

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF METROPOLITAN DALLAS, INC		D Employer identification number 75-6005352
	Doing business as		E Telephone number 214-978-0000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1800 N. LAMAR STREET		G Gross receipts \$ 65,828,216.
	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
F Name and address of principal officer: JENNIFER SAMPSON SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UNITEDWAYDALLAS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1961 M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF METROPOLITAN DALLAS IS A SOCIAL CHANGE ORGANIZATION (CONTINUED IN SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	135
	6 Total number of volunteers (estimate if necessary)	6	4082
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	59,237,501.	62,583,431.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,229.	-6,890.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,922,589.	494,118.
		61,265,319.	63,070,659.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,217,445.	45,892,818.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,505,860.	9,123,598.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,538,935.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,327,163.	8,996,172.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,050,468.	64,012,588.	
19 Revenue less expenses. Subtract line 18 from line 12	2,214,851.	-941,929.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	52,867,984.	43,656,559.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,102,673.	13,081,730.
		34,765,311.	30,574,829.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	JANICE HARISSIS, CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Prepare	Date
	MICHELLE L WEBER	<i>Michelle L Weber</i>	Digitally signed by Michelle L Weber Date: 2023.05.12 13:42:3 -05'00'
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558	Check <input type="checkbox"/> if self-employed P00556798
	Firm's address ▶ 100 E. WISCONSIN AVE. MILWAUKEE, WI 53202	Phone no. 414-289-8200	

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

Form 8868 (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

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.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Form fields for Name of exempt organization (UNITED WAY OF METROPOLITAN DALLAS, INC), Taxpayer identification number (75-6005352), and address (1800 N. LAMAR STREET, DALLAS, TX 75202).

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), and Form 990-T (corporation).

JANICE HARISSIS

The books are in the care of 1800 N LAMAR STREET - DALLAS, TX 75202

Telephone No. 214-978-0000

Fax No. 214-220-8716

- If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year or tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

Table with 3 columns: Description, 3a, 3b, 3c. Rows include tentative tax, refundable credits, and balance due.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UWMD IS A COMMUNITY-BASED SOCIAL CHANGE ORGANIZATION THAT BELIEVES IN THE POWER OF UNITY TO CREATE LASTING CHANGE. FOR OVER 90 YEARS, WE'VE LED THE CHARGE TO STRENGTHEN EDUCATION, INCOME AND HEALTH-THE BUILDING BLOCKS OF OPPORTUNITY. (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 32,265,842. including grants of \$ 27,112,598.) (Revenue \$) UWMD BUILDS AND ADMINISTERS COLLABORATIVE PROGRAMS AND INITIATIVES THAT ENSURE MORE STUDENTS GRADUATE READY TO SUCCEED, ENABLE MORE FAMILIES TO BECOME FINANCIALLY STABLE, AND GIVE PEOPLE THE TOOLS TO LEAD HEALTHY, PRODUCTIVE LIVES. EXAMPLES INCLUDE:

1. PATHWAYS TO ECONOMIC MOBILITY HELPS FAMILIES INCREASE SAVINGS, IMPROVE CREDIT SCORES, REDUCE DEBT, AND AVOID PREDATORY LENDING PRODUCTS. IN FISCAL YEAR 2021-2022, OVER 60,000 PEOPLE ACCESSED FINANCIAL CAPABILITY SERVICES THROUGH UNITED WAY, INCLUDING 6,000 THAT PARTICIPATED IN ONE-ON-ONE FINANCIAL COACHING. OUR FREE TAX PREPARATION PROGRAM HELPED ALMOST 4,000 PEOPLE OBTAIN \$8.6 MILLION IN REFUNDS. (CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ 17,933,719. including grants of \$ 15,108,000.) (Revenue \$) WE COLLABORATED WITH A BROAD SPECTRUM OF COMMUNITY PARTNERS TO DEVELOP OUR ASPIRE 2030 GOALS: OUR NORTH STAR FOR DRIVING TRANSFORMATIONAL CHANGE AND ADVANCING RACIAL EQUITY IN EDUCATION, INCOME, AND HEALTH ACROSS NORTH TEXAS THROUGH THE YEAR 2030. IN EDUCATION WE SEEK TO INCREASE BY 50% THE NUMBER OF NORTH TEXAS STUDENTS READING ON GRADE LEVEL BY THIRD GRADE. IN INCOME WE SEEK TO INCREASE THE NUMBER OF NORTH TEXAS YOUNG ADULTS WHO EARN A LIVING WAGE BY 20%. IN HEALTH WE SEEK TO INCREASE TO 96% THE NUMBER OF NORTH TEXANS WITH ACCESS TO AFFORDABLE HEALTH CARE INSURANCE.

(CONTINUED IN SCHEDULE O)

4c (Code:) (Expenses \$ 3,672,220. including grants of \$ 3,672,220.) (Revenue \$ 461,344.) UNITED WAY OF METROPOLITAN DALLAS, INC. ENABLES DONORS TO DESIGNATE THEIR GIFTS TO OTHER UNITED WAYS OR TO SPECIFIC AGENCIES. IN FISCAL YEAR 2021-2022, UNITED WAY OF METROPOLITAN DALLAS, INC. PROCESSED \$3,672,220 IN DESIGNATIONS.

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

4e Total program service expenses 53,871,781.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 54	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	25	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JANICE HARISSIS - 214-978-0000**
1800 N LAMAR STREET, DALLAS, TX 75202

