717.	2,329.
22 Depreciation, depletion, and amortization	850.		850.	
23 Insurance	2,742.	954.	954.	834.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	3,300.	660.	1,320.	1,320.
b DUES AND SUBSCRIPTIONS	2,005.	701.	702.	602.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	770,769.	603,873.	74,839.	92,057.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	389,626.	1	377,266.
	2 Savings and temporary cash investments	64,911.	2	65,562.
	3 Pledges and grants receivable, net	126,353.	3	134,646.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	747.	9	676.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,847.		
	b Less: accumulated depreciation	10b 12,233.	2,464.	10c 1,614.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	450.	15	450.
16 Total assets. Add lines 1 through 15 (must equal line 33)	584,551.	16	580,214.	
Liabilities	17 Accounts payable and accrued expenses	1,727.	17	3,114.
	18 Grants payable	490,000.	18	492,550.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	491,727.	26	495,664.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,029.	27	10,003.
	28 Net assets with donor restrictions	49,795.	28	74,547.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	92,824.	32	84,550.
	33 Total liabilities and net assets/fund balances	584,551.	33	580,214.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	762,495.
2	Total expenses (must equal Part IX, column (A), line 25)	2	770,769.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92,824.
5	Net unrealized gains (losses) on investments	5	
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	84,550.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	874,762.	720,714.	708,015.	698,937.	754,920.	3757348.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	874,762.	720,714.	708,015.	698,937.	754,920.	3757348.
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)						103,817.
6 Public support. Subtract line 5 from line 4.						3653531.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	874,762.	720,714.	708,015.	698,937.	754,920.	3757348.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	633.	587.	52.	366.	859.	2,497.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	40,212.		13,213.	17,020.	1,809.	72,254.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		5,219.	900.	1,038.		7,157.
11 Total support. Add lines 7 through 10						3839256.
12 Gross receipts from related activities, etc. (see instructions)					12	5,602.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.16 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.15 %
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 stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	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)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	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.		
5	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.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2019 AMOUNT: \$ 5,219.

2020 AMOUNT: \$ 900.

2021 AMOUNT: \$ 1,038.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY OF THE CROSSROADS Employer identification number 74-6024990

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art collections and reporting requirements.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,847.	12,233.	1,614.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,614.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	772,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	9,600.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,600.	
3	Subtract line 2e from line 1	3	762,495.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	762,495.	

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

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

1	Total expenses and losses per audited financial statements		1	780,369.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,600.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,600.	
3	Subtract line 2e from line 1	3	770,769.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	770,769.	

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 IS A NONPROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE ("CODE") AND COMPARABLE STATE LAW, AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION DID NOT CONDUCT ANY UNRELATED BUSINESS ACTIVITIES IN THE CURRENT FISCAL YEAR. THEREFORE, THE ORGANIZATION HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION APPLIES THE PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION

Part XIII Supplemental Information (continued)

