Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning	JUL	1	, 2023, and ending	JUN	30	, 20 2 4

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of filer **EIN or SSN** UNITED WAY OF FREDERICK COUNTY INC 52-0607973 KENNETH OLDHAM Name and title of officer or person subject to tax PRESIDENT & CEO Type of Return and Return Information Part I 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. **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) **1b** 2,966,533. Form 990 check here 1a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here 9a b Tax due (Form 5330, Part II, line 19) Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN)_ and that I have examined a copy of the of entity) 2023 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 X lauthorize LSWG, P.A. 40786 to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros as my signature on the tax year 2023 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 2023 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. Date 12/04/2024 Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52460958511 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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. Cynthia E. Well 12/02/2024 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-TE (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A F</u>	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and	ل ending	UN 30, 2024				
B (Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	UNITED WAY OF FREDERICK COUNTY INC						
	Name change	Doing business as		52-06079	73			
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 307	Room/suite	E Telephone number 301-663-4231				
	termin ated			G Gross receipts \$	3,174,242.			
	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re				
	Applic			for subordinates				
	pendir		701	H(b) Are all subordinates in	······ — —			
	Γαν. Θ ν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (insert no.)	$\overline{}$	1 ' '	list. See instructions			
	Nebsit		01 021	H(c) Group exemption				
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile; MD			
	art I	Summary	L 10ai	or formation. 1990 F	of State of legal doffilenc, 222			
		Briefly describe the organization's mission or most significant activities: UNITI	ED WAY	OF FREDERIC	CK COUNTY			
ç	'	MOBILIZES THE CARING POWER OF OUR WHOLE C						
Governance	2	Check this box if the organization discontinued its operations or dispos						
/err	3	- · · · · · · · · · · · · · · · · · · ·		ı	18			
9	4				18			
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			12			
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4779			
Activities &		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	В	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year			
		Ocatality sticate and exercise (Dout VIII. line 11)		1,551,856.	2,976,449.			
ne	8	Contributions and grants (Part VIII, line 1h)			2,970,449.			
/en	9	Program service revenue (Part VIII, line 2g)		19,692.	1,402.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,289.				
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,132.	-11,318.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,590,969.	2,966,533.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		577,849.	975,029.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		636 706	715 063			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		636,796.	715,963.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)165,65		200 000	1 001 701			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		289,920.	1,281,721.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,504,565.	2,972,713.			
		Revenue less expenses. Subtract line 18 from line 12		86,404.	-6,180.			
t Assets or			Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		973,914.	1,242,058.			
A P	21	Total liabilities (Part X, line 26)		314,928.	551,763.			
Net		Net assets or fund balances. Subtract line 21 from line 20		658,986.	690,295.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.				
		Cignoture of officer		Doto				
Sig		Signature of officer		Date				
Her	е	KENNETH OLDHAM, PRESIDENT & CEO						
		Type or print name and title	T i	Doto I	DTIM			
_	_	Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid		C. EVA WEBB C. EVA WEBB		self-employ				
	arer	Firm's name LSWG, P.A.		Firm's EIN 5	2-1273734			
Use	Only	Firm's address 1801 RESEARCH BLVD, SUITE 320			01 \ 660 0000			
		ROCKVILLE, MD 20850		Phone no. (3				
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission:	_
	UNITED WAY OF FREDERICK COUNTY MOBILIZES THE CARING POWER OF OUR WHOLE	
	COMMUNITY TO IMPROVE LIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,562,094. including grants of \$ 975,029.) (Revenue \$ \$	_
4a	(Code:) (Expenses \$2,562,094. including grants of \$975,029.) (Revenue \$	_ '
	COMMUNITY TO IMPROVE LIVES. WE SET AND ACHIEVE AMBITIOUS GOALS BY	_
	INVESTING IN PROGRAMS THAT PROVIDE LONG-TERM IMPACT, FOCUSING ON	_
	LOWER-INCOME HOUSEHOLDS THAT CANNOT AFFORD THE HIGH COST OF LIVING. WE	_
	PROVIDE PATHWAYS TO FINANCIAL SECURITY THROUGH OUR PROSPERITY CENTER	_
	PROGRAMS, PRODUCE AN ALICE REPORT TO IDENTIFY COMMUNITY NEEDS AND	_
	SOLUTIONS, AND RUN A ROBUST YEAR-ROUND VOLUNTEER PROGRAM. OUR ANNUAL	_
	UNITY CAMPAIGN RAISES FUNDS TO SUPPORT LOCAL NONPROFITS, AND WE ENGAGE	_
	THE COMMUNITY THROUGH COLLABORATIVE EFFORTS THAT DRIVE SYSTEMATIC	_
	CHANGE.	_
	CIMIOL.	_
		_
4b	(Code:) (Expenses \$	
		- ′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
-r u		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,562,094.	_
	· · ·	

