

Filing Instructions

UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY

Exempt Organization Tax Return

Taxable Year Ended June 30, 2025

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 6/30/25 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Lawrence, Blackburn, Meek, Maxey & Co.
2920 Eastex Fwy
Beaumont, TX 77703-4643

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

**UNITED WAY OF BEAUMONT &
NORTH JEFFERSON COUNTY**

EIN or SSN

74-1200117

Name and title of officer or person subject to tax

**KARYN HUSBANDS
PRESIDENT**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,293,871
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Lawrence, Blackburn, Meek, Maxey & to enter my PIN 00117 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 02/27/26

Part III Certification and Authentication

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

76171977703

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 02/27/26

ERO Must Retain This Form — See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2024
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

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 BEAUMONT & NORTH JEFFERSON COUNTY		D Employer identification number 74-1200117
	Doing business as		E Telephone number 409-835-4575
	Number and street (or P.O. box if mail is not delivered to street address) 700 NORTH STREET SUITE H		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code BEAUMONT TX 77701		G Gross receipts \$ 2,254,368
F Name and address of principal officer: KARYN HUSBANDS 700 NORTH STREET BEAUMONT TX 77701			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
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.UWBMT.ORG H(c) Group exemption number			
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: 1952
			M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE VISIONARY LEADERSHIP IN UNITING THE COMMUNITY'S RESOURCES OF DONORS, VOLUNTEERS, AND NONPROFIT ORGANIZATIONS TO ADDRESS COMMUNITY NEEDS IN A TRUSTWORTHY AND ACCOUNTABLE WAY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4	
	6 Total number of volunteers (estimate if necessary)	6	516	
	7a 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			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,108,880	1,195,368	
	9 Program service revenue (Part VIII, line 2g)		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,713	97,146	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,321	1,357	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,175,272	1,293,871		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	819,579	769,480	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	228,635	278,639	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	112,570		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	249,937	171,651	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,298,151	1,219,770		
19 Revenue less expenses. Subtract line 18 from line 12	-122,879	74,101		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,844,974	6,681,577	
	21 Total liabilities (Part X, line 26)	1,107,602	1,271,516	
22 Net assets or fund balances. Subtract line 21 from line 20	5,737,372	5,410,061		

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		Date	
	KARYN HUSBANDS Type or print name and title		PRESIDENT	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Julia F. Hayes			P00080882
	Firm's name	Firm's EIN		
Lawrence, Blackburn, Meek, Maxey & Co.		76-0001095		
Firm's address		Phone no.		
2920 Eastex Fwy Beaumont, TX 77703-4643		409-898-7610		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROVIDE VISIONARY LEADERSHIP IN UNITING THE COMMUNITY'S RESOURCES OF DONORS, VOLUNTEERS, AND NONPROFIT ORGANIZATIONS TO ADDRESS COMMUNITY NEEDS IN A TRUSTWORTHY AND ACCOUNTABLE WAY

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

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

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

4a (Code:) (Expenses \$ 960,920 including grants of \$ 769,480) (Revenue \$) Allocatons to partner agencies to support programs that focus on areas of education, income and health. Partner agencies submit annually a comprehensive applicaton that is reviewed by the allocation committee to determine the number of individuals served by the program, the intended benefits of the program, and how the agency measures the success of the program. Representatives of the partner agencies submit the application to the allocation committee in person as part of an annual review to allow for any needed explanation. The allocation committee recommends the amount to be awarded to each program and submits the proposal to the Board of Trustees for approval.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Special, one-time grants to partner agencies and other nonprofit organizations to meet emergency needs. Partner agencies submitted grant requests which were reviewed and approved by the Board of Trustees

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) Other program services that raise awareness of community needs in the areas of education, income and health.

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

4e Total program service expenses 960,920

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included on line 1a, above, who are independent (38); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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 (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); 16b 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 [X] 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.

UNITED WAY OF BEAUMONT
BEAUMONT

700 NORTH ST

TX 77701

409-835-4575

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARYN HUSBANDS	45.00									
PRESIDENT	0.00					X	115,479	0	11,652	
(2) PAT ANDERSON	0.25									
TRUSTEE	0.00	X					0	0	0	
(3) JASON APODACA	0.25									
TRUSTEE	0.00	X					0	0	0	
(4) LAURA AUSTIN	0.25									
TRUSTEE	0.00	X					0	0	0	
(5) CLAYTON AUTHEMENT	0.25									
TRUSTEE	0.00	X					0	0	0	
(6) JEFF BEAVER	0.50									
CHAIR	0.00	X		X			0	0	0	
(7) RAYMOND BEGNAUD	0.50									
TRUSTEE	0.00	X					0	0	0	
(8) SHARON BEGNAUD	0.25									
TRUSTEE	0.00	X					0	0	0	
(9) DEBBIE BRIDGEMAN	0.25									
TRUSTEE	0.00	X					0	0	0	
(10) KELCI CRAWFORD	0.25									
TRUSTEE	0.00	X					0	0	0	
(11) TEA DO	0.25									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ERICA FAUST										
(12) TRUSTEE	0.50 0.00	X					0	0	0	
(13) SHAWN FIGARI										
(13) TRUSTEE	0.25 0.00	X					0	0	0	
(14) SHANNON FIGUEROA										
(14) TRUSTEE	0.25 0.00	X					0	0	0	
(15) RON FLETCHER										
(15) TRUSTEE	0.25 0.00	X					0	0	0	
(16) SAVANNA GEISENDORFF										
(16) TRUSTEE	0.25 0.00	X					0	0	0	
(17) BEKAH GUEDRY										
(17) TRUSTEE	0.25 0.00	X					0	0	0	
(18) PAUL KOESTER										
(18) TRUSTEE	0.25 0.00	X					0	0	0	
(19) JUDITH LEE										
(19) TRUSTEE	0.25 0.00	X					0	0	0	
1b Subtotal							115,479		11,652	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							115,479		11,652	

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 **1**

	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>	3	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>	4	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>	5	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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	268,091				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	927,277				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		1,195,368				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		88,151			88,151	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	955,900			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	946,905				
c Gain or (loss)	7c	8,995					
d Net gain or (loss)		8,995	8,995				
8a Gross income from fundraising events (not including \$ 268,091 of contributions reported on line 1c). See Part IV, line 18	8a						
		b Less: direct expenses	8b	13,592			
		c Net income or (loss) from fundraising events		-13,592		-13,592	
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	14,949			14,949	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		14,949				
12 Total revenue. See instructions		1,293,871	8,995	0	89,508		