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TOPIC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE CROSSROADS** Employer identification number **74-6024990**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BILLY T. CATTAN RECOVERY OUTREACH 1908 N. LAURENT, SUITE 120 VICTORIA, TX 77901		I.R.C. 501(C)(3)	27,200.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
BOYS & GIRLS CLUB OF CUERO 1310 E. COURTHOUSE ST CUERO, TX 77954		I.R.C. 501(C)(3)	13,000.	0.			EDUCATION AND MENTORING
BOYS & GIRLS CLUB OF VICTORIA 202 HOPKINS ST. VICTORIA, TX 77901		I.R.C. 501(C)(3)	35,000.	0.			EDUCATION AND MENTORING
COMMUNITIES IN SCHOOLS OF THE GOLDEN CRESCENT - 120 S. MAIN, SUITE 501 - VICTORIA, TX 77902		I.R.C. 501(C)(3)	20,000.	0.			EDUCATION AND MENTORING
COMMUNITY ACTION COMMITTEE OF VICTORIA - 4407 HALSEY - VICTORIA, TX 77904		I.R.C. 501(C)(3)	20,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
FOOD BANK OF THE GOLDEN CRESCENT 3809 E. RIO GRANDE VICTORIA, TX 77903		I.R.C. 501(C)(3)	29,000.	0.			FOOD, CLOTHING AND SHELTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN CRESCENT CASA 120 S. MAIN, SUITE 416 VICTORIA, TX 77902		I.R.C. 501(C)(3)	18,900.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
GOLDEN CRESCENT HABITAT FOR HUMANITY - 4103 N NAVARRO, SUITE 200 - VICTORIA, TX 77901		I.R.C. 501(C)(3)	12,000.	0.			FOOD, CLOTHING AND SHELTER
GULF BEND CENTER 6502 NURSERY DR. VICTORIA, TX 77904		I.R.C. 501(C)(3)	24,000.	0.			FOOD, CLOTHING AND SHELTER
HOPE OF SOUTH TEXAS 111 N. GLASS ST. VICTORIA, TX 77901		I.R.C. 501(C)(3)	25,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
MEALS ON WHEELS SOUTH TEXAS 603 E. MURRAY VICTORIA, TX 77901		I.R.C. 501(C)(3)	37,500.	0.			FOOD, CLOTHING AND SHELTER
MID-COAST FAMILY SERVICES 1801 N. LAURENT VICTORIA, TX 77901		I.R.C. 501(C)(3)	90,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE
PERPETUAL HELP HOME 705 E. SANTA ROSA VICTORIA, TX 77903		I.R.C. 501(C)(3)	40,000.	0.			FOOD, CLOTHING AND SHELTER
PROSPERA HOUSING COMMUNITY SERVICES - 3419 NACOGDOCHES RD - SAN ANTONIO, TX 78217		I.R.C. 501(C)(3)	15,000.	0.			FOOD, CLOTHING AND SHELTER
STARS CLINIC 117 MEDICAL DR., SUITE 4 VICTORIA, TX 77901		I.R.C. 501(C)(3)	25,000.	0.			HEALTH EDUCATION AND PREVENTIVE CARE

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

UNITED WAY OF THE CROSSROADS ACCEPTS GRANT APPLICATIONS IN APRIL OF EACH YEAR AND HAS A THOROUGH REVIEW PROCESS OF EACH APPLICATION BY A COMMITTEE OF UP TO 20 VOLUNTEERS. THE COMMITTEE VISITS EACH AGENCY'S SITE AND DEVELOPS AN ASSESSMENT ON NEEDS AND RESOURCES OF THE AGENCY. GRANT HEARINGS ARE CONDUCTED DURING A THREE DAY PERIOD IN WHICH EACH AGENCY'S CEO AND TREASURER MAKE A PRESENTATION AND RESPOND TO COMMITTEE QUESTIONS.

AFTER THE COMMITTEE RECOMMENDS ALLOCATIONS, THE EXECUTIVE COMMITTEE,

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

FORM 990, PART I, LINE 1 - MISSION

UNITED WAY OF THE CROSSROADS WORKS TO ADVANCE THE COMMON GOOD. THIS

MEANS CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL. THIS IS

ACCOMPLISHED THROUGH OUR FUNDING OF PROGRAMS AND INITIATIVES PROVIDED

BY PARTNER AGENCIES, PARTICIPATION IN COLLABORATIVE EFFORTS AND

INVOLVING OUR COMMUNITY IN SOLUTIONS THAT BENEFIT ALL OF US. WHEN WE

REACH OUT A HAND TO ONE, WE INFLUENCE THE CONDITION OF ALL. OUR

LEADERSHIP UNDERSTANDS THAT WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL,

WHEN FAMILIES ARE FINANCIALLY STABLE AND WHEN PEOPLE HAVE GOOD HEALTH.

THESE RESULTS AND CHANGES HAVE BENEFITS THAT RIPPLE OUT TO THE

COMMUNITY AS A WHOLE.

MORE THAN 60 YEARS, UNITED WAY OF THE CROSSROADS HAS HELD A REPUTATION

AS OUR COMMUNITY'S FUNDRAISER, BUT UNITED WAY DOESN'T JUST RAISE MONEY.

TODAY'S UNITED WAY IS A FOCUSED, RESULTS-DRIVEN SYSTEM WORKING

YEAR-ROUND TO CHANGE COMMUNITY CONDITIONS AND CREATE LASTING SOLUTIONS.