Form 990 (2023) UNITED WAY OF FREDERICK COUNTY INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		T
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domoctio government on traitive, column (4), interit il res. complete scriedule il Parts I and il	41	- 43	<u> </u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C	, , , ,	24c		
	any tax-exempt bonds?	24d		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.40
	Enter the number reported in 55% 5 of 1 of 11 ross. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c		
	(gambling) winnings to prize winners?	ונ		

Form 990 (2023)

UNITED WAY OF FREDERICK COUNTY INC

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	2 a		12		
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .			X	
						X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
	If "Yes," enter the name of the foreign country		(ED A D)	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		• •	F-0		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa if "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
	any contributions that were not tax deductible as charitable contributions?			6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		· ·	6b		
7 (Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the pay	or? 7a		Х
c I	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
1	to file Form 8282?			7с		Х
d I	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e i	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		
f I	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g i	lf the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g		
h I	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-0	C? 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
	, ,					
				9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Crease respirate included as Form COO. Dort VIII. line 12, for public uses of club facilities	10a				
	Section 501(c)(12) organizations. Enter:	_100				
	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13 9	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a l	s the organization licensed to issue qualified health plans in more than one state?			13a		
I	Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	i	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
						X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	\vdash	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		~
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	t inc-	mo?	40		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	LITICO	ne?	16		Δ
	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any of	tivitio	e			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

Page 6

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(Tillo doction D Togastic Information about policio net rogalisa by the internal retroine doctor)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		х
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
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	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	l finan	ial	
	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			
20	KENNETH OLDHAM - 301-663-4231			
	629 N. MARKET STREET, FREDERICK, MD 21701			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	IIIZA) (2)	рсп	Jac	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of other
	week (list any							from the	from related organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee		a.	ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tı		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KENNETH OLDHAM	40.00									
EXECUTIVE DIRECTOR				Х				105,360.	0.	22,075.
(2) ELIZABETH DEROSE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) SOPHIE SMITH	1.00								_	
DIRECTOR		Х						0.	0.	0.
(4) MARY ELLIS	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(5) ADAM KREISHER	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(6) KEITH HARRIS	1.00								•	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(7) SHARON D. JACKO	1.00	3,7		37					0	0
CHAIR (8) ERIC LOUERS-PHILLIPS	1.00	Х		Х				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) AUSTIN L. PEARRE	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(10) CARLA CLARKE	1.00							0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(11) MICHAEL MCLANE JR	1.00								•	
PAST CHAIR		Х						0.	0.	0.
(12) JOY SCHAEFER	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(13) LT. MATT CARRADO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KENDALL CAMUTI, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JIM RACHEFF	1.00									
TREASURER		Х		Х		$oxed{oxed}$		0.	0.	0.
(16) TONI BOWIE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) GAYON SAMPSON	1.00	_						_	_	_
DIRECTOR		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

	n A. Officers, Directors, Trus (A)	(B)		,	(C		gnes	٠. ن	(D)				(F)	
N	(A) ame and title	Average			ں Posi	•	1		Reportable	(E) Reportable			(r) stimate	.4
IN	arrie ariu title	hours per			heck n				compensation	compensatio	n		nount	
		week			d a di				from	from related			other	
		(list any	ector						the	organization		com	pensa	tion
		hours for	or dir	e e			ated		organization	(W-2/1099-MIS	SC/		om the	
		related organizations	ustee	truste		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relati	
		below	dual tr	tional	١. ا	yoldr	st con yee	_	1099-NEO)				a reiati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				o.g.	ar ii Laci	5110
(18) KRISTEN SN	1OM	1.00												
DIRECTOR			Х						0.		0.			0.
(19) MARY KATE	BATTLES	1.00												
DIRECTOR			Х						0.		0.			0.
			1											
			-											
					\dashv									
			1											
					\dashv									
			1											
					\dashv									
1b Subtotal									105,360.		0.	2	2,0'	
c Total from co	ontinuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lin	nes 1b and 1c)								105,360.		0.	2	2,0'	75.
	of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable)			
compensation	n from the organization												Vaa	1
6 B: 1.11													Yes	No
· ·	nization list any former officer	•	-	•	•	•		•		•		_		Х
	es," complete Schedule J for s idual listed on line 1a, is the si											3		
	rganizations greater than \$15											4		Х
	on listed on line 1a receive or													
	he organization? <i>If</i> "Yes." con	•				•			· ·			5		Х
	endent Contractors	iproto corrodar	<i>5</i>	<i>31 00</i>	UII Ņ		<u> </u>							
1 Complete this	s table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	ensa	tion fro	om	
	ion Donart componentian for		ear e	ndir	ıg wi	th c	or wi	hin	the organization's tax ye	ear.				
the organizati	ion. neport compensation for	the calendar ye							(B)			(0	C)	
the organizat	(A)	•									_			
the organizat	•	•	NC	ONE	3			_	Description of s	ervices	С	ompe	nsatio	า
the organizat	(A)	•	NC	ONE	<u> </u>					ervices	C	ompe	nsatio	<u> </u>
the organizat	(A)	•	NC	ONE	<u> </u>					ervices	C	ompe	nsatio	n
the organizat	(A)	•	NC	ONE	<u> </u>					ervices	C	ompe	nsatio	n
the organizat	(A)	•	NC	ONE	<u> </u>					ervices	C	ompe	nsatio	<u>1</u>
the organizat	(A)	•	NO	ONE	<u> </u>					ervices	C	ompe	nsatio	n
the organizat	(A)	•	NO	ONE	<u> </u>					ervices	C	ompe	nsatio	n
the organizat	(A)	•	NC	ONE						ervices	C	ompe	nsatio	<u>1</u>
the organizat	(A)	•	NC	ONE	<u> </u>					ervices		ompe	nsation	<u>1</u>
the organizat	(A)	•	NO	ONE	E					ervices		ompe	nsation	n