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	769,480	769,480		
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				
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	228,227	98,839	73,512	55,876
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,949	13,870	10,934	8,145
10 Payroll taxes	17,463	7,512	5,642	4,309
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,570	15,354	12,367	3,849
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,730		6,730	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	15,717	2,639	2,114	10,964
14 Information technology	2,245	920	725	600
15 Royalties				
16 Occupancy	35,924	15,122	11,922	8,880
17 Travel	4,585	1,923	1,521	1,141
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,069	1,781	1,357	931
20 Interest				
21 Payments to affiliates	19,113	8,205	6,513	4,395
22 Depreciation, depletion, and amortization	3,538	1,484	1,167	887
23 Insurance	12,088	5,574	4,013	2,501
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 MISCELLANEOUS	22,902	7,880	6,238	8,784
b SPECIAL GRANTS	8,601	8,601		
c SUPPLIES	4,292	1,619	1,433	1,240
d CONTRACT SERVICES	277	117	92	68
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,219,770	960,920	146,280	112,570
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	229,154	1	507,698
	2	Savings and temporary cash investments	675,825	2	582,364
	3	Pledges and grants receivable, net	221,824	3	243,932
	4	Accounts receivable, net	13,620	4	17,033
	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	8,098	9	11,194
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	92,907		
	10b	Less: accumulated depreciation	86,629	10c	6,278
	11	Investments—publicly traded securities	2,027,879	11	2,050,040
	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	3,662,100	15	3,263,038
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,844,974	16	6,681,577	
Liabilities	17	Accounts payable and accrued expenses	82,610	17	84,763
	18	Grants payable	921,471	18	943,185
	19	Deferred revenue	103,521	19	197,530
	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	46,038
	26	Total liabilities. Add lines 17 through 25	1,107,602	26	1,271,516
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	2,075,272	27	2,193,061
	28	Net assets with donor restrictions	3,662,100	28	3,217,000
	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	5,737,372	32	5,410,061
33	Total liabilities and net assets/fund balances	6,844,974	33	6,681,577	

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	1,293,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,219,770
3	Revenue less expenses. Subtract line 2 from line 1	3	74,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,737,372
5	Net unrealized gains (losses) on investments	5	41,698
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	-443,110
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,410,061

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 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		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) STEVE LYLE										
(12) IMMEDIATE PAST CHAIR	0.50 0.00			X		X		0	0	0
(21) NIC MCLAUGHLIN										
(13) VICE CHAIRMAN	0.50 0.00			X		X		0	0	0
(22) KEVIN NECTOUX										
(14) TREASURER	0.50 0.00			X		X		0	0	0
(23) ANA PEREDA										
(15) TRUSTEE	0.25 0.00			X				0	0	0
(24) LEE POTTER										
(16) TRUSTEE	0.25 0.00			X				0	0	0
(25) LISA PREJEAN										
(17) TRUSTEE	0.25 0.00			X				0	0	0
(26) NATALIE RIOS										
(18) TRUSTEE	0.50 0.00			X		X		0	0	0
(27) ROBERT ROOT										
(19) TRUSTEE	0.25 0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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>	3	
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>	4	
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>	5	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) ANDREA ROSS										
(12) TRUSTEE	0.50 0.00	X					0	0	0	
(29) SHANNA SAVAGE										
(13) TRUSTEE	0.25 0.00	X					0	0	0	
(30) TYLER SCHERRY										
(14) TRUSTEE	0.25 0.00	X					0	0	0	
(31) DAVE STEPHENS										
(15) TRUSTEE	0.25 0.00	X					0	0	0	
(32) AMY TARVER										
(16) CHAIR ELECT	0.50 0.00	X		X			0	0	0	
(33) PHILLIP TREW										
(17) TRUSTEE	0.25 0.00	X		X			0	0	0	
(34) DAYLYN TURNER										
(18) TRUSTEE	0.25 0.00	X					0	0	0	
(35) JEFF WHEELER										
(19) VICE CHAIRMAN	0.50 0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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>	3	
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>	4	
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>	5	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) DR. JANEAL WHITE										
(12) TRUSTEE	0.25 0.00	X					0	0	0	
(37) JOSH WILLIAMS										
(13) SECRETARY	0.50 0.00	X		X			0	0	0	
(38) BARBARA WILSON										
(14) TRUSTEE	0.25 0.00	X					0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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>	3	
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>	4	
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>	5	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer identification number 74-1200117
--	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,206,716	1,297,550	1,113,654	1,108,880	1,195,368	5,922,168
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	1,206,716	1,297,550	1,113,654	1,108,880	1,195,368	5,922,168
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)						851,667
6 Public support. Subtract line 5 from line 4						5,070,501

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,206,716	1,297,550	1,113,654	1,108,880	1,195,368	5,922,168
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,454	23,050	58,895	89,803	88,151	323,353
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			18,622	9,025	14,949	42,596
11 Total support. Add lines 7 through 10						6,288,117

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	80.64 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	77.09 %

16a **33 1/3% support test — 2024.** 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

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 = 18%.

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 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 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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

Part II, Line 10 - Other Income Detail

Other income \$ **27,647**

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer identification number 74-1200117
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 33¹/₃% 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).

Name of organization

UNITED WAY OF BEAUMONT &

Employer identification number

74-1200117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ExxonMobil Corporation P.O. Box 3311 BEAUMONT TX 77704	\$ 145,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BA & EW Steinhagen Benevolent Trust C/O FSET P.O. Box 3092 BEAUMONT TX 77704	\$ 49,525	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Helen Bell Charity Trust C/O Hancock Whitney P.O. Box 3928 BEAUMONT TX 77704	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer identification number 74-1200117
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

\$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

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. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INT IN ENDOWMENT	3,217,000
(2) RIGHT OF USE ASSET	46,038
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,263,038

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) RIGHT OF USE LIABILITY	46,038
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	46,038

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	708,827
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	41,698	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-445,100	
e	Add lines 2a through 2d	2e	-403,402	
3	Subtract line 2e from line 1	3	1,112,229	
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	6,730	
b	Other (Describe in Part XIII.)	4b	174,912	
c	Add lines 4a and 4b	4c	181,642	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,293,871	

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	1,036,138
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	1,036,138	
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	6,730	
b	Other (Describe in Part XIII.)	4b	176,902	
c	Add lines 4a and 4b	4c	183,632	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,219,770	

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 XI, Line 2d - Revenue Amounts Included in Financials - Other
 Change in value of beneficial interest in endowments \$ -445,100
 \$ 0

Part XI, Line 4b - Revenue Amounts Included on Return - Other
 Contributions designated to a specific partner agency by donor net of estimated uncollectible pledges \$ 174,912
 \$ 0
 \$ 0

Part XII, Line 4b - Expense Amounts Included on Return - Other
 Payment of donor designated contributions to specific partner agency \$ 176,121
 \$ 0
 Book / Tax Depreciation Difference \$ 781

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**UNITED WAY OF BEAUMONT &
NORTH JEFFERSON COUNTY**

Employer identification number

74-1200117

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>EXXONMOBIL CLAS</u> (event type)	<u>PAR-TEE-FORE-A</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	162,471	35,724	67,046	265,241
	2	Less: Contributions	162,471	35,724	67,046	265,241
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		6,892	6,700	13,592
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-13,592