MUCH LIKE A "GENERAL CONTRACTOR" MANAGES ALL ASPECTS OF CONSTRUCTING A

BUILDING, WE MANAGE PEOPLE AND RESOURCES TO CREATE LASTING, POSITIVE

SOLUTIONS IN LIVES THAT NEED IT MOST. THROUGH STRONG PARTNERSHIPS WITH

VOLUNTEERS, LOCAL BUSINESS, GOVERNMENT AND NONPROFIT ORGANIZATIONS,

UNITED WAY ACCOMPLISHES WHAT NO ONE CAN DO ALONE.

THERE ARE BASIC THINGS THAT WE ALL NEED FOR A GOOD LIFE: A QUALITY

EDUCATION THAT LEADS TO A STABLE JOB, INCOME THAT CAN SUPPORT A FAMILY

THROUGH RETIREMENT, AND GOOD HEALTH. TOGETHER, WE CAN BUILD A BETTER

COMMUNITY IN VICTORIA, GOLIAD, DEWITT AND LAVACA COUNTIES AND THE CITY

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF THE CROSSROADS	Employer identification number 74-6024990
--	--

OF GONZALES.

FORM 990, PART III, LINE 1

MISSION: TO MOBILIZE AND SUPPORT A UNITED AND RESILIENT CROSSROADS
 COMMUNITY THAT CREATES OPPORTUNITIES FOR EVERY PERSON TO HAVE ACCESS TO
 A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO
 SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH.

VISION: WE WILL BUILD STRONGER, SAFER, AND HEALTHIER COMMUNITIES BY
 ENERGIZING AND INSPIRING PEOPLE TO MAKE A DIFFERENCE AND TOGETHER
 IMPROVE PEOPLE'S LIVES. TO DO, THIS WE WILL:

(1) ENERGIZE AND INSPIRE PEOPLE TO MAKE A DIFFERENCE, (2) CRAFT HUMAN
 CARE AGENDAS WITHIN AND ACROSS OUR COMMUNITIES, (3) BUILD COALITIONS
 AND PARTNERSHIPS AROUND THESE AGENDAS, (4) INCREASE INVESTMENTS IN
 THESE AGENDAS BY EXPANDING AND DIVERSIFYING OUR OWN DEVELOPMENT EFFORTS
 AND SUPPORTING THOSE OF OTHERS, (5) MEASURE, COMMUNICATE, AND LEARN
 FROM THE IMPACT OF OUR EFFORTS AND (6) REFLECT THE DIVERSITY OF THE
 COMMUNITIES WE SERVE.

STRATEGIC GOAL: TO ACHIEVE MEASURABLE RESULTS IN THREE AREAS: (1)
 EDUCATION - HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL, (2) INCOME -
 HELPING FAMILIES BECOME STABLE AND INDEPENDENT AND (3) HEALTH -
 IMPROVING PEOPLE'S HEALTH.

FORM 990, PART III, LINE 4A

UNITED WAY OF THE CROSSROADS (UWC) WORKS TO ADVANCE THE COMMON GOOD IN

Name of the organization UNITED WAY OF THE CROSSROADS	Employer identification number 74-6024990
--	--

THE RURAL CROSSROADS REGION (VICTORIA, DEWITT, LAVACA AND GOLIAD COUNTIES AND THE CITY OF GONZALES) BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL THROUGH ACTIVE LEADERSHIP, COLLABORATION AND PARTICIPATION ACROSS THE REGION WITH GOVERNMENTS, BUSINESSES, OTHER NON-PROFITS AND VOLUNTEERS.

UWC HAS FOUR MAIN FOCUS AREAS:

- (1) YOUTH SUCCESS: HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL
 - IMPROVING ACCESS TO QUALITY, AFFORDABLE CHILD CARE
 - PROVIDING AFTER-SCHOOL AND MENTORING PROGRAMS FOR AT-RISK YOUTH
 - PARTNERING WITH SCHOOLS AND PARENTS

LOCAL ORGANIZATIONS PARTNERING IN THESE EFFORTS: THE BOYS & GIRLS CLUB OF VICTORIA, THE BOYS & GIRLS CLUB OF CUERO, COMMUNITIES IN SCHOOLS OF THE GOLDEN CRESCENT, THE YMCA OF THE GOLDEN CRESCENT, AND GOLDEN CRESCENT CASA.