52-0607973

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					
발							
يخ و		Membership dues 1b	21 025				
S, An		Fundraising events 1c	31,835.				
a 유	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e	398,215.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f 2	<u>,546,399.</u>				
ΞÓ	g	ا ، ا	936,241.				
Sol	h	Total. Add lines 1a-1f		2,976,449.			
			Business Code				
•	2 a						
į į							
ne n	b						
n S	С						
<u>ra</u>	d						
Program Service Revenue	е						
م	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)		12,098.			12,098.
	4	Income from investment of tax-exempt bond					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	o u	Less: rental expenses 6b					
		Net rental income or (loss)	/ii) Othor				
	7 a						
		assets other than inventory 7a 158,517	•				
	b	Less: cost or other basis					
ne		and sales expenses 76 169, 213	•				
Revenue	С	Gain or (loss) 7c -10,696	•				
Be	d	Net gain or (loss)		-10,696.			-10,696.
ther	8 a	Gross income from fundraising events (not					
₹		including \$ 31,835. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 25,587.				
	b		ы 38,496.				
		Net income or (loss) from fundraising events		-12,909.			-12,909.
		Gross income from gaming activities. See		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , ,
	Ju	Part IV, line 19	<u> </u>				
	h	Less: direct expenses 9					
			<u>5 </u>				
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10					
		Less: cost of goods sold10	ib				
	С	Net income or (loss) from sales of inventory					
S			Business Code				
on e	11 a	MISCELLANEOUS REVENUE	900099	1,591.			1,591.
ane	b	·					
Miscellaneous Revenue	С						
jš B	d	All other revenue					
2		Total. Add lines 11a-11d		1,591.			
	12	Total revenue. See instructions		2,966,533.	0.	0.	-9,916.

ect	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must com	plete column (A).	
	Check if Schedule O contains a respons			(0)	<u>X</u>
	not include amounts reported on lines 6b, 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	075 020	0.75 0.20		
_	and domestic governments. See Part IV, line 21	975,029.	975,029.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	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,				
3	trustees, and key employees	147,704.	88,445.	30,619.	28,640
6	Compensation not included above to disqualified	11///014	00,1131	30,0131	20,010
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	450,365.	301,410.	76,965.	71,990
8	Pension plan accruals and contributions (include	===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	, 0
_	section 401(k) and 403(b) employer contributions)	19,491.	11,671.	4,041.	3.779
9	Other employee benefits	58,331.	34,928.	12,092.	3,779 11,311
0	Payroll taxes	40,072.	23,995.	8,307.	7,77(
1	Fees for services (nonemployees):	,	,	,	•
а	Management				
b	Legal				
С	Accounting	14,550.		14,550.	
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	56,277.	56,277.		
2	Advertising and promotion				
13	Office expenses	37,048.	24,099.	6,691.	6,258
4	Information technology	39,186.	23,705.	7,999.	7,482
15	Royalties				
16	Occupancy	29,103.	17,427.	6,033.	5,643
7	Travel	5,641.	3,725.	990.	926
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	10,685.	6,398.	2,215.	2,072
21	Payments to affiliates	4 44 -			
22	Depreciation, depletion, and amortization	1,617.	968.	335.	314
3	Insurance	8,919.	5,341.	1,849.	1,729
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND GOODS	936,241.	936,241.		
b	BAD DEBT EXPENSE	56,250.	,	56,250.	
С	UNITY CAMPAIGN	29,353.	29,353.	•	
d	RESOURCE DEVELOPMENT	15,851.			15,851
	All other expenses SEE SCH O	41,000.	23,082.	16,027.	1,891
25	Total functional expenses. Add lines 1 through 24e	2,972,713.	2,562,094.	244,963.	165,656
:6	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X Balance Sheet