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SAMPSON PRESIDENT AND CEO	32.00 8.00			X				615,006.	0.	128,036.
(2) SUSAN E PEEK CHIEF IMPACT/STRATEGY OFFICER	34.00 6.00			X				448,626.	0.	45,387.
(3) JANICE W HARISSIS CHIEF FINANCIAL OFFICER	38.00 2.00			X				315,012.	0.	17,771.
(4) ASHLEY O BRUNDAGE EXEC. DIRECTOR, HOUSING STABILITY	40.00 0.00				X			189,939.	0.	45,004.
(5) SUSAN D HUTCHESON VP, LEADERSHIP GIVING	40.00 0.00					X		142,607.	0.	41,361.
(6) CANDACE C BARNES SVP, HUMAN RESOURCES	40.00 0.00					X		136,877.	0.	43,146.
(7) ANGELA FLOYD VP, IT & GIFT PROCESSING	40.00 0.00					X		134,328.	0.	30,125.
(8) ANN C MONTGOMERY VP, INNOVATION AND DESIGN	40.00 0.00					X		129,421.	0.	16,752.
(9) DEAN A JENKS SR. DIRECTOR, CORP. ENGAGEMENT	40.00 0.00					X		129,654.	0.	9,173.
(10) JENNIFER A REEVES CORPORATE SECRETARY	40.00 0.00			X				93,536.	0.	28,271.
(11) CHARLENE LAKE BOARD CHAIR	5.00 0.00	X		X				0.	0.	0.
(12) TERRI WEST UWFMD CHAIR/COMP. CHR (AS OF 1/22)	2.00 5.00	X		X				0.	0.	0.
(13) STEVEN WILLIAMS AT-LRG MEM (THRU)/VC (AS OF 1/22)	5.00 0.00	X		X				0.	0.	0.
(14) JAMES HINTON VICE CHAIR/COMP. CHR (THRU 12/21)	2.00 0.00	X		X				0.	0.	0.
(15) MICHELLE VOPNI TREASURER	5.00 0.00	X		X				0.	0.	0.
(16) DAN BERNER AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(17) KARL BOVEE AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTONIO CARRILLO AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(19) JORGE CORRAL AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(20) RICHARD FEDOCK AUDIT AND ETHICS CHAIR	5.00 0.00	X						0.	0.	0.
(21) REGEN HORCHOW AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(22) SCOTT HUDSON AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(23) CHRISTY ALKIDAS JACOBY AT-LARGE MEMBER (AS OF 01/22)	2.00 0.00	X						0.	0.	0.
(24) DAVID MARTIN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(25) GAIL MCDONALD AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(26) SCOTT MOORE AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,335,006.	0.	405,026.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,335,006.	0.	405,026.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEARTS AND SCIENCE LLC, 200 VARICK STREET, 11TH FLOOR, NEW YORK, NY 10014	ADVERTISING & MEDIA SERVICES	281,098.
LEGENDS HOSPITALITY, LLC 1 AT&T WAY, ARLINGTON, TX 76011	EVENT PLANNING	238,604.
FERST FOUNDATION FOR CHILDHOOD LITERACY 237 N SECOND STREET, MADISON, GA 30650	PROGRAM IMPL & OVERSIGHT	221,321.
CYNTHIA ROUND, 333 WEST 86TH STREET, APT 1607, NEW YORK, NY 10024	CONSULTING SERVICES	212,676.
GOODR FOUNDATION, 691 JOHN WESLEY DOBBS AVE. NE, SUITE A, ATLANTA, GA 30312	POP-UP PROVIDER	200,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	197,637.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations	2,645,000.				
	1 e	Government grants (contributions)	27,806,054.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	31,934,740.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 2,226,444.				
	1 h	Total. Add lines 1a-1f		62,583,431.			
Program Service Revenue	2 a	_____	Business Code				
	2 b	_____					
	2 c	_____					
	2 d	_____					
	2 e	_____					
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,718.		21,718.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				2,728,949.			
7 b	Less: cost or other basis and sales expenses	2,730,632.	26,925.				
7 c	Gain or (loss)	-1,683.	-26,925.				
	d	Net gain or (loss)		-28,608.		-28,608.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 b	Less: direct expenses				
	c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 b	Less: direct expenses				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	DESIGNATION PROCESSING FEES	561000	461,344.	461,344.		
	11 b	FLEX CREDITS	900099	14,500.		14,500.	
	11 c	INSURANCE REIMBURSEMENT	900099	4,750.		4,750.	
	11 d	All other revenue	900099	13,524.		13,524.	
	11 e	Total. Add lines 11a-11d		494,118.			
12	Total revenue. See instructions		63,070,659.	461,344.	0.	25,884.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,377,524.	44,377,524.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,515,294.	1,515,294.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,928,012.	833,835.	379,049.	715,128.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,498,491.	1,776,256.	1,606,376.	2,115,859.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	210,672.	82,757.	44,876.	83,039.
9 Other employee benefits	878,518.	362,221.	301,686.	214,611.
10 Payroll taxes	607,905.	273,946.	114,459.	219,500.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,860.		6,860.	
c Accounting	210,627.	46,997.	120,443.	43,187.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,734,406.	841,827.	581,640.	310,939.
12 Advertising and promotion	979,847.	664,761.	8,711.	306,375.
13 Office expenses	624,685.	42,917.	74,472.	507,296.
14 Information technology	2,412,477.	989,999.	157,729.	1,264,749.
15 Royalties				
16 Occupancy	455,174.	323,698.	41,370.	90,106.
17 Travel	38,090.	22,868.	6,753.	8,469.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	765,067.	292,794.	11,264.	461,009.
20 Interest	12,543.	9,407.	1,035.	2,101.
21 Payments to affiliates	848,421.	709,534.	55,487.	83,400.
22 Depreciation, depletion, and amortization	712,022.	595,464.	46,566.	69,992.
23 Insurance	86,608.	65,844.	6,852.	13,912.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	38,036.	24,116.	11,529.	2,391.
b EXTERNAL GIFTS	32,657.	7,622.	7,321.	17,714.
c EMPLOYEE RELATIONS	26,283.	9,597.	10,558.	6,128.
d SUBSCRIPTIONS & PUBL.	9,908.	2,503.	4,375.	3,030.
e All other expenses	2,461.		2,461.	
25 Total functional expenses. Add lines 1 through 24e	64,012,588.	53,871,781.	3,601,872.	6,538,935.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,860,175.	1	4,935,569.
	2 Savings and temporary cash investments	6,353,458.	2	4,427,382.
	3 Pledges and grants receivable, net	14,145,173.	3	14,601,108.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	401,572.	9	1,451,998.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,510,287.		
	b Less: accumulated depreciation	10b 9,341,020.	4,794,791.	10c 4,169,267.
	11 Investments - publicly traded securities	484,660.	11	0.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,828,155.	15	14,071,235.
16 Total assets. Add lines 1 through 15 (must equal line 33)	52,867,984.	16	43,656,559.	
Liabilities	17 Accounts payable and accrued expenses	7,411,724.	17	3,942,811.
	18 Grants payable	7,450,000.	18	5,000,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,653,966.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,586,983.	25	4,138,919.
	26 Total liabilities. Add lines 17 through 25	18,102,673.	26	13,081,730.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,450,136.	27	13,087,930.
	28 Net assets with donor restrictions	20,315,175.	28	17,486,899.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	34,765,311.	32	30,574,829.
	33 Total liabilities and net assets/fund balances	52,867,984.	33	43,656,559.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,070,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,012,588.
3	Revenue less expenses. Subtract line 2 from line 1	3	-941,929.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,765,311.
5	Net unrealized gains (losses) on investments	5	-27,177.
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	-3,221,376.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,574,829.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	56302770.	63322626.	53655309.	57871691.	62583431.	293735827
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	56302770.	63322626.	53655309.	57871691.	62583431.	293735827
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						54829180.
6 Public support. Subtract line 5 from line 4.						238906647

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	56302770.	63322626.	53655309.	57871691.	62583431.	293735827
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	163,334.	262,509.	162,532.	105,229.	21,718.	715,322.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,631.	16,641.	89,810.	116,588.	32,774.	346,444.
11 Total support. Add lines 7 through 10						294797593
12 Gross receipts from related activities, etc. (see instructions)					12	5,805,492.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	81.04 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	75.31 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

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

OTHER INCOME

2017 AMOUNT: \$ 30.
2018 AMOUNT: \$ 914.
2019 AMOUNT: \$ 3,386.
2020 AMOUNT: \$ 18,933.
2021 AMOUNT: \$ 13,524.

FLEX CREDIT

2017 AMOUNT: \$ 25,682.
2018 AMOUNT: \$ 9,295.
2019 AMOUNT: \$ 52,919.
2020 AMOUNT: \$ 46,656.
2021 AMOUNT: \$ 14,500.

INSURANCE COMPANY DIVIDEND

2017 AMOUNT: \$ 8,989.
2018 AMOUNT: \$ 6,432.
2019 AMOUNT: \$ 13,523.
2020 AMOUNT: \$ 43,559.
2021 AMOUNT: \$ 4,750.

GROSS FUNDRAISING REVENUE

2017 AMOUNT: \$ 55,930.

DEFERRED COMPENSATION

2019 AMOUNT: \$ 19,982.

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

2020 AMOUNT: \$ 7,440.

Horizontal lines for supplemental information input.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>20,628,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>3,505,563.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>2,645,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>2,262,984.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,801,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,717,193.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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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
7	<hr/> <hr/> <hr/>	\$ <u>1,653,966.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,320,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	180,649.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	5,000.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	185,649.	0.												
d	Other exempt purpose expenditures	63,826,939.	0.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	64,012,588.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	219,009.	246,022.	216,716.	185,649.	867,396.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	218,936.	241,022.	211,716.	180,649.	852,323.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2021

Open to Public Inspection

Name of the organization **UNITED WAY OF METROPOLITAN DALLAS, INC** Employer identification number **75-6005352**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	54,572,331.	43,865,673.	47,147,486.	45,173,952.	41,867,356.
b Contributions	2,806,865.	1,376,636.	2,242,870.	1,799,685.	3,258,494.
c Net investment earnings, gains, and losses	-7,728,000.	12,536,616.	1,682,382.	2,761,370.	3,137,160.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,111,160.	3,206,594.	3,182,266.	2,587,521.	3,089,058.
f Administrative expenses			4,024,799.		
g End of year balance	47,540,036.	54,572,331.	43,865,673.	47,147,486.	45,173,952.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50.6800 %
 - b Permanent endowment 47.5800 %
 - c Term endowment 1.7400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		211,259.		211,259.
b Buildings		8,759,373.	5,822,282.	2,937,091.
c Leasehold improvements		1,299,193.	657,547.	641,646.
d Equipment		2,497,314.	2,166,072.	331,242.
e Other		743,148.	695,119.	48,029.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,169,267.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	10,790,607.
(2) DUE FROM UNITED WAY FOUNDATION	3,097,705.
(3) DEFERRED COMPENSATION	182,923.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	14,071,235.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UNITED WAY FOUNDATION	2,610,836.
(3) DONOR DESIGNATIONS	1,528,083.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,138,919.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	57,494,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-27,177.	
b	Donated services and use of facilities	2b	289,725.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-5,865,861.	
e	Add lines 2a through 2d	2e	-5,603,313.	
3	Subtract line 2e from line 1	3	63,097,584.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-26,925.	
c	Add lines 4a and 4b	4c	-26,925.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	63,070,659.	

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

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

1	Total expenses and losses per audited financial statements		1	61,684,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	289,725.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-3,645,295.	
e	Add lines 2a through 2d	2e	-3,355,570.	
3	Subtract line 2e from line 1	3	65,040,323.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-1,027,735.	
c	Add lines 4a and 4b	4c	-1,027,735.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	64,012,588.	

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 V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

UWMD IS A BENEFICIARY OF THE UNITED WAY FOUNDATION OF METROPOLITAN DALLAS'S ENDOWMENT AS A SUPPORTED ORGANIZATION. THE ENDOWMENT FUNDS ARE ESTABLISHED FOR THE EXCLUSIVE PURPOSE OF THE DONORS AND TO SUPPORT THE PROGRAM INITIATIVES OF UWMD.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS (ASC 740)

BOTH UNITED WAY AND THE FOUNDATION ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THUS, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS.