- (2) FINANCIAL STABILITY: HELPING FAMILIES BECOME STABLE AND INDEPENDENT
 - SUPPORTING BASIC NEEDS
 - HELPING PEOPLE OBTAIN JOB TRAINING AND FAMILY SUSTAINING WAGES
 - INCREASING AFFORDABLE HOUSING FOR FAMILIES

LOCAL ORGANIZATIONS PARTNERING IN THESE EFFORTS: GOLDEN CRESCENT HABITAT FOR HUMANITY, GULF BEND CENTER- WELLNESS COMMUNITY, PERPETUAL HELP HOME, PROSPERA HOUSING COMMUNITY SERVICES, AND MID-COAST FAMILY SERVICES.

Name of the organization UNITED WAY OF THE CROSSROADS	Employer identification number 74-6024990
--	--

(3) HEALTH: IMPROVING PEOPLE'S HEALTH

- INCREASING ACCESS TO CRITICAL HEALTHCARE SERVICES
- REDUCING SUBSTANCE ABUSE, CHILD ABUSE AND DOMESTIC VIOLENCE
- INCREASING HEALTH EDUCATION AND PREVENTIVE CARE
- INCREASING ACCESS TO NUTRITIONAL FOOD

LOCAL ORGANIZATIONS PARTNERING IN THESE EFFORTS: BILLY T. CATTAN RECOVERY OUTREACH, HOPE OF SOUTH TEXAS, COMMUNITY ACTION COMMITTEE OF VICTORIA, THE STARS CLINIC, VICTORIA CHRISTIAN ASSISTANCE MINISTRY, MEALS ON WHEELS SOUTH TEXAS, AND FOOD BANK OF THE GOLDEN CRESCENT.

(4) DISASTER RELIEF & RECOVERY (INCLUDING COVID)

ASSIST AGENCIES AND INDIVIDUALS WITH:

- RENT ASSISTANCE
- FOOD DELIVERIES AND DISTRIBUTION
- TEMPORARY HOUSING
- HOME REPAIRS
- ACCESS TO SERVICES AND CARE

THESE 17 SUPPORTED PROGRAMS RUN BY LOCAL AGENCIES ARE DESCRIBED IN FURTHER DETAIL BELOW. MORE THAN 24,000 ARE SERVED ANNUALLY BY THESE PROGRAMS. MORE THAN 60 VOLUNTEERS SPEND THEIR TIME AND TALENTS ASSISTING IN THESE EFFORTS.

FORM 990, PART III, LINE 4A - CONTINUATION 1 OF 2

BRIEF DESCRIPTION OF EACH OF THE 17 LOCAL PARTNER AGENCIES:

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AMERICAN RED CROSS

THE AMERICAN RED CROSS IS A HUMANITARIAN ORGANIZATION WHERE PEOPLE
MOBILIZE TO HELP THEIR NEIGHBORS ACROSS THE STREET, ACROSS THE COUNTY
AND ACROSS THE WORLD IN EMERGENCIES. LOCALLY, THE AMERICAN RED CROSS
FULFILLS IMMEDIATE NEEDS FOR FOOD, CLOTHING AND SHELTER TO THOSE
DISPLACED AND TAKES AN ACTIVE ROLE IN PREPARING THE COMMUNITY FOR
HURRICANES. RED CROSS HEALTH AND SAFETY SERVICES PROVIDES HEALTH AND
SAFETY TRAINING CLASSES TO THE COMMUNITY AND TEACH CPR/AED AND FIRST
AID IN THE WORKPLACE.

P: 361-850-4120/WEBSITE: WWW.REDCROSS.ORG/TX/VICTORIA/

*DID NOT APPLY FOR GRANT FUNDS IN 2023-2024 SO NOT PART OF THE REPORTED
ALLOCATIONS FOR THIS FY.

BILLY T. CATTAN RECOVERY OUTREACH

BILLY T. CATTAN RECOVERY OUTREACH, INC. (BTCRO) IS A FAITH-BASED,
NON-PROFIT FACILITY THAT PROVIDES ADULT OUTPATIENT SUBSTANCE-USE
DISORDER AND CO-OCCURRING PSYCHIATRIC DISORDER TREATMENT. BTCRO
PROVIDES GROUP PROCESS, INDIVIDUAL COUNSELING. LIVING IN BALANCE, AND
UTILIZES THE 12-STEP PROGRAMS OF AA, NA AND AL-ANON.