ı aı	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			51,111.	1	46,883.
	2	Savings and temporary cash investments			1,348.	2	227.
	3	Pledges and grants receivable, net			356,217.	3	644,650.
	4	Accounts receivable, net			78,455.	4	75,280.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	onsL		5	
	6	Loans and other receivables from other disqua	lified pe	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,464.	9	8,681.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	66,183.			
	b			61,493.	4,909.	10c	4,690. 405,312.
	11	Investments - publicly traded securities			390,014.	11	405,312.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			02 206	14	F.C. 22F
	15	Other assets. See Part IV, line 11	83,396.	15	56,335.		
	16	Total assets. Add lines 1 through 15 (must eq			973,914.	16	1,242,058.
	17	Accounts payable and accrued expenses			52,486.	17	219,405.
	18	Grants payable	49,035.	18	53,102.		
	19	Deferred revenue			28,112.	19	20,347.
	20	Tax-exempt bond liabilities		(0 1 5		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-				00	
E.	00	controlled entity or family member of any of the			100,000.	22	200,000.
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·	100,000.	24	200,000
	25	Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on line	-				
		of Schedule D	•	·	85,295.	25	58,909.
	26	Total liabilities. Add lines 17 through 25			314,928.	26	551,763.
	20	Organizations that follow FASB ASC 958, ch	eck her	X	011/3201	20	33277331
es		and complete lines 27, 28, 32, and 33.	con noi	,			
ů	27				365,197.	27	262,315.
3al	28	Net assets with donor restrictions			293,789.	28	427,980.
둳		Organizations that do not follow FASB ASC			•		•
ᆵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds	3			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			658,986.	32	690,295.
	33	Total liabilities and net assets/fund balances			973,914.	33	1,242,058.

Form **990** (2023)

orm	1 990 (2023) UNITED WAY OF FREDERICK COUNTY INC	52-06	07973	Pag	ge 12
Pa	rt 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	2,966		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,972		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	658	3,9	86.
5	Net unrealized gains (losses) on investments	5	37	7,4	89.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	690	, 2	95 <u>.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

3b Form 990 (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF FREDERICK COUNTY INC

Employer identification number 52-0607973

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	orgar	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck 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	\Box	A hospital or a cooperative		·		(b)(1)(A)(ii	i).	
4	一	A medical research organiz					-	the hospital's name.
•		city, and state:		,				,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	wernmental unit describe	ad in
5	ш			lege of diliversity owned	or operat	ed by a go	verninental unit describe	5 u III
_		section 170(b)(1)(A)(iv). (C						
6	37	A federal, state, or local go	•				• •	
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co		,			, 0	,
11		An organization organized a	•	vely to test for public saf	fety See	section 50)9(a)(4).	
12	П	An organization organized a	•	•	•			nurnoses of one or
	ш	more publicly supported or	-	•	•		•	
		lines 12a through 12d that	-					SHOOK THE BOX OH
_		¬	* *					aivina
а			· · · · · · · · · · · · · · · · · · ·		•	-		
		the supported organization			majority c	i trie direc	tors or trustees of the st	ррогинд
		organization. You must o	=					
b			· ·					-
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated i	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization opera	ated in co	nnection v	ith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		d organization(s).				
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
Tota	al							

332021 12-21-23

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1696227.	1477989.	1635817.	1551856.	2976449.	9338338.
2	Tax revenues levied for the organ-						
	ization'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	1696227.	1477989.	1635817.	1551856.	2976449.	9338338.
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,						500 400
	column (f)						582,433.
	Public support. Subtract line 5 from line 4.						8755905.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019 1696227.	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1696227.	1477989.	1635817.	1551856.	2976449.	9338338.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	11 700	0 010	0 200	11 560	12 000	E2 6EE
_	and income from similar sources	11,789.	8,810.	9,389.	11,569.	12,098.	53,655.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital				1,132.	1,591.	2,723.
44	assets (Explain in Part VI.)				1,152.	1,351.	9394716.
	Gross receipts from related activities,	oto (soo instructio	nc)			12	82,700.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			0277000
.0	organization, check this box and stor			•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	93.20 %
	Public support percentage from 2022					15	89.50 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		,	T	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2023 (I	, (,,		(//		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ni dia not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? 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.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	tion b. All Type III Supporting Organizations		· ·	
	Did the constitution with the control of the contro		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? 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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9_	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
с	From 2020							
<u>d</u>	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
i_	Carryover from 2018 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2023 distributable amount							
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AUSHERMAN FAMILY FOUNDATION	553,557.	365,663.
WEGMANS FOOD MARKETS, INC.	233,558.	45,664.
WILLIAM E. CROSS, FOUNDATION	359,000.	171,106.
		_
Total Excess Contributions to Schedule A, Part II, Line 5		582,433.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization UNITED WAY OF FREDERICK COUNTY INC 52-0607973 Organization type (check one):