UNITED WAY AND THE FOUNDATION FOLLOW THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, RECOGNIZING THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. UNITED WAY AND THE FOUNDATION APPLIED THE UNCERTAIN TAX POSITION GUIDANCE TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF THAT DATE. UNITED WAY AND THE FOUNDATION DO NOT BELIEVE THERE IS ANY UNCERTAINTY WITH RESPECT TO THE TAX POSITION WHICH WOULD RESULT IN A MATERIAL CHANGE TO THE FINANCIAL STATEMENTS.

UNITED WAY AND THE FOUNDATION ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME. IN ACCORDANCE WITH THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO MATERIAL INCOME TAX EFFECTS WITH RESPECT TO ITS FINANCIAL STATEMENTS. MANAGEMENT HAS DETERMINED THAT THERE IS NO MATERIAL UNRELATED BUSINESS INCOME TO REPORT FOR UNITED WAY OR THE FOUNDATION AND HAS NOT HISTORICALLY FILED UNRELATED BUSINESS INCOME TAX RETURNS. THEREFORE, TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INCOME TAX RETURN HAS NOT BEEN FILED.

THERE WAS NO INTEREST RELATED TO INCOME TAXES THAT HAS BEEN ACCRUED OR

Part XIII Supplemental Information (continued)

RECOGNIZED AS OF AND FOR THE YEARS ENDED JUNE 30, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES	-5,682,964.
CHANGE OF INTEREST HELD IN TRUSTS	-1,210,632.
EMPLOYEE RETENTION CREDIT	1,027,735.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-5,865,861.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSALS	-26,925.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES	-3,672,220.
LOSS ON DISPOSAL	26,925.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-3,645,295.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EMPLOYEE RETENTION CREDIT	-1,027,735.
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RECONCILIATION OF ASSETS AND LIABILITIES TO FINANCIALS:

UWMD IS A BENEFICIARY OF THE UNITED WAY FOUNDATION OF METROPOLITAN DALLAS (FOUNDATION) AS A SUPPORTED ORGANIZATION. THE FOUNDATION FUNDS ARE ESTABLISHED FOR THE EXCLUSIVE PURPOSE OF THE DONORS AND TO SUPPORT THE PROGRAM INITIATIVES OF UWMD.

	UWMD	UWFMD	ELIMINATIONS	CONSOLIDATED
TOTAL ASSETS	43,656,559	57,626,960	(5,708,541)	95,574,978
TOTAL LIABILITIES	13,081,730	3,563,205	(5,708,541)	10,936,394

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number
75-6005352

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 INSPIRE PEACE INC. 1409 S. LAMAR STREET #211 DALLAS, TX 75208	84-3727348	501(C)(3)	17,150.	0.			PROGRAM OPS COST
ABIDE WOMEN'S HEALTH SERVICES 2612 MARTIN LUTHER KING JR. DALLAS, TX 75215	82-3303040	501(C)(3)	61,615.	0.			PROGRAM OPS COST
ADVOCATE FOUNDATION DBA DALLAS FREE PRESS - 6301 GASTON AVE., SUITE 820 - DALLAS, TX 75214	20-5245262	501(C)(3)	27,500.	0.			PROGRAM OPS COST
AES LITERACY INSTITUTE 8204 ELMBROOK DR, STE. 221 DALLAS, TX 75247	83-3899952	501(C)(3)	145,000.	0.			PROGRAM OPS COST
AFTERTOEDUCATE 2904 FLOYD ST., SUITE B DALLAS, TX 75230	82-3145228	501(C)(3)	25,000.	0.			PROGRAM OPS COST
AFTER-SCHOOL ALL-STARS NORTH TEXAS 2902 SWISS AVE DALLAS, TX 75204	95-4441208	501(C)(3)	142,500.	0.			PROGRAM OPS COST

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **203.**
- 3** Enter total number of other organizations listed in the line 1 table **19.**

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

Schedule I (Form 990) 2021

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE RESOURCE & ASSISTANCE CENTER, INC. - 1315 19TH ST., SUITE 3A - PLANO, TX 75074	75-2942035	501(C)(3)	62,500.	0.			PROGRAM OPS COST
ARK OF HOPE, INC 701 ASHBURY DRIVE MIDLOTHIAN, TX 76065	35-2528153	501(C)(3)	25,000.	0.			PROGRAM OPS COST
ARTIST OUTREACH, INC DBA THE ARTIST OUTREACH - 10,000 NORTH CENTRAL EXPRESSWAY, SUITE 400 - DALLAS, TX 75231	46-0638240	501(C)(3)	50,000.	0.			PROGRAM OPS COST
ASSISTANCE CENTER OF COLLIN COUNTY 900 E. 18TH STREET PLANO, TX 75074	75-1550604	501(C)(3)	10,000.	0.			PROGRAM OPS COST
AUSTIN STREET CENTER P.O. BOX 151085 DALLAS, TX 75315	75-1881365	501(C)(3)	42,329.	0.			PROGRAM OPS COST
AVANCE DALLAS 2060 SINGLETON BLVD., STE. 103 DALLAS, TX 75212	75-2699260	501(C)(3)	463,758.	0.			PROGRAM OPS COST
BACHMAN LAKE TOGETHER 9507 OVERLAKE DR DALLAS, TX 75220	81-4526609	501(C)(3)	27,500.	0.			PROGRAM OPS COST
BAYLOR HEALTH CARE SYSTEM DALLAS FOUNDATION - 301 N. WASHINGTON AVE - DALLAS, TX 75246	75-1606705	501(C)(3)	97,500.	0.			PROGRAM OPS COST
BAYLOR UNIVERSITY 1111 W. MOCKINGBIRD LANE, SUITE 135 DALLAS, TX 75247	74-1159753	501(C)(3)	81,000.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON HILL PREPARATORY INSTITUTE 1402 CORINTH STREET, SUITE 257 DALLAS, TX 75215	42-1624235	501(C)(3)	156,667.	0.			PROGRAM OPS COST
BIG BROTHERS BIG SISTERS LONE STAR 450 E. JOHN CARPENTER FREEWAY, SUITE IRVING, TX 75062	75-0800632	501(C)(3)	110,000.	0.			PROGRAM OPS COST
BIG THOUGHT 1409 S. LAMAR, STE 1015 DALLAS, TX 75215	75-2170035	501(C)(3)	27,500.	0.			PROGRAM OPS COST
BLACK HEART ASSOCIATION 1029 KAYLIE ST. GRAND PRAIRIE, TX 75052	82-1011939	501(C)(3)	25,000.	0.			PROGRAM OPS COST
BOYS & GIRLS CLUBS OF COLLIN COUNTY - 701 S. CHURCH ST. - MCKINNEY, TX 75069	75-1296869	501(C)(3)	60,000.	0.			PROGRAM OPS COST
BOYS & GIRLS CLUBS OF GREATER DALLAS - 4816 WORTH STREET - DALLAS, TX 75246	75-1152657	501(C)(3)	235,000.	0.			PROGRAM OPS COST
BROTHER BILL'S HELPING HAND 3906 N WESTMORELAND DALLAS, TX 75212	75-6027740	501(C)(3)	1,876,310.	0.			PROGRAM OPS COST
BT FOUNDRY 4222 MAIN ST DALLAS, TX 75226	30-1154635	501(C)(3)	25,000.	0.			PROGRAM OPS COST
CAFE MOMENTUM 1510 PACIFIC AVE DALLAS, TX 75201	32-0384561	501(C)(3)	27,500.	0.			PROGRAM OPS COST

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CARBOARD PROJECT 4008 CAVALRY DR PLANO, TX 75023	81-4431217	501(C)(3)	107,000.	0.			PROGRAM OPS COST
CASA OF COLLIN COUNTY 101 E DAVIS STREET MCKINNEY, TX 75069	75-2391961	501(C)(3)	12,500.	0.			PROGRAM OPS COST
CASA OF DENTON COUNTY, INC. 614 N. BELL AVE. DENTON, TX 76209	75-2417472	501(C)(3)	12,500.	0.			PROGRAM OPS COST
CATCH UP & READ 3001 KNOX ST., SUITE 207 DALLAS, TX 75205	45-3533496	501(C)(3)	47,500.	0.			PROGRAM OPS COST
CATHOLIC CHARITIES OF DALLAS, INC. (4240) - 1421 W. MOCKINGBIRD LANE - DALLAS, TX 75247	75-2745221	501(C)(3)	1,634,691.	0.			PROGRAM OPS COST
CEDAR HILL INDEPENDENT SCHOOL DISTRICT - 285 UPTOWN BLVD, BLDG 300 - CEDAR HILL, TX 75104	75-6000346	501(C)(3)	91,950.	0.			PROGRAM OPS COST
CHILD AND FAMILY GUIDANCE CENTERS 8915 HARRY HINES BLVD DALLAS, TX 75235-1717	75-0800630	501(C)(3)	155,000.	0.			PROGRAM OPS COST
CHILD POVERTY ACTION LAB 1808 S. GOOD LATIMEREXPY, SUITE 102 DALLAS, TX 75246	47-3863079	501(C)(3)	39,000.	0.			PROGRAM OPS COST
CHILDCAREGROUP 1420 W. MOCKINGBIRD LANE, SUITE 300 DALLAS, TX 75247	75-0800634	501(C)(3)	1,322,435.	0.			PROGRAM OPS COST