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY** Employer identification number **74-1200117**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARC of Greater Beaumont 700 North St, Ste Q Beaumont TX 77701	20-1706452	501	12,192				Program services
(2)	Catholic Charities 2780 Eastex Frwy Beaumont TX 77703	74-1900345	501	80,849				Program Services
(3)	Communities in Schools 350 Pine Street Beaumont TX 77701	76-0318872	501	47,310				Program Services
(4)	Family Services 3550 Fannin St Beaumont TX 77701	74-1382713	501	5,297				Program Services
(5)	Recovery Council of Southeast Texas 4675 Washington Blvd Beaumont TX 77707	74-1400228	501	95,057				Program Services
(6)	Nutrition & Services for Seniors 4590 Concord Beaumont TX 77703	76-0074137	501	147,147				Program Services
(7)	Rape & Suicide Crisis Ctr P.O. Box 3208 Beaumont TX 77704	51-0204523	501	33,805				Program Services
(8)	Salvation Army P.O. Box 3706 Beaumont TX 77704	75-0800678	501	114,945				Program Services
(9)	Samaritan Counseling Ctr 7980 Anchor Dr Port Arthur TX 77640	76-0068922	501	11,041				Program Services

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF BEAUMONT &
NORTH JEFFERSON COUNTY** Employer identification number **74-1200117**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Girl Scouts 3110 Southwest Frwy Houston TX 77098	74-6001254	501	40,225				Program Services
(2)	Shorkey Center 855 S 8th Street Beaumont TX 77701	74-1143063	501	88,833				Program Services
(3)	Southeast Texas Food Bank P.O. Box 21012 Beaumont TX 77720	76-0338721	501	18,497				Program Services
(4)	Boy Scouts of America 4650 Cardinal Drive Beaumont TX 77705	74-1143108	501	29,846				Program Services
(5)	Family Services 3550 Fannin Beaumont TX 77701	74-1382713	501	19,939				Program Services
(6)	CASA of Southeast Texas 2449 Calder Ave Beaumont TX 77702	76-0337759	501	16,515				Program Services
(7)								
(8)								
(9)								

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

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

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer identification number	74-1200117
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Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Form 990 is reviewed by the Executive Committee prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
All board members complete an annual form listing any potential conflicts.
These forms are retained in the organization's office.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
During the annual budget process, the CEO's salary is discussed by the
Executive Committee. The Committee also periodically compares the CEO's
salary to those of CEOs of similarly sized United Ways.

Form 990, Part VI, Line 15b - Compensation Process for Officers
There are no other compensated officers or key employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
United Way makes its governing documents, conflict of interest policy, and
financial statements available upon request. Such requests are submitted to
the Executive Committee for approval.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation	
Change in value of beneficial interest	\$ -445,100
in endowments	\$ 0
Contributions designated to a specific	\$ -174,912
partner agency by donor net of estimated	\$ 0
uncollectible pledges	\$ 0
Payment of donor designated contributions	\$ 176,121
to specific partner agency	\$ 0
Book / Tax Depreciation Difference	\$ 781
Total	\$ -443,110

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return **UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY** Identifying number **74-1200117**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	1,536
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	1,797
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	1,024	5.0	HY	200DB	205
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,538
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
66	SURFACE PRO 11	8/31/24	2,560		X	1,024	5 HY 200DB	0	1,741
			<u>2,560</u>			<u>1,024</u>		<u>0</u>	<u>1,741</u>
Prior MACRS:									
1	Double Pedestal Desk	11/29/05	485			485	7 HY 200DB	485	0
2	Locking Storage Cabinet	11/29/05	400			400	7 HY 200DB	400	0
3	Credenza with Stack-on Storage	11/29/05	965			965	7 HY 200DB	965	0
4	Executive Chair	11/29/05	200			200	7 HY 200DB	200	0
5	Fabric Manager Chair	11/29/05	200			200	7 HY 200DB	200	0
6	Fabric Manager Chair	11/29/05	200			200	7 HY 200DB	200	0
7	Fabric Manager Chair	11/29/05	200			200	7 HY 200DB	200	0
8	Black Leather Chair	11/29/05	140			140	7 HY 200DB	140	0
9	ESI Telephone System	12/02/05	7,804			7,804	5 HY 200DB	7,804	0
10	HP LaserJet 1320	12/08/05	449			449	5 HY 200DB	449	0
11	HP LaserJet 1320	12/08/05	449			449	5 HY 200DB	449	0
12	HP LaserJet 1320	12/08/05	449			449	5 HY 200DB	449	0
13	HP LaserJet 1320	12/08/05	449			449	5 HY 200DB	449	0
14	APCC Smart UPS	12/09/05	387			387	5 HY 200DB	387	0
15	Paper Shredder	12/14/05	1,801			1,801	7 HY 200DB	1,801	0
16	Acer 17 inch Monitor	12/16/05	271			271	5 HY 200DB	271	0
17	Left Return Pedestal	4/03/08	470		X	235	7 HY 200DB	470	0
18	Wall Mount Storage	4/03/08	319		X	159	7 HY 200DB	319	0
19	Lateral File Cabinet	4/03/08	491		X	245	7 HY 200DB	491	0
20	Rectangular Desk	4/03/08	674		X	337	7 HY 200DB	674	0
21	Rectangular Desk	4/03/08	674		X	337	7 HY 200DB	674	0
22	Desk Bridge	4/03/08	171		X	86	7 HY 200DB	171	0
23	Center Desk Drawers (3)	4/03/08	205		X	103	7 HY 200DB	205	0
24	Pedestal Credenza	4/03/08	624		X	312	7 HY 200DB	624	0
25	72" Rectangular Desk	4/03/08	852		X	426	7 HY 200DB	852	0
26	Credenza with Knee Spring	4/03/08	765		X	383	7 HY 200DB	765	0
27	72" Stack on Storage	4/03/08	556		X	278	7 HY 200DB	556	0
28	Storage Cabinet with Drawers	4/03/08	382		X	191	7 HY 200DB	382	0
29	Upholstered Guest Chair	4/03/08	290		X	145	7 HY 200DB	290	0
30	Upholstered Guest Chair	4/03/08	290		X	145	7 HY 200DB	290	0
31	Upholstered Guest Chair	4/03/08	290		X	145	7 HY 200DB	290	0
32	Upholstered Guest Chair	4/03/08	290		X	145	7 HY 200DB	290	0
33	Stack Chairs (4)	4/03/08	392		X	196	7 HY 200DB	392	0
34	Stack Chairs (4)	4/03/08	392		X	196	7 HY 200DB	392	0
35	Articulating Keyboard Drawer	4/03/08	200		X	100	7 HY 200DB	200	0
36	Articulating Keyboard Chair	4/03/08	200		X	100	7 HY 200DB	200	0
37	2 Shelf Bookcase	4/03/08	235		X	118	7 HY 200DB	235	0
38	Refrigerator	5/15/08	1,022		X	511	7 HY 200DB	1,022	0
39	Blinds	6/12/08	737		X	368	7 HY 200DB	734	0
40	Cubicles	7/09/08	14,507		X	7,253	10 HY 200DB	14,507	0
41	Acer 19 inch Monitor	7/22/08	235		X	117	5 HY 200DB	235	0
42	Upholstered Guest Chair	10/01/08	305		X	153	7 HY 200DB	305	0
43	Upholstered Guest Chair	10/12/08	305		X	153	7 HY 200DB	305	0
44	HP Compaq Laptop	4/01/10	1,166		X	583	5 HY 200DB	1,166	0
45	HP Pro 3005 MicroTower (hard drive)	8/12/10	519		X	259	5 HY 200DB	519	0
46	HP LCD 23" Monitor	6/14/12	143		X	71	5 HY 200DB	143	0
47	HP LCD 23" Monitor	6/14/12	143		X	71	5 HY 200DB	143	0
48	HP LCD 23" Monitor	6/14/12	143		X	71	5 HY 200DB	143	0
49	HP Pro 3400 i5 2320	6/14/12	595		X	297	5 HY 200DB	595	0
50	HP Pro 3400 i5 2320	7/01/12	595		X	297	5 HY 200DB	595	0
51	Hard Drive	8/12/12	605		X	302	5 HY 200DB	605	0
52	HP P2035 Printer	2/04/13	269		X	134	5 HY 200DB	269	0
53	Anwar Campaign Software	9/01/13	13,250		X	6,625	5 HY 200DB	13,250	0
54	Computer	8/01/14	629		X	314	5 HY 200DB	629	0
55	Server	8/01/14	3,430		X	1,715	5 HY 200DB	3,430	0
56	Ricoh Copier	9/01/14	11,500		X	5,750	5 HY 200DB	11,500	0
57	Laptop	10/31/16	2,325		X	1,163	5 HY 200DB	2,325	0
58	Computer & Monitor	1/31/17	646		X	323	5 HY 200DB	646	0
59	Dell Optiplex with Dual Samsung	11/11/20	1,578		X	397	5 HY 200DB	1,181	265
60	Dell Optiplex with Samsung Monitor	11/11/20	1,275		X	321	5 HY 200DB	954	214
61	Dell Optiplex with Samsung Monitor	11/11/20	1,178		X	297	5 HY 200DB	881	198
62	Dell Optiplex with Samsung Monitor	11/11/20	1,178		X	297	5 HY 200DB	881	198
63	Cloud Based Server	6/02/21	4,418		X	1,114	5 HY 200DB	3,304	742