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

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITED WAY OF FREDERICK COUNTY INC

52-0607973

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	AUSHERMAN FAMILY FOUNDATION 7420 HAYWARD RD, #203 FREDERICK, MD 21702	\$ 326,825.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM E. CROSS FOUNDATION 201 THOMAS JOHNSON DRIVE FREDERICK, MD 21702	\$ 73,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FREDERICK COUNTY MD GOVERNMENT 12 E CHURCH ST FREDERICK, MD 21701	\$101,750.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 DELAPLAINE FOUNDATION, INC 244 WEST PATRICK STREET FREDERICK, MD 21705	\$ 70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STATE OF MARYLAND - OFFICE OF STATEWIDE BROADBAND 7800 HARKINS ROAD LANHAM, MD 20706	\$ 71,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI, OH 45999	\$123,893.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF FREDERICK COUNTY INC

52-0607973

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

Name of organization Employer identification number

JNITEI	WAY OF FREDERICK COUNT	Y INC			52-0607973
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, charitable in the completing Part III, enter the total of exclusively religious, charitable in the completing Part III, enter the total of exclusively religious, charitable in the completing Part III, enter the total of exclusively religious.	ns to organizations describe hrough (e) and the following I aritable, etc., contributions of \$1,0	ine entry. For orga	nizations	at total more than \$1,000 for the year
(a) No. from Part I	Use duplicate copies of Part III if additional s (b) Purpose of gift	c) Use of gift	t	(d) Desc	ription of how gift is held
raiti					
		(e) Transfer	of gift		
	Transferee's name, address, an			ationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t I	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, an	d ZIP + 4	Rel	ationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t I	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, an	d ZIP + 4	Rel	ationship of trar	nsferor to transferee
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held
		(e) Transfer			
	Transferee's name, address, an	a ∠IP + 4	Rel	ationship of trar	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF FREDERICK COUNTY INC

Employer identification number 52-0607973

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors 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?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodications and enforcement of the generalistic assembly it.		
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
-	3, 3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Par	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar <i>i</i>	Assets	(contin	ued)
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	make sig	nificant us	e of its	,	
	collection items (check all that apply).			•	-	_				
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how the	ey further th	ne organizatio	n's exem	ot purpose	in Part	XIII.	
5	During the year, did the organization solicit or			•	-					
	to be sold to raise funds rather than to be mai				•			\square	Yes	No
Par	rt IV Escrow and Custodial Arrang								ne 9, or	
	reported an amount on Form 990, Part			Ü			,	ŕ	,	
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for o	contribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
b										
	•	•	· ·						Amount	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a							y?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided in F	art XIII				
	rt V Endowment Funds Complete if t									
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	011 111 1 1 1 1111									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g	, column (a)) held as:	•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment 9	 6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held ar	nd administer	ed for the			_	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.						
Par	rt VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated		(d) Bool	k value
		basis (investr	ment)	basis	(other)	depi	reciation			
1a	Land									
b										
С										
d		1		6	6,183.		61,49	3.	- 4	1,690.
<u>e</u>	Other									
Total	II. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part	X line 10	oc column	(B))			🗀	- 4	1,690.

UNITED WAY OF 1	FREDERICK	COUNTY
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Part VII Investments - Other Securities Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		<u> </u>	
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 000 Part IV line	11d Soo Form 000 Part V line 15	
-	escription	Tru. See Form 990, Fart A, line 13.	(b) Book value
··	езсприон		(b) Dook value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(7)</u>			
(8) (9)			
	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	111 01111 000, 1 411 14, 11110	7110 01 111. 000 1 0111 000, 1 are X, iiii 20	(b) Book value
(1) Federal income taxes			(b) Book value
(2) OPERATING LEASE LIABILITY			
(3) CURRENT PORTION			28,460.
(4) OPERATING LEASE LIABILITY	_ NET OF		20, 400
CIIDDELIE DODETON	NEI OF		30,449.
			30,443.
<u>(6)</u>			
<u>(7)</u>			
(9)	(D))		58,909.
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		1 30,303.