P: 361-576-4673; F: 361-576-6557/WEBSITE: WWW.BTCRO.ORG

BOYS & GIRLS CLUB OF VICTORIA

THE BOYS & GIRLS CLUB OF VICTORIA PROVIDES DIVERSIFIED ACTIVITIES THAT
MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE
ACTIVITIES WITH PEERS, AND FAMILY MEMBERS THAT ENABLE YOUTH TO ENHANCE
SELF-ESTEEM AND FULFILL THEIR POTENTIAL. BASED ON THE PHYSICAL,
EMOTIONAL, CULTURAL, AND SOCIAL NEEDS AND INTERESTS OF BOYS AND GIRLS,
AND DEVELOPING PRINCIPLES, THE CLUB OFFERS DIVERSIFIED PROGRAM

Name of the organization

UNITED WAY OF THE CROSSROADS

Employer identification number

74-6024990

ACTIVITIES.

P: 361-573-4411/WEBSITE: BGCVICTORIA.ORG

BOYS & GIRLS CLUB OF CUERO

THE BOYS & GIRLS CLUB OF CUERO PROVIDES DIVERSIFIED ACTIVITIES THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE ACTIVITIES WITH PEERS, AND FAMILY MEMBERS THAT ENABLE YOUTH TO ENHANCE SELF-ESTEEM AND FULFILL THEIR POTENTIAL. BASED ON THE PHYSICAL, EMOTIONAL, CULTURAL, AND SOCIAL NEEDS AND INTERESTS OF BOYS AND GIRLS, AND DEVELOPING PRINCIPLES, THE CLUB OFFERS DIVERSIFIED PROGRAM ACTIVITIES WITH THE UWC GRANT SUPPORTING SUMMER PROGRAMMING.

P: 361-524-0005

COMMUNITY ACTION COMMITTEE OF VICTORIA

COMMUNITY ACTION COMMITTEE OF VICTORIA: PROVIDES RELOCATION AND/OR RENTAL ASSISTANCE TO LOW-INCOME RESIDENTS, ASSISTS WITH UTILITY BILLS, INCLUDING WATER, AND WEATHERIZES HOMES TO REDUCE THE ELECTRICAL BILLS. THE UWC GRANT SUPPORTS THEIR PROGRAM WHICH DELIVERS HOT, NOON MEALS M-F TO HOMEBOUND/DISABLED RESIDENTS AND PROVIDES A WELLNESS CHECK.

P: 361-578-2989 /WEBSITE: WWW.CACV.US

COMMUNITIES IN SCHOOLS OF THE GOLDEN CRESCENT

COMMUNITIES IN SCHOOLS (CIS) IS A DROP-OUT PREVENTION PROGRAM THAT HELPS YOUNG TEXANS STAY IN SCHOOL, SUCCESSFULLY LEARN AND PREPARE FOR LIFE. CIS COORDINATES COMMUNITY RESOURCES IN THE LOCAL SCHOOLS TO OFFER SUPPORT AND GUIDANCE TO STUDENTS AND THEIR FAMILIES. CIS STRIVES TO IMPROVE ATTENDANCE, ACADEMIC PERFORMANCE, BEHAVIOR AND TO DECREASE THE DROP-OUT RATE. CIS SERVES YOUTH IN ELEMENTARY, MIDDLE AND HIGH SCHOOLS

Name of the organization UNITED WAY OF THE CROSSROADS	Employer identification number 74-6024990
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USING A STRONG CASE MANAGEMENT, INTERDISCIPLINARY APPROACH TO HELPING STUDENTS.

P: 361-576-6066/WEBSITE: CISGCTX.ORG

FOOD BANK OF THE GOLDEN CRESCENT

THE FOOD BANK OF THE GOLDEN CRESCENT IS ONE OF 20 FOOD BANKS IN TEXAS - A CENTRAL CLEARING HOUSE WHICH SOLICITS, COLLECTS, STORES AND DISTRIBUTES EDIBLE SALVAGED AND SURPLUS FOODS. THE FOOD IS DISTRIBUTED TO INDIVIDUALS THROUGH NON-PROFIT AGENCIES WHO PROVIDE MEALS OR EMERGENCY FOOD TO NEEDY, ELDERLY OR SICK CLIENTS WITHOUT CHARGE.