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
64	New Phone System	1/31/23	844		X	169	5 MQ200DB	758	34
65	Microsoft Surface Pro Laptop	6/30/23	3,199		X	640	5 MQ200DB	2,834	146
			<u>90,350</u>			<u>48,996</u>		<u>87,470</u>	<u>1,797</u>
Grand Totals			92,910			50,020		87,470	3,538
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>92,910</u>			<u>50,020</u>		<u>87,470</u>	<u>3,538</u>

TX Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
5-year GDS Property:								
66	SURFACE PRO 11	8/31/24	2,560	2,560	0	512	1,741	1,229
			<u>2,560</u>	<u>2,560</u>	<u>0</u>	<u>512</u>	<u>1,741</u>	<u>1,229</u>
Prior MACRS:								
1	Double Pedestal Desk	11/29/05	485	485	485	0	0	0
2	Locking Storage Cabinet	11/29/05	400	400	400	0	0	0
3	Credenza with Stack-on Storage	11/29/05	965	965	965	0	0	0
4	Executive Chair	11/29/05	200	200	200	0	0	0
5	Fabric Manager Chair	11/29/05	200	200	200	0	0	0
6	Fabric Manager Chair	11/29/05	200	200	200	0	0	0
7	Fabric Manager Chair	11/29/05	200	200	200	0	0	0
8	Black Leather Chair	11/29/05	140	140	140	0	0	0
9	ESI Telephone System	12/02/05	7,804	7,804	7,804	0	0	0
10	HP LaserJet 1320	12/08/05	449	449	449	0	0	0
11	HP LaserJet 1320	12/08/05	449	449	449	0	0	0
12	HP LaserJet 1320	12/08/05	449	449	449	0	0	0
13	HP LaserJet 1320	12/08/05	449	449	449	0	0	0
14	APCC Smart UPS	12/09/05	387	387	387	0	0	0
15	Paper Shredder	12/14/05	1,801	1,801	1,801	0	0	0
16	Acer 17 inch Monitor	12/16/05	271	271	271	0	0	0
17	Left Return Pedestal	4/03/08	470	470	470	0	0	0
18	Wall Mount Storage	4/03/08	319	319	319	0	0	0
19	Lateral File Cabinet	4/03/08	491	491	491	0	0	0
20	Rectangular Desk	4/03/08	674	674	674	0	0	0
21	Rectangular Desk	4/03/08	674	674	674	0	0	0
22	Desk Bridge	4/03/08	171	171	171	0	0	0
23	Center Desk Drawers (3)	4/03/08	205	205	205	0	0	0
24	Pedestal Credenza	4/03/08	624	624	624	0	0	0
25	72" Rectangular Desk	4/03/08	852	852	852	0	0	0
26	Credenza with Knee Spring	4/03/08	765	765	765	0	0	0
27	72" Stack on Storage	4/03/08	556	556	556	0	0	0
28	Storage Cabinet with Drawers	4/03/08	382	382	382	0	0	0
29	Upholstered Guest Chair	4/03/08	290	290	290	0	0	0
30	Upholstered Guest Chair	4/03/08	290	290	290	0	0	0
31	Upholstered Guest Chair	4/03/08	290	290	290	0	0	0
32	Upholstered Guest Chair	4/03/08	290	290	290	0	0	0
33	Stack Chairs (4)	4/03/08	392	392	392	0	0	0
34	Stack Chairs (4)	4/03/08	392	392	392	0	0	0
35	Articulating Keyboard Drawer	4/03/08	200	200	200	0	0	0
36	Articulating Keyboard Chair	4/03/08	200	200	200	0	0	0
37	2 Shelf Bookcase	4/03/08	235	235	235	0	0	0
38	Refrigerator	5/15/08	1,022	1,022	1,022	0	0	0
39	Blinds	6/12/08	737	737	737	0	0	0
40	Cubicles	7/09/08	14,507	14,507	14,507	0	0	0
41	Acer 19 inch Monitor	7/22/08	235	235	235	0	0	0
42	Upholstered Guest Chair	10/01/08	305	305	305	0	0	0
43	Upholstered Guest Chair	10/12/08	305	305	305	0	0	0
44	HP Compaq Laptop	4/01/10	1,166	1,166	1,166	0	0	0
45	HP Pro 3005 MicroTower (hard drive)	8/12/10	519	519	519	0	0	0
46	HP LCD 23" Monitor	6/14/12	143	143	143	0	0	0
47	HP LCD 23" Monitor	6/14/12	143	143	143	0	0	0
48	HP LCD 23" Monitor	6/14/12	143	143	143	0	0	0
49	HP Pro 3400 i5 2320	6/14/12	595	595	595	0	0	0
50	HP Pro 3400 i5 2320	7/01/12	595	595	595	0	0	0
51	Hard Drive	8/12/12	605	605	605	0	0	0
52	HP P2035 Printer	2/04/13	269	269	269	0	0	0
53	Anwar Campaign Software	9/01/13	13,250	13,250	13,250	0	0	0
54	Computer	8/01/14	629	629	629	0	0	0
55	Server	8/01/14	3,430	3,430	3,430	0	0	0
56	Ricoh Copier	9/01/14	11,500	11,500	11,500	0	0	0
57	Laptop	10/31/16	2,325	2,325	2,325	0	0	0
58	Computer & Monitor	1/31/17	646	646	646	0	0	0
59	Dell Optiplex with Dual Samsung	11/11/20	1,578	1,578	1,306	181	265	84
60	Dell Optiplex with Samsung Monitor	11/11/20	1,275	1,275	1,055	147	214	67
61	Dell Optiplex with Samsung Monitor	11/11/20	1,178	1,178	974	136	198	62
62	Dell Optiplex with Samsung Monitor	11/11/20	1,178	1,178	974	136	198	62
63	Cloud Based Server	6/02/21	4,418	4,418	3,654	509	742	233