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

UNITED V	WAY OF	FREDERICK	COUNTY	INC
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Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With I	Revenue per Re	Lurri	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,442,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	37,489.		
b	Donated services and use of facilities	2b	76,285.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	113,774.
3	Subtract line 2e from line 1			3	2,329,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII.)	4b	637,474.		
					C 2 7 1 7 1
	Add lines 4a and 4b			4c	637,474.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)		5	2,966,533.
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.)		5	2,966,533.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2) tatements With		5	2,966,533. n
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2) t atements With ine 12a.	Expenses per R	5	2,966,533.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II	2) t atements With ine 12a.	Expenses per R	5	2,966,533. n
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements	tatements With	Expenses per R	5	2,966,533. n
2 C 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements With ine 12a.	Expenses per R	5	2,966,533. n
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With ine 12a.	Expenses per R	5	2,966,533. n
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements With ine 12a. 2a 2b 2c	Expenses per R	5	2,966,533. n 2,411,524.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements With ine 12a. 2a 2b 2c 2d	76,285.	5	2,966,533. n 2,411,524. 76,285.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements With ine 12a. 2a 2b 2c 2d	76,285.	5 Return	2,966,533. n 2,411,524.
Par Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) tatements With ine 12a. 2a 2b 2c 2d	76,285.	5 Return	2,966,533. n 2,411,524. 76,285.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements With ine 12a. 2a 2b 2c 2d	76,285.	5 Return	2,966,533. n 2,411,524. 76,285.
1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements With ine 12a. 2a 2b 2c 2d	76,285.	5 Return	2,966,533. 2,411,524. 76,285. 2,335,239.
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements With ine 12a. 2a 2b 2c 2d 4a 4b	76,285.	5 Return	2,966,533. n 2,411,524. 76,285.

Part XIII Supplemental Information

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

PART X, LINE 2:

UWFC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, UWFC HAS DETERMINED THAT NO INCOME TAX IS DUE FOR ITS ACTIVITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. UWFC IS NOT CONSIDERED A PRIVATE FOUNDATION.

UWFC PREVIOUSLY ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED

Part XIII Supplemental Information (continued) THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. UWFC BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATIONAND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON UWFC'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. ACCORDINGLY, UWFC HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2024 AND 2023. UWFC IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. UWFC BELIEVES IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2020. PART XI, LINE 4B - OTHER ADJUSTMENTS: DONOR DESIGNATIONS 637,474. PART XII, LINE 4B - OTHER ADJUSTMENTS: DONOR DESIGNATIONS 637,474.

SCHEDULE G (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF FREDERICK COUNTY INC 52-0607973 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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 STUFF THE DAY OF (add col. (a) through 3 BUS ACTION col. (c)) (event type) (event type) (total number) 35,777. 14,635. 7,010. 57,422. 1 Gross receipts 17,200. 14,635. 31,835. 2 Less: Contributions 18,577. 7,010. 25,587. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 21,761. 7,796. 8,939. 38,496 9 Other direct expenses 38,496. **10** Direct expense summary. Add lines 4 through 9 in column (d) -12,90911 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) **1** Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2023 UNITED WAY OF FREDERICK COUNTY INC 52-0	1607973	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
k	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) Supplemental Inform	UNIT	ED V	YAY	OF	FREDERICK	COUNTY	INC	52-0607973	Page 4
Part IV	Supplemental Infor	mation	(contin	ued)						

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

52-0607973

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization UNITED WAY OF FREDERICK COUNTY INC

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addit	ional space is need	ed.			
(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
ADVOCATES FOR HOMELESS FAMILIES 216 ABRECHT PLACE							
FREDERICK, MD 21701	52-1591139	501(C)(3)	12,301.	0.			GENERAL SUPPORT
ARC OF FREDERICK COUNTY 620 A RESEARCH COURT FREDERICK, MD 21703	52-6055211	501(C)(3)	17,943.	0.			GENERAL SUPPORT
,							
ASIAN AMERICAN CENTER OF FREDERICK COUNTY - 1306 W. PATRICK STREET SUITE 5A - FREDERICK, MD 21703	86-1140556	501(C)(3)	44,256.	0.			GENERAL SUPPORT
BLESSINGS IN A BACKPACK PO BOX 3508 FREDERICK, MD 21705	26-1964620		8,242.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF FREDERICK COUNTY - 413 BURCK ST - FREDERICK, MD 21701	26-3424855	501(C)(3)	24,819.	0.			GENERAL SUPPORT
CHILDREN OF INCARCERATED PARENTS PO BOX 791 FREDERICK, MD 21705	27-3552072	501(C)(3)	88,335.	0.			GENERAL SUPPORT
PO BOX 791			· · · · · · · · · · · · · · · · · · ·	0.			GENERAL SUPPORT