THE FOOD BANK OF THE GOLDEN CRESCENT CURRENTLY SERVES OVER 100 AGENCIES IN THEIR 11 COUNTY SERVICE AREA OF CALHOUN, COLORADO, DEWITT, GOLIAD, GONZALES, JACKSON, LAVACA, MATAGORDA, REFUGIO, WHARTON AND VICTORIA.

P: 361-578-0591/WEBSITE: WWW.TFBGC.ORG

GOLDEN CRESCENT CASA

THE MISSION OF CASA (COURT APPOINTED SPECIAL ADVOCATES) IS TO UTILIZE TRAINED VOLUNTEERS APPOINTED BY THE COURT TO ADVOCATE FOR THE BEST INTEREST OF CHILDREN WHO HAVE BEEN ABUSED AND NEGLECTED AND ASSIST IN PLACING THEM IN NURTURING, PERMANENT HOMES.

A CASA VOLUNTEER GIVES A "VOICE" TO THE CHILD THEY ARE RESPONSIBLE FOR AND ACTS AS THE "EYES AND EARS" FOR A JUDGE. AS AN ADVOCATE FOR THEIR CHILD, THEY INVESTIGATE, RESEARCH, AND COMPLETE TASKS TO ENSURE THE SUCCESSFUL OUTCOME FOR THEIR CHILD'S FUTURE, WHILE GOING THROUGH A TEDIOUS, COURT AND FOSTER CARE PROCESS.

GOLDEN CRESCENT CASA SERVES NINE COUNTIES: CALHOUN, DEWITT, GOLIAD, GONZALES, JACKSON, LAVACA, REFUGIO AND VICTORIA.

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P: 361-573-3734/WEBSITE: WWW.GOLDENCRESCENTCASA.ORG

GOLDEN CRESCENT HABITAT FOR HUMANITY

HABITAT FOR HUMANITY IS A NON-PROFIT CHRISTIAN ECUMENICAL HOUSING

MINISTRY THAT BUILDS QUALITY, LOW COST HOMES IN PARTNERSHIP WITH

LOW-INCOME FAMILIES AND THE VICTORIA, DEWITT, GOLIAD, LAVACA, AND

JACKSON COUNTY COMMUNITIES. VOLUNTEERS BUILD THE HOUSES, WHICH ARE

FUNDED BY DONATIONS FROM FOUNDATIONS, CORPORATIONS, LOCAL BUSINESSES

AND INDIVIDUALS. QUALIFYING FAMILIES PURCHASE THEIR HOMES AT COST AND

PAY THE PURCHASE PRICE BACK OVER A 30-YEAR PERIOD WITH NO INTEREST.

THESE MONTHLY PAYMENTS CREATE A SUSTAINABLE FUNDING SOURCE AND ARE

RECYCLED INTO BUILDING MORE HOMES FOR OTHER NEEDY FAMILIES. PARTNER

FAMILIES ARE REQUIRED TO WORK 300 HOURS OF "SWEAT EQUITY" PER ADULT, 80

HOURS OF WHICH MUST BE EXPENDED ON THEIR OWN HOUSE.

P: 361-573-2511/WEBSITE: WWW.GOLDENCRESCENTHABITAT.ORG/

GULF BEND CENTER-WELLNESS COMMUNITY

THE WELLNESS COMMUNITY PROGRAM CARRIES OUT THE MISSION OF GULF BEND

CENTER BY PROVIDING THE OPPORTUNITY FOR SAFE HOUSING, THAT IS

AFFORDABLE, AND ENHANCES OVERALL WELLNESS AND LONG-TERM SUCCESS. GULF

BEND IS THE ONLY CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC IN OUR

7-COUNTY REGION AND SERVES AS OUR LOCAL MHMR.