UNITED WAY OF METROPOLITAN DALLAS, INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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CHILDREN FIRST, INC. 202 COLLEGE STREET GRAND PRAIRIE, TX 75050	75-2100237	501(C)(3)	15,000.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	42,500.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER FOR ROCKWALL COUNTY - 1350 E. WASHINGTON STREET - ROCKWALL, TX 75087	47-4946358	501(C)(3)	42,500.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BOULEVARD - PLANO, TX 75074	75-2389095	501(C)(3)	110,000.	0.			PROGRAM OPS COST
CHILDREN'S MEDICAL CENTER FOUNDATION - 1935 MEDICAL DISTRICT DR - DALLAS, TX 75235	75-2062015	501(C)(3)	148,400.	0.			PROGRAM OPS COST
CHOCOLATE MINT FOUNDATION 201 EXECUTIVE WAY DESOTO, TX 75115	27-1589053	501(C)(3)	2,464,160.	0.			PROGRAM OPS COST
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	25,000.	0.			PROGRAM OPS COST
CIRCLE TEN COUNCIL, BOY SCOUTS OF AMERICA - 8605 HARRY HINES BOULEVARD - DALLAS, TX 75235	75-0800615	501(C)(3)	65,000.	0.			PROGRAM OPS COST
CITY HOUSE 830 CENTRAL PKWY EAST, SUITE 350 PLANO, TX 75074	75-2213291	501(C)(3)	15,000.	0.			PROGRAM OPS COST

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CITY YEAR, INC 1201 MAIN STREET, SUITE 1300 DALLAS, TX 75218	22-2882549	501(C)(3)	85,000.	0.			PROGRAM OPS COST
CITY SQUARE P.O. BOX 140024 DALLAS, TX 75214	75-2332948	501(C)(3)	3,078,840.	0.			PROGRAM OPS COST
COMBINED ARMS 2929 MCKINNEY ST HOUSTON, TX 77042	47-5648923	501(C)(3)	25,000.	0.			PROGRAM OPS COST
COMMIT! 3800 MAPLE AVENUE, SUITE 800 DALLAS, TX 75219	80-0790222	501(C)(3)	70,000.	0.			PROGRAM OPS COST
COMMUNITIES IN SCHOOLS OF NORTH TEXAS, INC. - 217 S. STEMMONS FWY - LEWISVILLE, TX 75067	75-2496426	501(C)(3)	72,500.	0.			PROGRAM OPS COST
COMMUNITIES IN SCHOOLS OF THE DALLAS REGION - 1341 W. MOCKINGBIRD LANE, SUITE 1000E - DALLAS, TX 75247	75-2044117	501(C)(3)	62,500.	0.			PROGRAM OPS COST
COMMUNITY COUNCIL OF GREATER DALLAS - 1341 W MOCKINGBIRD LN, SUITE 1000W - DALLAS, TX 75247-6913	75-0800631	501(C)(3)	269,444.	0.			PROGRAM OPS COST
CONCORD MISSIONARY BAPTIST CHURCH 6808 PASTOR BAILEY DRIVE DALLAS, TX 75237	75-1523441	501(C)(3)	41,000.	0.			PROGRAM OPS COST
CORNERSTONE ASSISTANCE NETWORK PO BOX 53 PROSPER, TX 75078	27-2535979	501(C)(3)	15,000.	0.			PROGRAM OPS COST

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CORNERSTONE COMMUNITY DEVELOPMENT 1819 MARTIN LUTHER KING JR BLVD DALLAS, TX 75215	75-2623357	501(C)(3)	10,000.	0.			PROGRAM OPS COST
CORNERSTONE CROSSROADS ACADEMY 2815 S. ERVAY STREET DALLAS, TX 75215	11-3761734	501(C)(3)	37,500.	0.			PROGRAM OPS COST
CORNERSTONE FOUNDATION 6801 PARKWOOD BLVD. STE. 300 PLANO, TX 75024	75-6039968	501(C)(3)	26,667.	0.			PROGRAM OPS COST
CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY, SUITE 10 - ANN ARBOR, MI 48108	38-2991143	501(C)(3)	53,083.	0.			PROGRAM OPS COST
COUNTY OF DALLAS 1201 ELM STREET, SUITE 2300 DALLAS, TX 75270	75-6000905	501(C)(3)	74,587.	0.			PROGRAM OPS COST
COVENANT PURPOSE AND RESTORATION FAMILY CENTER - 2154 W NW HWY, SUITE 205 - DALLAS, TX 75220	47-2112781	501(C)(3)	15,000.	0.			PROGRAM OPS COST
CRISTO REY DALLAS HIGH SCHOOL 1064 N ST AUGUSTINE DRIVE DALLAS, TX 75217	46-3737066	501(C)(3)	50,000.	0.			PROGRAM OPS COST
CROSSROADS COMMUNITY SERVICE 4500 SOUTH COCKRELL HILL RD DALLAS, TX 75236	47-2676714	501(C)(3)	50,000.	0.			PROGRAM OPS COST
DALLAS AFTERSCHOOL 3900 WILLOW ST., STE 110 DALLAS, TX 75226	76-0838983	501(C)(3)	163,850.	0.			PROGRAM OPS COST

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DALLAS BETHLEHEM CENTER 4410 LELAND AVE DALLAS, TX 75215	75-08000667	501(C)(3)	10,000.	0.			PROGRAM OPS COST
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUEL BLVD. DALLAS, TX 75228	75-2303404	501(C)(3)	161,428.	0.			PROGRAM OPS COST
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT FOUNDATION INC - 1601 BOTHAM JEAN BLVD - DALLAS, TX 75215	23-7326612	501(C)(3)	845,308.	0.			PROGRAM OPS COST
DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH & HOSPITAL SYSTEM, DALLAS, TX 75266	75-6004221	501(C)(3)	56,954.	0.			PROGRAM OPS COST
DALLAS COUNTY MENTAL HEALTH & MENTAL RETARDATION CENTER DBA METROCARE SERVICES - 1345 RIVER BEND DRIVE, SUITE 200 - DALLAS, TX	75-1285603	501(C)(3)	284,146.	0.			PROGRAM OPS COST
DALLAS EDUCATION FOUNDATION 3700 ROSS AVENUE, BOX 108 DALLAS, TX 75204	20-5533398	501(C)(3)	68,028.	0.			PROGRAM OPS COST
DALLAS FT WORTH HOSPITAL COUNCIL 300 DECKER DRIVE, SUITE 300 IRVING, TX 75062	23-7004426	501(C)(3)	6,667.	0.			PROGRAM OPS COST
DALLAS INDEPENDENT SCHOOL DISTRICT 9400 N. CENTRAL EXPWY DALLAS, TX 75231	75-6001278	501(C)(3)	354,874.	0.			PROGRAM OPS COST
DALLAS REGIONAL CHAMBER 500 N. AKARD STREET, SUITE 2600 DALLAS, TX 75201	75-0223440	501(C)(3)	30,000.	0.			PROGRAM OPS COST

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DALLAS SERVICES-CENTER FOR VISION 5442 LA SIERRA DRIVE DALLAS, TX 75231	75-0958408	501(C)(3)	62,500.	0.			PROGRAM OPS COST
DEAF ACTION CENTER P.O. BOX 7527 DALLAS, TX 75209	75-1575599	501(C)(3)	27,000.	0.			PROGRAM OPS COST
DENTON COUNTY FRIENDS OF THE FAMILY - PO BOX 640 - DENTON, TX 76202	75-1734175	501(C)(3)	67,500.	0.			PROGRAM OPS COST
DWELL WITH DIGNITY 3112 HOOD STREET DALLAS, TX 75219	26-4658235	501(C)(3)	11,915.	0.			PROGRAM OPS COST
EDUCATION IS FREEDOM 1111 W MOCKINGBIRD LANE, SUITE 1300 DALLAS, TX 75204	04-3643313	501(C)(3)	25,000.	0.			PROGRAM OPS COST
EDUCATION OPENS DOORS, INC. 2804 SWISS AVENUE DALLAS, TX 75204	46-0781846	501(C)(3)	50,000.	0.			PROGRAM OPS COST
EMPOWERING THE MASSES 2922 MARTIN LUTHER KING JR. BLVD DALLAS, TX 75215	82-4300966	501(C)(3)	60,000.	0.			PROGRAM OPS COST
EQUAL HEART 4848 LEMMON AVE #513 DALLAS, TX 75219	46-2846816	501(C)(3)	25,000.	0.			PROGRAM OPS COST
ESSENCE DANCE ACADEMY LLC PO BOX 693 CEDAR HILL, TX 75106	81-5241741		42,750.	0.			PROGRAM OPS COST