TX Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
64	New Phone System	1/31/23	844	844	414	172	34	-138
65	Microsoft Surface Pro Laptop	6/30/23	3,199	3,199	1,376	729	146	-583
			<u>90,350</u>	<u>90,350</u>	<u>86,433</u>	<u>2,010</u>	<u>1,797</u>	<u>-213</u>
	Grand Totals		92,910	92,910	86,433	2,522	3,538	1,016
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>92,910</u>	<u>92,910</u>	<u>86,433</u>	<u>2,522</u>	<u>3,538</u>	<u>1,016</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
66	SURFACE PRO 11	8/31/24	2,560		X	1,024	5 HY 200DB	0	1,741
			<u>2,560</u>			<u>1,024</u>		<u>0</u>	<u>1,741</u>
Prior MACRS:									
64	New Phone System	1/31/23	844		X	169	5 MQ200DB	758	34
65	Microsoft Surface Pro Laptop	6/30/23	3,199		X	640	5 MQ200DB	2,834	146
			<u>4,043</u>			<u>809</u>		<u>3,592</u>	<u>180</u>
Other Depreciation:									
1	Double Pedestal Desk	11/29/05	0			0	0 HY	0	0
2	Locking Storage Cabinet	11/29/05	0			0	0 HY	0	0
3	Credenza with Stack-on Storage	11/29/05	0			0	0 HY	0	0
4	Executive Chair	11/29/05	0			0	0 HY	0	0
5	Fabric Manager Chair	11/29/05	0			0	0 HY	0	0
6	Fabric Manager Chair	11/29/05	0			0	0 HY	0	0
7	Fabric Manager Chair	11/29/05	0			0	0 HY	0	0
8	Black Leather Chair	11/29/05	0			0	0 HY	0	0
9	ESI Telephone System	12/02/05	0			0	0 HY	0	0
10	HP LaserJet 1320	12/08/05	0			0	0 HY	0	0
11	HP LaserJet 1320	12/08/05	0			0	0 HY	0	0
12	HP LaserJet 1320	12/08/05	0			0	0 HY	0	0
13	HP LaserJet 1320	12/08/05	0			0	0 HY	0	0
14	APCC Smart UPS	12/09/05	0			0	0 HY	0	0
15	Paper Shredder	12/14/05	0			0	0 HY	0	0
16	Acer 17 inch Monitor	12/16/05	0			0	0 HY	0	0
17	Left Return Pedestal	4/03/08	0			0	0 HY	0	0
18	Wall Mount Storage	4/03/08	0			0	0 HY	0	0
19	Lateral File Cabinet	4/03/08	0			0	0 HY	0	0
20	Rectangular Desk	4/03/08	0			0	0 HY	0	0
21	Rectangular Desk	4/03/08	0			0	0 HY	0	0
22	Desk Bridge	4/03/08	0			0	0 HY	0	0
23	Center Desk Drawers (3)	4/03/08	0			0	0 HY	0	0
24	Pedestal Credenza	4/03/08	0			0	0 HY	0	0
25	72" Rectangular Desk	4/03/08	0			0	0 HY	0	0
26	Credenza with Knee Spring	4/03/08	0			0	0 HY	0	0
27	72" Stack on Storage	4/03/08	0			0	0 HY	0	0
28	Storage Cabinet with Drawers	4/03/08	0			0	0 HY	0	0
29	Upholstered Guest Chair	4/03/08	0			0	0 HY	0	0
30	Upholstered Guest Chair	4/03/08	0			0	0 HY	0	0
31	Upholstered Guest Chair	4/03/08	0			0	0 HY	0	0
32	Upholstered Guest Chair	4/03/08	0			0	0 HY	0	0
33	Stack Chairs (4)	4/03/08	0			0	0 HY	0	0
34	Stack Chairs (4)	4/03/08	0			0	0 HY	0	0
35	Articulating Keyboard Drawer	4/03/08	0			0	0 HY	0	0
36	Articulating Keyboard Chair	4/03/08	0			0	0 HY	0	0
37	2 Shelf Bookcase	4/03/08	0			0	0 HY	0	0
38	Refrigerator	5/15/08	0			0	0 HY	0	0
39	Blinds	6/12/08	0			0	0 HY	0	0
40	Cubicles	7/09/08	0			0	0 HY	0	0
41	Acer 19 inch Monitor	7/22/08	0			0	0 HY	0	0
42	Upholstered Guest Chair	10/01/08	0			0	0 HY	0	0
43	Upholstered Guest Chair	10/12/08	0			0	0 HY	0	0
44	HP Compaq Laptop	4/01/10	0			0	0 HY	0	0
45	HP Pro 3005 MicroTower (hard drive)	8/12/10	0			0	0 HY	0	0
46	HP LCD 23" Monitor	6/14/12	0			0	0 HY	0	0
47	HP LCD 23" Monitor	6/14/12	0			0	0 HY	0	0
48	HP LCD 23" Monitor	6/14/12	0			0	0 HY	0	0
49	HP Pro 3400 i5 2320	6/14/12	0			0	0 HY	0	0
50	HP Pro 3400 i5 2320	7/01/12	0			0	0 HY	0	0
51	Hard Drive	8/12/12	0			0	0 HY	0	0
52	HP P2035 Printer	2/04/13	0			0	0 HY	0	0
53	Anwar Campaign Software	9/01/13	0			0	0 HY	0	0
54	Computer	8/01/14	0			0	0 HY	0	0
55	Server	8/01/14	0			0	0 HY	0	0
56	Ricoh Copier	9/01/14	0			0	0 HY	0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
57	Laptop	10/31/16	0			0	0 HY	0	0
58	Computer & Monitor	1/31/17	0			0	0 HY	0	0
59	Dell Optiplex with Dual Samsung	11/11/20	0			0	0 HY	0	0
60	Dell Optiplex with Samsung Monitor	11/11/20	0			0	0 HY	0	0
61	Dell Optiplex with Samsung Monitor	11/11/20	0			0	0 HY	0	0
62	Dell Optiplex with Samsung Monitor	11/11/20	0			0	0 HY	0	0
63	Cloud Based Server	6/02/21	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		6,603			1,833		3,592	1,921
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>6,603</u>			<u>1,833</u>		<u>3,592</u>	<u>1,921</u>