P: 361-575-0611/WEBSITE: WWW.GULFBEND.ORG/

HOPE OF SOUTH TEXAS

HOPE OF SOUTH TEXAS IS A LOCAL CHILDREN'S ADVOCACY CENTER (CACs)

SERVING CHILDREN IN VICTORIA AND OUR SURROUNDING AREA WITH LOCAL

PROFESSIONALS INVESTIGATING AND PROSECUTING CHILD ABUSE WITH A

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COMMITTED BOARD OF DIRECTORS, DEDICATED DONORS, VOLUNTEERS, STAFF AND CORPORATE AND GOVERNMENT PARTNERS. HOPE OF SOUTH TEXAS PROVIDES YOUNG VICTIMS WITH THE UNIQUE SERVICES THEY NEED TO BEGIN THEIR JOURNEY TO HOPE, JUSTICE AND HEALING, EVALUATION AND ASSESSMENT. INFORMATION SHARING AND NETWORKING IS CRITICAL TO INNOVATION IN THE CHILD ABUSE FIELD. WE BELIEVE IN THE POWER OF A COLLECTIVE VOICE TO SUCCESSFULLY EFFECTUATE SYSTEMIC CHANGE THAT WILL IMPACT THE LIVES OF CHILDREN SCARRED BY VIOLENCE AND ABUSE.

P: 361-573-4673/WEBSITE: WWW.HOPECENTERSTX.ORG

MID-COAST FAMILY SERVICES

WORKS TO PREVENT AND END FAMILY VIOLENCE, HOMELESSNESS, SEXUAL ASSAULT, AND SUBSTANCE ABUSE AND PROVIDES: EMERGENCY SHELTER AND TRANSITIONAL HOUSING FOR VICTIMS OF FAMILY VIOLENCE AND/OR SEXUAL ASSAULT, PERMANENT HOUSING FOR CHRONICALLY HOMELESS HOUSEHOLDS, RENTAL ASSISTANCE, RAPE-CRISIS SERVICES, CHILD-ABUSE AND DRUG-ABUSE SERVICES WITH CHILDREN AND FAMILIES, ALONG WITH A MYRIAD OF SUPPORTIVE SERVICES.

P: 361-575-7842/WEBSITE: WWW.MIDCOASTFAMILY.ORG

PERPETUAL HELP HOME

PERPETUAL HELP HOME, INC. IS A CHRISTIAN BASED RESTORATIVE JUSTICE ORGANIZATION ASSISTING WOMEN BREAK THE CYCLE OF INCARCERATION, DRUG ADDICTION, AND HOMELESSNESS THROUGH MAKING LIFE CHANGES, REGARDLESS OF RACE, COLOR OR CREED. WOMEN ARE HELPED TO BECOME PRODUCTIVE MEMBERS OF SOCIETY WITH TRANSITIONAL SUPPORT, NEW LIFE-SKILLS TRAINING, AND PERMANENT SUPPORTIVE HOUSING.

P: 361-575-5335/WEBSITE: WWW.PERPETUALHELPHOME.ORG

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PROSPERA HOUSING COMMUNITY SERVICES

PROSPERA'S MISSION IS TO PROVIDE SAFE, HIGH-QUALITY AFFORDABLE HOUSING WITH SUPPORT SERVICES TO INDIVIDUALS AND FAMILIES IN NEED ACROSS SOUTH/CENTRAL TEXAS. BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH FACTORS SUCH AS SAFE NEIGHBORHOOD, HEALTH/HEALTHCARE, SOCIAL/COMMUNITY ENGAGEMENT, EDUCATION, AND ECONOMIC STABILITY FOR LOW-INCOME RESIDENTS, PROSPERA HELPS PEOPLE BECOME STRONGER AND MORE RESILIENT IN A SAFE HOUSING COMMUNITY WHILE ADDRESSING THEIR PERSONAL NEEDS AND GOALS FOR SUCCESS.

P: 210-821-4300/WEBSITE: WWW.PROSPERAHCS.ORG

STARS CLINIC

SOUTH TEXAS ASSESSMENT & REFERRAL SERVICES (STARS), FORMERLY KNOWN AS CHILD STUDY CLINIC, HAS SERVED THE VICTORIA COUNTY AREA SINCE 1964, FOCUSING ON CHILDREN WITH SPECIAL HEALTHCARE NEEDS. STARS PROVIDES THE FOLLOWING SERVICES: NEURO-DEVELOPMENTAL EVALUATIONS, PREEMIE DEVELOPMENTAL CLINICS, NUTRITIONAL SUPPORT, CONDITION OF CARE, SPECIALISTS/THERAPY REFERRAL AND A GENETICS CLINIC.