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
LITERACY COUNCIL OF FREDERICK								
COUNTY, INC - 110 EAST PATRICK								
STREET - FREDERICK, MD 21701	52-1100228	501(C)(3)	33,350.	0.			GENERAL SUPPORT	
			, -					
SECOND CHANCES GARAGE								
528 N MARKET STREET								
FREDERICK, MD 21710	27-1336325	501(C)(3)	12,743.	0.			GENERAL SUPPORT	
SOCIETY OF ST. VINCENT DE-PAUL,								
ST. JOHN CONF 112 EAST 2ND	45 5454014	F01/G1/21	15 010				GENERAL GURRORE	
STREET - FREDERICK, MD 21701	45-5454014	501(C)(3)	15,019.	0.			GENERAL SUPPORT	
SPANISH SPEAKING COMMUNITY OF MD								
329 S. JEFFERSON STREET								
FREDERICK, MD 21701	52-0889386	501(C)(3)	20,081.	0.			GENERAL SUPPORT	
			,					
CITY YOUTH MATRIX								
5710 KENT DRIVE								
NEW MARKET, MD 21774	82-3087890	501(C)(3)	19,495.	0.			GENERAL SUPPORT	
I BELIEVE IN ME, INC.								
PO BOX 4255 FREDERICK, MD 21705	82-2072961	501(C)(3)	9,351.	0.			GENERAL SUPPORT	
FREDERICK, FID 21703	02-2072301	501(0)(3)	9,331.	0.			GENERAL SOFFORT	
L'ARCHE FREDERICK MARYLAND								
PO BOX 1636								
FREDERICK, MD 21702	46-3927501	501(C)(3)	31,330.	0.			GENERAL SUPPORT	
YMCA FREDERICK								
1000 N. MARKET STREET								
FREDERICK, MD 21701	52-0607953	501(C)(3)	6,240.	0.			GENERAL SUPPORT	
2015 AUDDODETVA OLDED 151								
SOAR, SUPPORTING OLDER ADULTS PO BOX 1603								
FREDERICK, MD 21702	46-3716967	501(C)(3)	75,532.	0.			GENERAL SUPPORT	
TREDERICK, MD 21/02	40-3/1030/	Po+(C)(3)	13,332.	<u> </u>			GEMERAL SOFFORT	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SOUL STREET									
6820 YELLOW SHEAVE CT									
FREDERICK, MD 21703	92-3236567	501(C)(3)	14,627.	0.			GENERAL SUPPORT		
THE RANCH, INC. 7902 FINGERBOARD RD									
FREDERICK, MD 21704	52-1055741	501(C)(3)	18,683.	0.			GENERAL SUPPORT		

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	 uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
COMMUNITY IMPACT GRANT RECIPIENTS A	ARE MONIT	ORED AND E	VALUATED O	N A	
QUARTERLY BASIS AGAINST THE ORIGINA	AL GRANT	REQUEST PF	ROPOSAL. GR.	ANTEES ARE	
ALSO REQUIRED TO PARTICIPATE IN UNI	TED WAY'	s workford	E GIVING C	AMPAIGN AND	
"DAY OF ACTION" EVENT.					
UNITY CAMPAIGN RECIPIENTS ARE REQUI	IRED TO F	ILE A REPO	ORT DESCRIB	ING HOW	
FUNDS WERE SPENT.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

UNITED WAY OF FREDERICK COUNTY INC

Employer identification number 52-0607973

Par	t I	Тур	es of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts report Form 990, Part VII	ed on	I	(d) od of determi contribution a		
1	Art - V	Vorks	of art			,	,				
2			cal treasures								
3			nal interests								
4			publications								
5			d household goods								
6											
7			planes								
8			property								
9	Secur	ities -	Publicly traded								
10	Secur	ities -	Closely held stock								
11	Secur	ities -	Partnership, LLC, or								
	trust i	nteres	sts								
12	Secur	ities -	Miscellaneous								
13	Qualif	ied co	nservation contribution -								
			ıctures								
14	Qualif	ied co	onservation contribution - Other								
15			- Residential								
16			- Commercial								
17			- Other								
18											
			ory								
20			medical supplies								
21	Taxide	•									
			tifacts								
			pecimens								
			complimed c	X	4,565	905	603	E'MS7			
25	Other	•	COMPUTERS) SCHOOL SUPPLIES)	X	122,192	303	905,693. 30,548.				
26 27	Other Other	`			122,172	50	, , , , , , , , , , , , , , , , , , , ,	LIIV			
28	Other	,)								
			Forms 8283 received by the organia	zation during	the tay year for co	ontributions		ı			
			e organization completed Form 828	-	•		29				
	101 111	11011 (11	o organization dompleted Form 620	50, r art v, D	once / tolknowledge	L				Yes	No
30a	During	a the v	ear, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines	s 1 throug	ah 28. that it		100	110
			or at least 3 years from the date of								
			poses for the entire holding period?	_					30a		Х
b			scribe the arrangement in Part II.								
31	•								31		Х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contri		•						32a	ı 📗 📗	X
b	If "Yes	s," de	scribe in Part II.								
33	If the	organ	ization didn't report an amount in c	olumn (c) for	a type of property	for which column ((a) is che	cked,			
			Part II.								
					_						