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
17	Left Return Pedestal	4/03/08	470		0	0	235	235
18	Wall Mount Storage	4/03/08	319		0	0	160	159
19	Lateral File Cabinet	4/03/08	491		0	0	246	245
20	Rectangular Desk	4/03/08	674		0	0	337	337
21	Rectangular Desk	4/03/08	674		0	0	337	337
22	Desk Bridge	4/03/08	171		0	0	85	86
23	Center Desk Drawers (3)	4/03/08	205		0	0	102	103
24	Pedestal Credenza	4/03/08	624		0	0	312	312
25	72" Rectangular Desk	4/03/08	852		0	0	426	426
26	Credenza with Knee Spring	4/03/08	765		0	0	382	383
27	72" Stack on Storage	4/03/08	556		0	0	278	278
28	Storage Cabinet with Drawers	4/03/08	382		0	0	191	191
29	Upholstered Guest Chair	4/03/08	290		0	0	145	145
30	Upholstered Guest Chair	4/03/08	290		0	0	145	145
31	Upholstered Guest Chair	4/03/08	290		0	0	145	145
32	Upholstered Guest Chair	4/03/08	290		0	0	145	145
33	Stack Chairs (4)	4/03/08	392		0	0	196	196
34	Stack Chairs (4)	4/03/08	392		0	0	196	196
35	Articulating Keyboard Drawer	4/03/08	200		0	0	100	100
36	Articulating Keyboard Chair	4/03/08	200		0	0	100	100
37	2 Shelf Bookcase	4/03/08	235		0	0	117	118
38	Refrigerator	5/15/08	1,022		0	0	511	511
39	Blinds	6/12/08	737		0	0	369	368
40	Cubicles	7/09/08	14,507		0	0	7,254	7,253
41	Acer 19 inch Monitor	7/22/08	235		0	0	118	117
42	Upholstered Guest Chair	10/01/08	305		0	0	152	153
43	Upholstered Guest Chair	10/12/08	305		0	0	152	153
44	HP Compaq Laptop	4/01/10	1,166		0	0	583	583
45	HP Pro 3005 MicroTower (hard drive)	8/12/10	519		0	0	260	259
46	HP LCD 23" Monitor	6/14/12	143		0	0	72	71
47	HP LCD 23" Monitor	6/14/12	143		0	0	72	71
48	HP LCD 23" Monitor	6/14/12	143		0	0	72	71
49	HP Pro 3400 i5 2320	6/14/12	595		0	0	298	297
50	HP Pro 3400 i5 2320	7/01/12	595		0	0	298	297
51	Hard Drive	8/12/12	605		0	0	303	302
52	HP P2035 Printer	2/04/13	269		0	0	135	134
53	Anwar Campaign Software	9/01/13	13,250		0	0	6,625	6,625
54	Computer	8/01/14	629		0	0	315	314
55	Server	8/01/14	3,430		0	0	1,715	1,715
56	Ricoh Copier	9/01/14	11,500		0	0	5,750	5,750
57	Laptop	10/31/16	2,325		0	0	1,162	1,163
58	Computer & Monitor	1/31/17	646		0	0	323	323
59	Dell Optiplex with Dual Samsung	11/11/20	1,578		0	0	1,181	397
60	Dell Optiplex with Samsung Monitor	11/11/20	1,275		0	0	954	321
61	Dell Optiplex with Samsung Monitor	11/11/20	1,178		0	0	881	297
62	Dell Optiplex with Samsung Monitor	11/11/20	1,178		0	0	881	297
63	Cloud Based Server	6/02/21	4,418		0	0	3,304	1,114
64	New Phone System	1/31/23	844		0	0	675	169
65	Microsoft Surface Pro Laptop	6/30/23	3,199		0	0	2,559	640
66	SURFACE PRO 11	8/31/24	2,560		0	1,536	0	1,024
Grand Total			<u>78,061</u>		<u>0</u>	<u>1,536</u>	<u>41,354</u>	<u>35,171</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	64	New Phone System	34	34	0
Page 1	1	65	Microsoft Surface Pro Laptop	146	146	0
Page 1	1	66	SURFACE PRO 11	1,741	1,741	0
				<u>1,921</u>	<u>1,921</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Double Pedestal Desk	11/29/05	485	0	0
2	Locking Storage Cabinet	11/29/05	400	0	0
3	Credenza with Stack-on Storage	11/29/05	965	0	0
4	Executive Chair	11/29/05	200	0	0
5	Fabric Manager Chair	11/29/05	200	0	0
6	Fabric Manager Chair	11/29/05	200	0	0
7	Fabric Manager Chair	11/29/05	200	0	0
8	Black Leather Chair	11/29/05	140	0	0
9	ESI Telephone System	12/02/05	7,804	0	0
10	HP LaserJet 1320	12/08/05	449	0	0
11	HP LaserJet 1320	12/08/05	449	0	0
12	HP LaserJet 1320	12/08/05	449	0	0
13	HP LaserJet 1320	12/08/05	449	0	0
14	APCC Smart UPS	12/09/05	387	0	0
15	Paper Shredder	12/14/05	1,801	0	0
16	Acer 17 inch Monitor	12/16/05	271	0	0
17	Left Return Pedestal	4/03/08	470	0	0
18	Wall Mount Storage	4/03/08	319	0	0
19	Lateral File Cabinet	4/03/08	491	0	0
20	Rectangular Desk	4/03/08	674	0	0
21	Rectangular Desk	4/03/08	674	0	0
22	Desk Bridge	4/03/08	171	0	0
23	Center Desk Drawers (3)	4/03/08	205	0	0
24	Pedestal Credenza	4/03/08	624	0	0
25	72' Rectangular Desk	4/03/08	852	0	0
26	Credenza with Knee Spring	4/03/08	765	0	0
27	72" Stack on Storage	4/03/08	556	0	0
28	Storage Cabinet with Drawers	4/03/08	382	0	0
29	Upholstered Guest Chair	4/03/08	290	0	0
30	Upholstered Guest Chair	4/03/08	290	0	0
31	Upholstered Guest Chair	4/03/08	290	0	0
32	Upholstered Guest Chair	4/03/08	290	0	0
33	Stack Chairs (4)	4/03/08	392	0	0
34	Stack Chairs (4)	4/03/08	392	0	0
35	Articulating Keyboard Drawer	4/03/08	200	0	0
36	Articulating Keyboard Chair	4/03/08	200	0	0
37	2 Shelf Bookcase	4/03/08	235	0	0
38	Refrigerator	5/15/08	1,022	0	0
39	Blinds	6/12/08	737	0	0
40	Cubicles	7/09/08	14,507	0	0
41	Acer 19 inch Monitor	7/22/08	235	0	0
42	Upholstered Guest Chair	10/01/08	305	0	0
43	Upholstered Guest Chair	10/12/08	305	0	0
44	HP Compaq Laptop	4/01/10	1,166	0	0
45	HP Pro 3005 MicroTower (hard drive)	8/12/10	519	0	0
46	HP LCD 23" Monitor	6/14/12	143	0	0
47	HP LCD 23" Monitor	6/14/12	143	0	0
48	HP LCD 23" Monitor	6/14/12	143	0	0
49	HP Pro 3400 i5 2320	6/14/12	595	0	0
50	HP Pro 3400 i5 2320	7/01/12	595	0	0
51	Hard Drive	8/12/12	605	0	0
52	HP P2035 Printer	2/04/13	269	0	0
53	Anwar Campaign Software	9/01/13	13,250	0	0
54	Computer	8/01/14	629	0	0
55	Server	8/01/14	3,430	0	0
56	Ricoh Copier	9/01/14	11,500	0	0
57	Laptop	10/31/16	2,325	0	0
58	Computer & Monitor	1/31/17	646	0	0
59	Dell Optiplex with Dual Samsung	11/11/20	1,578	132	0
60	Dell Optiplex with Samsung Monitor	11/11/20	1,275	107	0
61	Dell Optiplex with Samsung Monitor	11/11/20	1,178	99	0
62	Dell Optiplex with Samsung Monitor	11/11/20	1,178	99	0
63	Cloud Based Server	6/02/21	4,418	372	0
64	New Phone System	1/31/23	844	21	21
65	Microsoft Surface Pro Laptop	6/30/23	3,199	88	88
66	SURFACE PRO 11	8/31/24	2,560	327	327