P: 361-575-0681; F: 575-0100/WEBSITE: WWW.STARSCLINIC.ORG

FORM 990, PART III, LINE 4A - CONTINUATION 2 OF 2

VICTORIA CHRISTIAN ASSISTANCE MINISTRY

VICTORIA CHRISTIAN ASSISTANCE MINISTRY (VCAM) PROVIDES CHARITABLE ASSISTANCE TO INDIVIDUALS AND FAMILIES IN THE VICTORIA AREA. IT IS POSITIONED AS A "SAFETY NET" FOR THE NEEDIEST MEMBERS OF OUR COMMUNITY FOCUSED ON PROVIDING THE ESSENTIAL SERVICES TO FAMILIES AND INDIVIDUALS IN A CRISIS SITUATION. EMERGENCY FOOD BOXES ARE DISTRIBUTED UP TO ONCE A MONTH TO FAMILIES, FOOD BOXES ARE PROVIDED TO CASE-MANAGERS FROM AREA

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NON-PROFIT AGENCIES FOR FAMILIES IN NEED AND LIMITED FINANCIAL ASSISTANCE IS GIVEN TO PREVENT THE LOSS OF UTILITY SERVICE, AND FOR ESSENTIAL PRESCRIPTION MEDICATIONS.

P: 361-572-0048/WEBSITE: WWW.VCAMVICTORIA.ORG

MEALS ON WHEELS SOUTH TEXAS

MEALS ON WHEELS SOUTH TEXAS PROVIDES SERVICES THAT SUPPORT SENIORS IN OUR COMMUNITY AS THEY AGE IN PLACE, WHERE THEY WANT TO BE. SERVICES INCLUDE HOME-DELIVERED MEALS, PET CARE ASSISTANCE, TRANSPORTATION WITHIN THE CITY OF VICTORIA, AND SOCIAL REASSURANCE PROGRAMMING. ITS HEADQUARTERS AT 603 E MURRAY DOUBLES AS THE CONNECTION CAF, WHERE SENIORS CONGREGATE FOR DAILY HOT LUNCH, BINGO TUESDAYS AND THURSDAYS, AND ACTIVITIES THROUGHOUT THE WEEK. MOWSTX PREPARES UP TO 500 MEALS DAILY, WHICH REACH SENIORS IN SEVERAL AREA COUNTIES.

P: 361-576-2189/WEBSITE: WWW.MOWSTX.ORG/

YMCA OF THE GOLDEN CRESCENT

THE BRIGGS FAMILY YMCA IN VICTORIA, TX IS PART OF A WORLDWIDE CHARITABLE NOT-FOR-PROFIT ORGANIZATION. THE MISSION OF THE YMCA IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL". AS A PREMIER SOCIAL SERVICE AGENCY, THE YMCA INCORPORATES OUR FOUR SPECIFIC CHARACTER VALUES OF RESPECT, RESPONSIBILITY, HONEST, AND CARING TO BUILD STRONG KIDS, STRONG FAMILIES, STRONG COMMUNITIES.

P: 361-575-0511/WEBSITE: WWW.YMCAGOLDENCRESCENT.ORG

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

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A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED.

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

ENFORCEMENT OF CONFLICTS POLICY ANNUALLY:

THE UNITED WAY OF THE CROSSROADS' BOARD MEMBERS ARE REQUIRED TO ANNUALLY
SUBMIT AN UPDATED "CONFLICT OF INTEREST POLICY & DISCLOSURE FORM."

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

THE SEARCH COMMITTEE & CHAIRMAN OF THE BOARD CONSULTED WITH BOTH THE UNITED
WAY WORLDWIDE [UWWW] AND UNITED WAY OF TEXAS [UWTX] AND ALSO REVIEWED
BENCHMARKING & MIDPOINT DATA FOR SIMILAR SIZE LOCAL UNITED WAY
ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18:

UPON REQUEST

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF
THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE
SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR
YEAR.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

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UNITED WAY OF THE CROSSROADS

104 S WILLIAM ST

VICTORIA, TX 77901

EMPLOYER IDENTIFICATION NUMBER: 74-6024990

FOR THE YEAR ENDING JUNE 30, 2023

UNITED WAY OF THE CROSSROADS IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.