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

Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF FREDERICK COUNTY INC

Employer identification number 52-0607973

FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE OF CONFLICTS OF INTEREST IS REQUIRED FROM BOARD OF DIRECTOR MEMBERS FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR REVIEW OF THE CEO'S COMPENSATION. THE COMMITTEE UTILIZES INFORMATION FROM SURROUNDING NONPROFIT ORGANIZATIONS AND OTHER UNITED WAYS OF SIMILAR SIZE, ALONG WITH PREDEFINED GOALS TO DETERMINE COMPENSATION AND/OR COMPENSATION INCREASES. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, ETHICS STATEMENT AND FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FORM 990 IS POSTED ON GUIDESTAR. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: UNITED WAY WORLDWIDE MEMBERSHIP: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 14.006. FUNDRAISING EXPENSES 0. 14,006. TOTAL EXPENSES

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023 Name of the organization UNITED WAY OF FREDERICK COUNTY INC	Employer identification number 52-0607973
SPECIAL CAMPAIGN:	
PROGRAM SERVICE EXPENSES	12,912.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,912.
INTERN STIPEND/AMERICORP:	
PROGRAM SERVICE EXPENSES	5,838.
MANAGEMENT AND GENERAL EXPENSES	2,021.
FUNDRAISING EXPENSES	1,891.
TOTAL EXPENSES	9,750.
MEMBERSHIP DUES:	
PROGRAM SERVICE EXPENSES	4,332.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,332.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	41,000.
990, PART XII, LINE 2C	
NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.	
	_

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any d	of the	e forms		
listed b	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Ce	ontracts	s. An	extension		
reques	t for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic fil	ling c	of Form		
8868, v	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.						
Caution	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE a	and F	orm 8879-TE for p	ayment	
instruc	tions.							
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REM	ICs,	and trusts		
<u>must u</u>	se Form 7004 to request an extension of time to file income	e tax returi	ns.					
Part I -	Identification							
Type o	r Name of exempt organization, employer, or other filer	filer, see instructions. Taxpayer identification number (TIN						
Print								
File by the	UNITED WAY OF FREDERICK COU	NTY I	NC			<u>52-060797</u>	3	
due date	for Number, street, and room or suite no. If a P.O. box, so	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return. Se		PO BOX 307						
instructio	5.1y, 15.11. 5. post 5.11.5, 5.14.5, 4.14 ±1. 5545. 5. 4.15	reign addr	ess, see instructions.					
	FREDERICK, MD 21705							
Enter tl	ne Return Code for the return that this application is for (file	e a separat	e application for each return)				01	
Applica	ation Is For	Return	eturn Application Is For					
		Code					Code	
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)		09			
Form 4	720 (individual)	03	Form 5227		10			
Form 9	90-PF	04	Form 6069		11			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12			
Form 9	90-T (trust other than above)	06	Form 5330 (individual)		13			
Form 9	90-T (corporation)	07	Form 5330 (other than individual)		14			
Form 1041-A 08								
After	you enter your Return Code, complete either Part II or Part	t III. Part III	l, including signature, is applicable o	only for	an ex	tension of		
time to	file Form 5330.							
• If this	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.					
F	Plan Name							
F	Plan Number							
F	Plan Year Ending (MM/DD/YYYY)							
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)					
The	books are in the care of KENNETH OLDHAM							
		REET -	FREDERICK, MD 217	01				
	phone No. 301-663-4231		Fax No.					
	e organization does not have an office or place of business							
• If th	is is for a Group Return, enter the organization's four-digit	_						
box	. If it is for part of the group, check this box		ch a list with the names and TINs of					
	request an automatic 6-month extension of time until $\ \underline{\mathbf{M}}$			e the ex	emp	t organization retu	rn for	
t	he organization named above. The extension is for the orga	anization's	return for:					
L	calendar year 20 or		2.2		20		0.4	
12	tax year beginningJUL 1	, 20 2	23 , and ending	JUN	30	. , 20	24	
2 1	f the tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return	Final re	turn			
	Change in accounting period			-				
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				^	
_	any nonrefundable credits. See instructions.				a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						^	
_		timated tax payments made. Include any prior year overpayment allowed as a credit.			b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa	•			<u>د</u> ا		0.	
1	ing FFTPS (Flectronic Federal Tax Payment System). See instructions					\$	U 🛦	