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			<u>92,910</u>	<u>1,245</u>	<u>436</u>
	Grand Totals		<u>92,910</u>	<u>1,245</u>	<u>436</u>

Asset	Description	Date In Service	Cost	TX
Prior MACRS:				
1	Double Pedestal Desk	11/29/05	485	0
2	Locking Storage Cabinet	11/29/05	400	0
3	Credenza with Stack-on Storage	11/29/05	965	0
4	Executive Chair	11/29/05	200	0
5	Fabric Manager Chair	11/29/05	200	0
6	Fabric Manager Chair	11/29/05	200	0
7	Fabric Manager Chair	11/29/05	200	0
8	Black Leather Chair	11/29/05	140	0
9	ESI Telephone System	12/02/05	7,804	0
10	HP LaserJet 1320	12/08/05	449	0
11	HP LaserJet 1320	12/08/05	449	0
12	HP LaserJet 1320	12/08/05	449	0
13	HP LaserJet 1320	12/08/05	449	0
14	APCC Smart UPS	12/09/05	387	0
15	Paper Shredder	12/14/05	1,801	0
16	Acer 17 inch Monitor	12/16/05	271	0
17	Left Return Pedestal	4/03/08	470	0
18	Wall Mount Storage	4/03/08	319	0
19	Lateral File Cabinet	4/03/08	491	0
20	Rectangular Desk	4/03/08	674	0
21	Rectangular Desk	4/03/08	674	0
22	Desk Bridge	4/03/08	171	0
23	Center Desk Drawers (3)	4/03/08	205	0
24	Pedestal Credenza	4/03/08	624	0
25	72' Rectangular Desk	4/03/08	852	0
26	Credenza with Knee Spring	4/03/08	765	0
27	72" Stack on Storage	4/03/08	556	0
28	Storage Cabinet with Drawers	4/03/08	382	0
29	Upholstered Guest Chair	4/03/08	290	0
30	Upholstered Guest Chair	4/03/08	290	0
31	Upholstered Guest Chair	4/03/08	290	0
32	Upholstered Guest Chair	4/03/08	290	0
33	Stack Chairs (4)	4/03/08	392	0
34	Stack Chairs (4)	4/03/08	392	0
35	Articulating Keyboard Drawer	4/03/08	200	0
36	Articulating Keyboard Chair	4/03/08	200	0
37	2 Shelf Bookcase	4/03/08	235	0
38	Refrigerator	5/15/08	1,022	0
39	Blinds	6/12/08	737	0
40	Cubicles	7/09/08	14,507	0
41	Acer 19 inch Monitor	7/22/08	235	0
42	Upholstered Guest Chair	10/01/08	305	0
43	Upholstered Guest Chair	10/12/08	305	0
44	HP Compaq Laptop	4/01/10	1,166	0
45	HP Pro 3005 MicroTower (hard drive)	8/12/10	519	0
46	HP LCD 23" Monitor	6/14/12	143	0
47	HP LCD 23" Monitor	6/14/12	143	0
48	HP LCD 23" Monitor	6/14/12	143	0
49	HP Pro 3400 i5 2320	6/14/12	595	0
50	HP Pro 3400 i5 2320	7/01/12	595	0
51	Hard Drive	8/12/12	605	0
52	HP P2035 Printer	2/04/13	269	0
53	Anwar Campaign Software	9/01/13	13,250	0
54	Computer	8/01/14	629	0
55	Server	8/01/14	3,430	0
56	Ricoh Copier	9/01/14	11,500	0
57	Laptop	10/31/16	2,325	0
58	Computer & Monitor	1/31/17	646	0
59	Dell Optiplex with Dual Samsung	11/11/20	1,578	91
60	Dell Optiplex with Samsung Monitor	11/11/20	1,275	73
61	Dell Optiplex with Samsung Monitor	11/11/20	1,178	68
62	Dell Optiplex with Samsung Monitor	11/11/20	1,178	68
63	Cloud Based Server	6/02/21	4,418	255
64	New Phone System	1/31/23	844	103
65	Microsoft Surface Pro Laptop	6/30/23	3,199	438
66	SURFACE PRO 11	8/31/24	2,560	819

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TX</u>
			<u>92,910</u>	<u>1,915</u>
	Grand Totals		<u>92,910</u>	<u>1,915</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2024
	For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	

Name UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer Identification Number 74-1200117
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		(a) Other event <u>SHARE THE LOVE</u> <small>(event type)</small>	(b) Other event <u>LADIES IN RED</u> <small>(event type)</small>	(c) Other event <u>HOMETOWN HUDDLE</u> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	23,000	22,171	13,500	67,046
	2 Less: Charitable contributions	23,000	22,171	13,500	67,046
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses		256	1,684	6,700

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2024
	For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	

Name UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer Identification Number 74-1200117
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		(a) Other event <u>EMPTY BOWLS</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	8,375			
	2 Less: Charitable contributions	8,375			
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	4,760			