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ESTE2MBUILDERS 1221 SYLVAN AVENUE DALLAS, TX 75208	82-3381214		25,000.	0.			PROGRAM OPS COST
FAMILIES TO FREEDOM 1720 REGAL ROW, SUITE 135 DALLAS, TX 75235	47-3184478	501(C)(3)	15,000.	0.			PROGRAM OPS COST
FAMILY CARE CONNECTION 6969 PASTOR BAILEY DR., SUITE 140 DALLAS, TX 75237	20-1211618	501(C)(3)	174,999.	0.			PROGRAM OPS COST
FAMILY COMPASS 4210 JUNIUS STREET DALLAS, TX 75246	75-2400158	501(C)(3)	353,062.	0.			PROGRAM OPS COST
FAMILY GATEWAY, INC 711 S. ST. PAUL STREET DALLAS, TX 75201	75-2105579	501(C)(3)	480,961.	0.			PROGRAM OPS COST
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	340,000.	0.			PROGRAM OPS COST
FEED OAK CLIFF 3432 SPRUCE VALLEY LANE DALLAS, TX 75233	47-4797832	501(C)(3)	25,000.	0.			PROGRAM OPS COST
FERST FOUNDATION FOR CHILDHOOD LITERACY - 237 N SECOND STREET - MADISON, GA 30650	58-2489181	501(C)(3)	259,779.	0.			PROGRAM OPS COST
FII - NATIONAL (UPTOGETHER) 663 13TH ST., SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	691,000.	0.			PROGRAM OPS COST

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FIRST3YEARS 15851 DALLAS PARKWAY, #106 ADDISON, TX 75001	75-2067421	501(C)(3)	32,000.	0.			PROGRAM OPS COST
FOR OAK CLIFF 4478 SOUTH MARSALIS AVE DALLAS, TX 75216	81-3768369		27,500.	0.			PROGRAM OPS COST
FOUNDATION COMMUNITIES 3036 SOUTH FIRST STREET AUSTIN, TX 78704	74-2563260	501(C)(3)	214,496.	0.			PROGRAM OPS COST
FOUNDATION FOR C.H.O.I.C.E. 2904 FLOYD ST, STE D DALLAS, TX 75204	47-1322221	501(C)(3)	30,000.	0.			PROGRAM OPS COST
FOUNDATION FOR THE CALLER CENTER AND COMMUNICATION DISORDERS - 1966 INWOOD ROAD - DALLAS, TX 75235-7205	75-6035865	501(C)(3)	54,167.	0.			PROGRAM OPS COST
GENESIS WOMEN'S SHELTER AND SUPPORT - 4411 LEMMON AVENUE, SUITE 201 - DALLAS, TX 75219	87-1061849	501(C)(3)	167,500.	0.			PROGRAM OPS COST
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE, SUITE 101 DALLAS, TX 75252	75-1101571	501(C)(3)	167,500.	0.			PROGRAM OPS COST
GIRLS INC. OF METROPOLITAN DALLAS 2040 EMPIRE CENTRAL DRIVE DALLAS, TX 75235	75-1305705	501(C)(3)	112,500.	0.			PROGRAM OPS COST
GOODWILL INDUSTRIES OF DALLAS, INC. - 3020 N. WESTMORELAND RD. - DALLAS, TX 75212	75-0800649	501(C)(3)	366,504.	0.			PROGRAM OPS COST

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GREENLIGHT VITALSIGN6, INC 13355 NOEL ROAD, SUITE 1100 DALLAS, TX 75240	86-3305689		141,667.	0.			PROGRAM OPS COST
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DR., STE. 110 - DALLAS, TX 75237	26-1245799	501(C)(3)	3,000,737.	0.			PROGRAM OPS COST
HEALING HANDS MINISTRIES P.O. BOX 741524 DALLAS, TX 75374	65-1259379	501(C)(3)	37,500.	0.			PROGRAM OPS COST
HEALTH SERVICES OF NORTH TEXAS, INC. - 4401 N. I-35, SUITE 312 - DENTON, TX 76207	75-2252866	501(C)(3)	135,000.	0.			PROGRAM OPS COST
HEART HOUSE P.O. BOX 823162 DALLAS, TX 75382	75-2898097	501(C)(3)	40,500.	0.			PROGRAM OPS COST
HOMEWARD BOUND, INC PO BOX 222194 DALLAS, TX 75222-2194	74-2127841	501(C)(3)	33,236.	0.			PROGRAM OPS COST
HOPE RESTORED MISSIONS 1947 K AVENUE, SUITE 300 PLANO, TX 75074	84-2252859	501(C)(3)	15,000.	0.			PROGRAM OPS COST
HOUSING CRISIS CENTER 4210 JUNIUS STREET DALLAS, TX 75246	75-1633304	501(C)(3)	414,689.	0.			PROGRAM OPS COST
HOUSING FORWARD (FKA METRO DALLAS HOMELESS ALLIANCE) - 2816 SWISS AVE - DALLAS, TX 75204	75-2461679	501(C)(3)	130,000.	0.			PROGRAM OPS COST

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INCARNATION PLACE, INC. PO BOX 25323 DALLAS, TX 75225	82-0626524	501(C)(3)	22,500.	0.			PROGRAM OPS COST
INSIGHT OPTICS 967 WOLFE LN NW ATLANTA, GA 30318	47-4796075		141,667.	0.			PROGRAM OPS COST
INSPIRING TOMORROWS LEADERS, INC. 8828 NORTH STEMMONS FREEWAY, SUITE DALLAS, TX 75247	90-0672495	501(C)(3)	37,500.	0.			PROGRAM OPS COST
INTERFAITH FAMILY SERVICES (INTERFAITH HOUSING) - 1651 MATILDA ST. - DALLAS, TX 75206	75-2028254	501(C)(3)	595,920.	0.			PROGRAM OPS COST
IRVING CARES 440 SOUTH NURSERY RD., #101 IRVING, TX 75060	75-1436937	501(C)(3)	25,000.	0.			PROGRAM OPS COST
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD - DALLAS, TX 75248	75-1992728	501(C)(3)	291,500.	0.			PROGRAM OPS COST
JUBILEE PARK & COMMUNITY CENTER 917 BANK STREET DALLAS, TX 75223	75-2726296	501(C)(3)	82,500.	0.			PROGRAM OPS COST
JUNIOR ACHIEVEMENT OF DALLAS, INC. 1201 EXECUTIVE DRIVE WEST RICHARDSON, TX 75081	75-0881589	501(C)(3)	22,500.	0.			PROGRAM OPS COST
JUNIOR PLAYERS 4054 MCKINNEY AVE., SUITE 104 DALLAS, TX 75204	75-6061082	501(C)(3)	30,125.	0.			PROGRAM OPS COST

UNITED WAY OF METROPOLITAN DALLAS, INC

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KAMIN CONSULTING DBA YUMLISH 2121 N PEARL ST, SUITE 300 DALLAS, TX 75062	45-5540783		70,000.	0.			PROGRAM OPS COST
KIDDOFIT LLC 4613 JASMINE TRAIL MIDLOTHIAN, TX 76065	83-4678156		23,575.	0.			PROGRAM OPS COST
KIPP DALLAS-FORT WORTH, INC. 3200 SOUTH LANCASTER ROAD STE 230-A DALLAS, TX 75216	01-0639602	501(C)(3)	85,000.	0.			PROGRAM OPS COST
LA COSECHA PROJECT DBA HARVEST FOOD PROJECT - 3445 LINDA DR - DALLAS, TX 75220	82-2023088	501(C)(3)	10,000.	0.			PROGRAM OPS COST
LEADERSHIP FORWARD MENTORING PROGRAM - 616 N MADISON AVE - DALLAS, TX 75208	82-0977074	501(C)(3)	15,000.	0.			PROGRAM OPS COST
LITEHOUSE WELLNESS 5931 GREENVILLE AVENUE #763 DALLAS, TX 75206	84-3884158	501(C)(3)	19,650.	0.			PROGRAM OPS COST
LITERACY ACHIEVES 4210 JUNIUS ST, 5TH FLOOR DALLAS, TX 75246	75-2708992	501(C)(3)	95,000.	0.			PROGRAM OPS COST
LITERACY INSTRUCTION FOR TEXAS (LIFT) - 1610 SOUTH MALCOLM X BOULEVARD, SUITE 320 - DALLAS, TX 75226	75-1095223	501(C)(3)	224,000.	0.			PROGRAM OPS COST
LONE STAR JUSTICE ALLIANCE 3809 S 1ST STREET AUSTIN, TX 78704	82-2345921	501(C)(3)	50,000.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - DALLAS, TX 75212	75-1378664	501(C)(3)	485,100.	0.			PROGRAM OPS COST
LUMIN EDUCATION 924 WAYNE STREET DALLAS, TX 75223	75-1612054	501(C)(3)	539,771.	0.			PROGRAM OPS COST
MAURICE BARNETT GERIATRIC WELLNESS CENTER, INC. - 401 W 16TH STREET, SUITE 600 - PLANO, TX 75070	75-1839305	501(C)(3)	17,500.	0.			PROGRAM OPS COST
MEADOWS MENTAL HEALTH POLICY INSTITUTE - 2800 SWISS AVE - DALLAS, TX 75204	46-3992618	501(C)(3)	40,000.	0.			PROGRAM OPS COST
MEALS ON WHEELS COLLIN COUNTY 600 N. TENNESSEE STREET MCKINNEY, TX 75069	75-1544507	501(C)(3)	10,000.	0.			PROGRAM OPS COST
METHODIST HEALTH SYSTEM FOUNDATION 1441 N. BECKLEY AVE. DALLAS, TX 75203	75-1548343	501(C)(3)	21,100.	0.			PROGRAM OPS COST
METROCREST SERVICES 13801 HUTTON DR #150 FARMERS BRANCH, TX 75234	75-1548334	501(C)(3)	768,394.	0.			PROGRAM OPS COST
MI ESCUELITA PRESCHOOL, INC. 4231 MAPLE AVENUE DALLAS, TX 75219	75-1728505	501(C)(3)	215,000.	0.			PROGRAM OPS COST
MILES OF FREEDOM 2922 MARTIN LUTHER KING JR. BLVD, BUILDING A SUITE 118B - DALLAS, TX 75215	45-4959062	501(C)(3)	50,000.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMENTOUS INSTITUTE 106 E. TENTH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	34,890.	0.			PROGRAM OPS COST
MOSAIC FAMILY SERVICES, INC. 12225 GREENVILLE AVENUE, SUITE 800 DALLAS, TX 75243	75-2484565	501(C)(3)	265,000.	0.			PROGRAM OPS COST
MOUNTAIN HEALTH TECHNOLOGIES, INC. (DBA RIVER HEALTH) - 1910 PACIFIC AVE #20000 - DALLAS, TX 75201	84-2216410		14,167.	0.			PROGRAM OPS COST
MY HEALTH MY RESOURCES OF TARRANT COUNTY (MEMR) - 3840 HULEN STREET - FORT WORTH, TX 76107	75-1249456	501(C)(3)	9,500.	0.			PROGRAM OPS COST
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75023	26-1509133	501(C)(3)	107,500.	0.			PROGRAM OPS COST
MYPHI, LLC 1708 ENCHANTRESS LANE FLOWER MOUND, TX 75028	84-3668429		14,167.	0.			PROGRAM OPS COST
NAMI NORTH TEXAS 2812 SWISS AVE DALLAS, TX 75204	75-1875023	501(C)(3)	37,500.	0.			PROGRAM OPS COST
NEW FRIENDS NEW LIFE P.O. BOX 192378 DALLAS, TX 75219	75-2820473	501(C)(3)	25,000.	0.			PROGRAM OPS COST
NEXUS RECOVERY CENTER INCORPORATED 8733 LA PRADA DRIVE DALLAS, TX 75201	23-7169388	501(C)(3)	167,500.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)	80,000.	0.			PROGRAM OPS COST
NORTH TEXAS DIVISION, INC DBA MEDICAL CITY HEALTHCARE - 13155 NOEL ROAD, SUITE 2000 - DALLAS, TX 75240	62-1667892		16,667.	0.			PROGRAM OPS COST
NORTH TX FOOD BANK 4500 S COCKRELL HILL ROAD DALLAS, TX 75236	75-1785357	501(C)(3)	20,000.	0.			PROGRAM OPS COST
NPOWER 55 WASHINGTON STREET, SUITE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	112,851.	0.			PROGRAM OPS COST
OAK CLIFF EMPOWERED, INC. 400 S ZANG BLVD, C-59 DALLAS, TX 75208	26-1372146	501(C)(3)	22,500.	0.			PROGRAM OPS COST
ONESEVENTEEN MEDIA 4012 BERKMAN DRIVE AUSTIN, TX 78723	26-2309571		141,667.	0.			PROGRAM OPS COST
OUR FRIENDS PLACE 6500 GREENVILLE AVE, SUITE 620 DALLAS, TX 75238	75-2077719	501(C)(3)	20,000.	0.			PROGRAM OPS COST
PARKLAND FOUNDATION FOR PARKLAND HEALTH & HOSPITAL SYSTEM - 1341 W. MOCKINGBIRD LANE, SUITE 1100E - DALLAS, TX 75247	75-2089180	501(C)(3)	283,399.	0.			PROGRAM OPS COST
PEDIPLACE 502 S. OLD ORCHARD, SUITE 126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	185,000.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PER SCHOLAS 211 N ERVAY STREET, SUITE 700 DALLAS, TX 75201	04-3252955	501(C)(3)	228,184.	0.			PROGRAM OPS COST
PRISM HEALTH NORTH TEXAS 3900 JUNIUS ST. #300 DALLAS, TX 75246	75-2306145	501(C)(3)	610,297.	0.			PROGRAM OPS COST
PRISON ENTREPRENEURSHIP PROGRAM 6501 NAVIGATION BLVD., SUITE H7 HOUSTON, TX 77011-1367	20-1384253	501(C)(3)	160,250.	0.			PROGRAM OPS COST
PROJECT TRANSFORMATION 4024 CARUTH BLVD. DALLAS, TX 75225	75-2930405	501(C)(3)	40,000.	0.			PROGRAM OPS COST
PUEDE NETWORK 227 HARLANDALE AVE DALLAS, TX 75216	47-4703462	501(C)(3)	15,000.	0.			PROGRAM OPS COST
RAINBOW DAYS, INC. THREE FOREST PLAZA, 12221 MERIT DRIVE, SUITE 1700 - DALLAS, TX 75251	75-1844908	501(C)(3)	70,000.	0.			PROGRAM OPS COST
RAPE CRISIS CENTER OF COLLIN COUNTY DBA THE TURNING POINT - 3325 SILVERSTONE DR. - PLANO, TX 75023	75-2065785	501(C)(3)	32,500.	0.			PROGRAM OPS COST
READERS 2 LEADERS 2800 N. HAMPTON RD, SUITE 120 DALLAS, TX 75212	90-0641325	501(C)(3)	121,667.	0.			PROGRAM OPS COST
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 75204	77-0568469	501(C)(3)	119,167.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL SCHOOL GARDENS 1700 UNIVERSITY DRIVE, SUITE 260 FORT WORTH, TX 76107	20-5946552	501(C)(3)	67,500.	0.			PROGRAM OPS COST
REDEMPTION BRIDGE 1506 W PIONEER PKWY, SUITE 101 ARLINGTON, TX 76013	27-3500079	501(C)(3)	18,000.	0.			PROGRAM OPS COST
REFUGEE SERVICES 9330 LBJ FREEWAY, SUITE 350 DALLAS, TX 75243	75-1618251	501(C)(3)	37,500.	0.			PROGRAM OPS COST
REGIONAL BLACK CONTRACTORS ASSOCIATION (REBCA) COMMUNITY DEVELOPMENT CORPORATION - 2627 MARTIN LUTHER KING JR. BLVD -	83-2391035	501(C)(3)	17,907.	0.			PROGRAM OPS COST
RESOURCE CENTER OF DALLAS, INC. 5750 CEDAR SPRINGS ROAD DALLAS, TX 75235-6802	75-1892059	501(C)(3)	147,500.	0.			PROGRAM OPS COST
RICHARDSON ADULT LITERACY CENTER 701 W. BELFLINE RD, SUITE 110 RICHARDSON, TX 75083	75-2337073	501(C)(3)	15,000.	0.			PROGRAM OPS COST
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS ST. ROCKWALL, TX 75087	75-2402276	501(C)(3)	75,000.	0.			PROGRAM OPS COST
ROSA ES ROJO, INC. PO BOX 250435 PLANO, TX 75025	81-3557997	501(C)(3)	25,000.	0.			PROGRAM OPS COST
SCHOLARSHOT 2904 SWISS AVENUE DALLAS, TX 75204	27-0232250	501(C)(3)	25,000.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEEDS 2 STEM, LLC 3662 W CAMP WISDOM RD. SUITE 2044 DALLAS, TX 75237	85-29322775		84,800.	0.			PROGRAM OPS COST
SENIOR CITIZENS OF GREATER DALLAS, INC. - 3910 HARRY HINES BLVD. - DALLAS, TX 75219	75-1085555	501(C)(3)	233,200.	0.			PROGRAM OPS COST
SERVICES OF HOPE 5470 ELLSWORTH AVE. DALLAS, TX 75206	33-1104425	501(C)(3)	847,703.	0.			PROGRAM OPS COST
SHARED HOUSING CENTER, INC. 402 N. GOOD LATIMER EXPY DALLAS, TX 75204	75-2137522	501(C)(3)	37,500.	0.			PROGRAM OPS COST
SHARING LIFE COMMUNITY OUTREACH, INC. - 3544 E EMPORIUM CIRCLE - MESQUITE, TX 75150	75-2831756	501(C)(3)	1,128,912.	0.			PROGRAM OPS COST
SOCIAL VENTURE PARTNERS DALLAS (DEAC) - P.O. BOX 670546 - DALLAS, TX 75367	75-2945359	501(C)(3)	140,000.	0.			PROGRAM OPS COST
SOCIETY OF ST. VINCENT DE PAUL OF NORTH TEXAS - 3826 GILBERT AVE - DALLAS, TX 75219	75-1630370	501(C)(3)	52,500.	0.			PROGRAM OPS COST
SOUTHERN DALLAS LINK 1020 SCOTLAND DR, #3115 DESOTO, TX 75115	82-2392922	501(C)(3)	25,000.	0.			PROGRAM OPS COST
SOUTHERN METHODIST UNIVERSITY 3140 DYER ST., MS# 261 DALLAS, TX 75275	75-0800689	501(C)(3)	70,000.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN DIABETIC FOUNDATION INC. - P.O. BOX 918 - GAINESVILLE, TX 76241-0918	75-6002547	501(C)(3)	27,500.	0.			PROGRAM OPS COST
SPIDA INC-BRASWELL CHILD DEVELOPMENT - 2203 S 2ND AVE - DALLAS, TX 75210	75-2538361	501(C)(3)	15,500.	0.			PROGRAM OPS COST
STEP UP 901 S. CENTRAL EXPRESSWAY RICHARDSON, TX 75080	95-4701468	501(C)(3)	20,000.	0.			PROGRAM OPS COST
STUDIO BELLA FOR KIDS, LLC 1450 OLD GATE LANE DALLAS, TX 75218	82-1653436		70,000.	0.			PROGRAM OPS COST
T.R. HOOVER COMMUNITY DEVELOPMENT CENTER - 5106 BEXAR STREET - DALLAS, TX 75215	75-2700136	501(C)(3)	15,000.	0.			PROGRAM OPS COST
TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD, SUITE 300 ARLINGTON, TX 76011	75-2022128	501(C)(3)	71,667.	0.			PROGRAM OPS COST
TEXAS MUSLIM WOMEN'S FOUNDATION, INC. - PO BOX 863388 - PLANO, TX 75086	20-3060929	501(C)(3)	80,000.	0.			PROGRAM OPS COST
THE CAPITAL GOOD FUND 22 A ST PROVIDENCE, RI 02907	80-0348382	501(C)(3)	96,231.	0.			PROGRAM OPS COST
THE CONCILIO 650 FORT WORTH AVENUE, SUITE 250 DALLAS, TX 75208	75-1770140	501(C)(3)	712,606.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COOPER INSTITUTE 12330 PRESTON RD. DALLAS, TX 75230	23-7075529	501(C)(3)	37,500.	0.			PROGRAM OPS COST
THE DALLAS FOUNDATION-BONTON FARMS 6915 BEXAR STREET DALLAS, TX 75215	75-2890371	501(C)(3)	50,000.	0.			PROGRAM OPS COST
THE EDUCATOR COLLECTIVE 4346 SOMERVILLE AVE DALLAS, TX 75206	47-1789138	501(C)(3)	25,000.	0.			PROGRAM OPS COST
THE IF INSTITUTE-YOUNG LEADERS 1312 PAINTBRUSH ST MESQUITE, TX 75149	84-3239436	501(C)(3)	31,500.	0.			PROGRAM OPS COST
THE NORTH TEXAS ALLIANCE TO REDUCE UNINTENDED PREGNANCY IN TEENS - 2300 W COMMERCE ST, SUITE 212 - SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	15,000.	0.			PROGRAM OPS COST
THE SALVATION ARMY COLLINS SOCIAL SERVICE CENTER, 5302 HARRY HINES BLVD. - DALLAS, TX 75235	58-0660607	501(C)(3)	2,071,746.	0.			PROGRAM OPS COST
THE SAMARITAN INN 1725 N. McDONALD STREET MCKINNEY, TX 75071	75-1984285	501(C)(3)	45,000.	0.			PROGRAM OPS COST
THE STEWPOT-FIRST PRESB 1835 YOUNG ST DALLAS, TX 75201	75-0871727		37,500.	0.			PROGRAM OPS COST
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD, MC 9029 - DALLAS, TX 75235	75-6002868		5,767.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WARREN CENTER 320 CUSTER ROAD RICHARDSON, TX 75080	75-1282040	501(C)(3)	86,500.	0.			PROGRAM OPS COST
TIA'S STEAM ENRICHMENT, LLC 17630 DAVENPORT # 103 DALLAS, TX 75252	82-06880309		28,350.	0.			PROGRAM OPS COST
TRUSTED WORLD 906 W McDERMOTT DR, STE 116-277 ALLEN, TX 75013	45-5264332	501(C)(3)	50,000.	0.			PROGRAM OPS COST
TURTLE CREEK MANOR, INC. 2707 ROUTH STREET DALLAS, TX 75201	75-1282276	501(C)(3)	10,000.	0.			PROGRAM OPS COST
U&I 8800 AMBASSADOR ROW DALLAS, TX 75247	75-1008422	501(C)(3)	140,000.	0.			PROGRAM OPS COST
UNDER 1 ROOF 5787 S. HAMPTON RD, SUITE 390 DALLAS, TX 75232	80-0765001	501(C)(3)	950,069.	0.			PROGRAM OPS COST
UNIVERSITY OF NORTH TX AT DALLAS 7300 UNIVERSITY HILLS BLVD DALLAS, TX 75241	27-1208151	501(C)(3)	50,000.	0.			PROGRAM OPS COST
UNIVERSITY OF TEXAS FOUNDATION P.O. BOX 250 AUSTIN, TX 78767	74-1587488	501(C)(3)	14,167.	0.			PROGRAM OPS COST
UPLIFT EDUCATION 1825 MARKET CENTER BLVD. SUITE 500 DALLAS, TX 75207	75-2659683	501(C)(3)	187,500.	0.			PROGRAM OPS COST