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name **UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY** Taxpayer Identification Number **74-1200117**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1,108,880	1,195,368	86,488
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	89,803	88,151	-1,652
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-15,090	8,995	24,085
	8. Net income or (loss) from fundraising events	-16,346	-13,592	2,754
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,025	14,949	6,924
	12. Total revenue. Add lines 1 through 11	1,175,272	1,293,871	118,599
Expenses	13. Grants and similar amounts paid	819,579	769,480	-50,099
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	228,635	278,639	50,004
	17. Professional fundraising fees			
	18. Other professional fees	37,242	38,300	1,058
	19. Occupancy, rent, utilities, and maintenance	32,172	35,924	3,752
	20. Depreciation and Depletion	1,918	3,538	1,620
	21. Other expenses	178,605	93,889	-84,716
	22. Total expenses. Add lines 13 through 21	1,298,151	1,219,770	-78,381
	23. Excess or (Deficit). Subtract line 22 from line 12	-122,879	74,101	196,980
Other Information	24. Total exempt revenue	1,175,272	1,293,871	118,599
	25. Total unrelated revenue			
	26. Total excludable revenue	66,392	98,503	32,111
	27. Total assets	6,844,974	6,681,577	-163,397
	28. Total liabilities	1,107,602	1,271,516	163,914
	29. Retained earnings	5,737,372	5,410,061	-327,311
	30. Number of voting members of governing body	39	38	
	31. Number of independent voting members of governing body	39	38	
32. Number of employees	4	4		
33. Number of volunteers	400	516		

Form 990	Tax Return History	2024
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Name	UNITED WAY OF BEAUMONT & NORTH JEFFERSON COUNTY	Employer Identification Number 74-1200117
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants			1,113,654	1,108,880	1,195,368	
Membership dues						
Program service revenue						
Capital gain or loss			-2,165	-15,090	8,995	
Investment income			58,895	89,803	88,151	
Fundraising revenue (income/loss)			2,554	-16,346	-13,592	
Gaming revenue (income/loss)						
Other revenue			285	8,025	14,949	
Total revenue			1,173,223	1,175,272	1,293,871	
Grants and similar amounts paid			783,123	819,579	769,480	
Benefits paid to or for members						
Compensation of officers, etc.			124,844			
Other compensation			116,603	228,635	278,639	
Professional fees			36,955	37,242	38,300	
Occupancy costs			34,851	32,172	35,924	
Depreciation and depletion			-1	1,918	3,538	
Other expenses			140,985	178,605	93,889	
Total expenses			1,237,360	1,298,151	1,219,770	
Excess or (Deficit)			-64,137	-122,879	74,101	
Total exempt revenue			1,173,223	1,175,272	1,293,871	
Total unrelated revenue						
Total excludable revenue			59,569	66,392	98,503	
Total Assets			6,885,798	6,844,974	6,681,577	
Total Liabilities			1,120,127	1,107,602	1,271,516	
Net Fund Balances			5,765,671	5,737,372	5,410,061	

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 88,151		14			
	Total	\$ 88,151					

Schedule A, Part II, Line 1(e)

Description	Amount
Other	\$ 602,401
ExxonMobil Corporation	
Cash Contribution	145,000
BA & EW Steinhagen Benevolent Trust	
Cash Contribution	49,525
HEB Pantry Foods	
Cash Contribution	10,000
Chester & Gloria Lee	
Cash Contribution	6,000
Turner Industries	
Cash Contribution	13,500
American Valve & Hydrant Manufacturi	
Cash Contribution	9,000
Del Papa Distributing Co	
Cash Contribution	14,300
Memorial Trust	
Cash Contribution	6,354
Helen Bell Charity Trust	
Cash Contribution	60,000
Mr. W.C. Tyrrell, Jr.	
Cash Contribution	11,197
HOMETOWN HUDDLE	
Cash Contribution	13,500
PAR-TEE-FORE-A PURPOSE	
Cash Contribution	35,724
EMPTY BOWLS	
Cash Contribution	8,375
LADIES IN RED	
Cash Contribution	22,171
EXXONMOBIL CLASSIC GOLF	
Cash Contribution	162,471
SHARE THE LOVE	
Cash Contribution	23,000
ONE POT THROWDOWN	
Cash Contribution	2,850
Total	<u>\$ 1,195,368</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ExxonMobil Corporation	\$ 662,153	\$ 536,391
Zachary Construction Corporation	297,275	171,513
Foundation for Southeast Texas	72,254	
BA & EW Steinhagen Benevolent Trust	269,525	143,763
Centerpoint Energy	10,874	
Entergy Texas, Inc.	6,880	
HEB Pantry Foods	31,049	
Chester & Gloria Lee	18,000	
Becky Mason	15,000	
Stellar Bank	10,000	
Turner Industries	39,500	
American Valve & Hydrant Manufacturi	18,000	
Terrance Boles	5,000	
Del Papa Distributing Co	36,078	
Marrs McLean Trust	42,699	
Memorial Trust	12,708	
Port of Beaumont	5,000	
Helen Bell Charity Trust	60,000	
Mr. W.C. Tyrrell, Jr.	11,197	
Total	<u>\$ 1,623,192</u>	<u>\$ 851,667</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 88,151
Total	\$ <u>88,151</u>

Schedule A, Part II, Line 10(e)

Description	Amount
MISCELLANEOUS	\$ 14,949
HOMETOWN HUDDLE	
PAR-TEE-FORE-A PURPOSE	
EMPTY BOWLS	
LADIES IN RED	
EXXONMOBIL CLASSIC GOLF	
SHARE THE LOVE	
ONE POT THROWDOWN	
Total	\$ <u>14,949</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

**UNITED WAY OF BEAUMONT &
NORTH JEFFERSON COUNTY**

74-1200117

Net Asset / Fund Balance at Beginning of Year		<u>5,737,372</u>
Revenue		
Contributions	<u>1,195,368</u>	
Program service revenue		
Investment income	<u>88,151</u>	
Capital gain / loss	<u>8,995</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>13,592</u>	
Net income	<u>-13,592</u>	
Other income	<u>14,949</u>	
Total revenue		<u>1,293,871</u>
Expenses		
Program services	<u>960,920</u>	
Management and general	<u>146,280</u>	
Fundraising	<u>112,570</u>	
Total expenses		<u>1,219,770</u>
Excess / (deficit)		<u>74,101</u>
Changes		<u>-401,412</u>
Net Asset / Fund Balance at End of Year		<u>5,410,061</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>708,827</u>
Less:	
Unrealized gains	<u>41,698</u>
Donated services	
Recoveries	
Other	<u>-445,100</u>
Plus:	
Investment expenses	<u>6,730</u>
Other	<u>174,912</u>
Total revenue per return	<u>1,293,871</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,036,138</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	<u>6,730</u>
Other	<u>176,121</u>
Total expenses per return	<u>1,219,770</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>6,844,974</u>	<u>6,681,577</u>	
Liabilities	<u>1,107,602</u>	<u>1,271,516</u>	
Net assets	<u>5,737,372</u>	<u>5,410,061</u>	<u>-327,311</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/17/25
Failure to file penalty _____