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN TEACHER CENTER, INC. 1800 WASHINGTON BLVD, SUITE 411 BALTIMORE, MD 21230	27-0989006	501(C)(3)	37,500.	0.			PROGRAM OPS COST
VERITAS IMPACT PARTNERS 809 CUERNAVACA DRIVE AUSTIN, TX 78733	83-1734762	501(C)(3)	70,000.	0.			PROGRAM OPS COST
VISUAL EXPRESSIONS ART SCHOOL 1425 N HWY 67 CEDAR HILL, TX 75104	20-0780106		6,950.	0.			PROGRAM OPS COST
VNA 1600 VICEROY DRIVE, SUITE 400 DALLAS, TX 75235	75-0800692	501(C)(3)	87,500.	0.			PROGRAM OPS COST
VOGEL ALCOVE 1738 GANO STREET DALLAS, TX 75215	75-2133827	501(C)(3)	68,000.	0.			PROGRAM OPS COST
VOLUNTEERS OF AMERICA TEXAS 300 E MIDWAY DR EULESS, TX 76039	75-0827469	501(C)(3)	47,500.	0.			PROGRAM OPS COST
BOOKS, INC. (SUBSCRIPTIONS FOR EARLY CHILDHOOD LITERACY) - 25 NW 23RD PLACE, SUITE 6, PMB#122 - PORTLAND, OR 97210	84-2073181		291,667.	0.			PROGRAM OPS COST
WALMART INC 702 SW 8TH ST BENTONVILLE, AR 72716	71-0415188		68,000.	0.			PROGRAM OPS COST
WESLEY-RANKIN COMMUNITY CENTER, INC. - 3100 CROSSMAN AVENUE - DALLAS, TX 75212	75-0808775	501(C)(3)	100,000.	0.			PROGRAM OPS COST

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILKINSON CENTER P.O. BOX 720248 DALLAS, TX 75372	75-2712117	501(C)(3)	130,000.	0.			PROGRAM OPS COST
WOMEN IN NEED OF GENEROUS SUPPORT "WINGS" - 2603 INWOOD ROAD - DALLAS, TX 75235	75-0800699	501(C)(3)	250,000.	0.			PROGRAM OPS COST
WORKLIFE PARTNERSHIP 3513 BRIGHTON BLVD, SUITE 489 DENVER, CO 80216	47-1331690	501(C)(3)	53,000.	0.			PROGRAM OPS COST
WTIA WORKFORCE INSTITUTE 2200 ALASKAN WAY, STE. 390 SEATTLE, WA 98121	47-3951262	501(C)(3)	25,000.	0.			PROGRAM OPS COST
YEAR UP DALLAS/FORT WORTH 701 ELM ST #400 DALLAS, TX 75202	04-3534407	501(C)(3)	32,500.	0.			PROGRAM OPS COST
YMCA OF METROPOLITAN DALLAS 601 NORTH AKARD ST DALLAS, TX 75201	75-0800696	501(C)(3)	150,540.	0.			PROGRAM OPS COST
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET, SUITE 720 DALLAS, TX 75201	47-0902114	501(C)(3)	67,500.	0.			PROGRAM OPS COST
YOUTH WITH FACES 6333 E. MOCKINGBIRD LANE, 147-872 DALLAS, TX 75214	30-0018778	501(C)(3)	63,500.	0.			PROGRAM OPS COST
DESIGNATED DONATIONS TO UWMD 1800 N. LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)(3)	3,672,220.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DALLAS RENTAL ASSISTANCE	189	1,164,807.	0.		
CHILDCARE ASSISTANCE	77	155,834.	0.		

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

PART I, LINE 2:

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.
 AS PART OF THE GRANT AGREEMENT, AN AGENCY AGREES TO OPERATE IN A MANNER
 CONSISTENT WITH INFORMATION COMMUNICATED TO UWMD AND TO REGULARLY REPORT ON
 THE WORK SUPPORTED BY UWMD FUNDING. FOR GRANTS MADE, THE AGENCY WILL REPORT
 INFORMATION BASED ON SIX CATEGORIES (DEMOGRAPHICS, ZIP CODES SERVED,
 DOLLARS SPENT, SUCCESS STORIES, COMMON MEASURES, AND ORGANIZATION BUDGET),
 UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE AND AGREED TO, IN WRITING, BY
 BOTH THE AGENCY AND UWMD. EACH REPORT WILL INCLUDE THE COMMON MEASURES,

Part IV Supplemental Information

WITH RESULTS BEING REPORTED IN A MANNER CONSISTENT WITH THE COMMON MEASURES SELECTED BY THE AGENCY IN THEIR APPLICATION. FAILURE TO REPORT IN AN APPROPRIATE MANNER WILL LEAD TO A REVIEW OF GRANT FUNDING. ANY MATERIAL CHANGE IN THE OPERATING OF A PROGRAM THAT IS GRANT FUNDED WILL BE REPORTED TO UWMD IN A TIMELY MANNER, WITH CONTINUED FUNDING SUBJECT TO UWMD REVIEW. AS PART OF THE SCREENING PROCESS, ALL AGENCIES ARE ALSO REQUIRED TO SIGN A USA PATRIOT ACT COMPLIANCE FORM THAT REQUIRES AGENCIES TO CERTIFY THAT UWMD FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, AND EXECUTIVE ORDERS. UWMD ALSO VERIFIES CURRENT 501(C)(3) STATUS AND SCREENS THE AGENCY TO ENSURE IT IS NOT LISTED ON TERRORIST WATCH LISTS.

IN ADDITION TO THOSE AGENCIES LISTED, UWMD ALSO HAD DONOR DESIGNATED FUNDS TO AGENCIES IN THE AMOUNT OF \$3,672,220.

DURING FY2022, UWMD PROVIDED RENTAL, UTILITIES, AND CHILDCARE ASSISTANCE TO INDIVIDUALS WITH FEDERAL GRANT FUNDS. EACH APPLICANT FOR ASSISTANCE WAS REVIEWED BY UWMD STAFF TO VERIFY THAT THEY MET THE GRANT CRITEREA FOR ELIGIBILITY ASSISTANCE. THE COMMUNITY IMPACT STAFF REVIEWED FOR PROGRAM ELIBILTY AND FINANCE STAFF REVIEWED TO VERIFY THE AMOUNT OF ASSISTANCE WAS CORRECTLY CALCULATED AND ALL EXPENDITURES WERE WITHIN THE GRANT BUDGET.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF METROPOLITAN DALLAS, INC**
 Employer identification number: **75-6005352**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b** Yes No
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** Yes No

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

UWMD REIMBURSES EMPLOYEES FOR HEALTH CLUB MEMBERSHIPS AT THE END OF EACH

CALENDAR YEAR FOR UP TO \$10 FOR EACH MONTH THEY ARE EMPLOYED WITH UWMD.

THIS AMOUNT HAS NOT BEEN ADDED TO THE W-2.

PERSONAL SERVICES

A \$5,000 ALLOWANCE WAS PROVIDED TO JENNIFER SAMPSON AS A LUMP SUM IN LIEU OF A REIMBURSEMENT TO COVER THE COST OF OBTAINING A FINANCIAL ADVISOR. THIS WAS AN ANNUAL PAYMENT AND INCLUDED IN JENNIFER'S TAXABLE EARNINGS.

PART I, LINE 4B:

PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN JENNIFER SAMPSON PARTICIPATED IN THE ORGANIZATION'S 457F PLAN. FOR CALENDAR YEAR 2021, MS. SAMPSON RECEIVED THE FOLLOWING;

EMPLOYER 457F DEFERRAL \$70,000
THIS AMOUNT IS REPORTED ON SCHEDULE J, PART II, COL C.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION'S BONUS PROGRAM IS BASED ON METRICS SET IN AN ORGANIZATIONAL SCORECARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **UNITED WAY OF METROPOLITAN DALLAS, INC** Employer identification number **75-6005352**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	711,444.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (HOTSPOTS)	X	1	1,045,500.	FMV
26 Other (MASKS)	X	1	469,500.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

METHOD USED

UWMD USES THE NUMBER OF CONTRIBUTIONS AS THE METHOD FOR DETERMINING THE AMOUNT IN COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT UNITES THE COMMUNITY TO CREATE OPPORTUNITY AND ACCESS FOR ALL
NORTH TEXANS TO THRIVE, CHALLENGING THE SYSTEMIC BARRIERS ASSOCIATED
WITH RACE, INCOME INEQUALITY, AND EDUCATION SHORTCOMINGS. TOGETHER WITH
OUR COMMITTED CHANGE-SEEKERS, WE ARE MOBILIZING A MOVEMENT FOR LASTING
CHANGE TO ENSURE ALL OUR NEIGHBORS HAVE ACCESS TO EDUCATION, INCOME AND
HEALTH - THE BUILDING BLOCKS OF OPPORTUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UWMD HAS THE ASPIRATION THAT EVERY NORTH TEXAN, REGARDLESS OF RACE OR
ZIP CODE, SHOULD HAVE THE OPPORTUNITY AND ACCESS TO REACH THEIR FULL
POTENTIAL. IN EDUCATION WE SEEK TO GIVE KIDS A STRONG START, PROVIDE
QUALITY OUT-OF-SCHOOL TIME, AND STRONG PATHWAYS THROUGH HIGH SCHOOL TO
COLLEGE AND CAREER. IN INCOME WE INVEST IN PROGRAMS THAT HELP NORTH
TEXANS GET AND KEEP BETTER JOBS, ESTABLISH SAVINGS, AND HOLD ON TO MORE
OF WHAT THEY EARN. IN HEALTH WE CREATE, LEAD, AND INVEST IN PROGRAMS
THAT ENABLE RESIDENTS TO GET AND STAY HEALTHY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNITED WAY INCREASED ACCESS TO CREDIT-BUILDING LOANS AND COLLEGE
SAVINGS ACCOUNTS, ADDING 176 CAPITAL GOOD FUND LOANS AND 230 NEW
DOLLARS FOR COLLEGE ACCOUNTS. OUR FINANCIAL INCLUSION ROUNDTABLE
PROVIDED CAPABILITY BUILDING AND NETWORKING OPPORTUNITIES FOR MORE THAN
50 COMMUNITY ORGANIZATIONS AND FINANCIAL INSTITUTIONS IN THE REGION.

2. PATHWAYS TO WORK EQUIPS YOUNG ADULTS FOR LIVING WAGE JOBS AND

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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ADVANCES WORKFORCE EQUITY IN THE DALLAS REGION. IN FISCAL YEAR 2021-2022, 21,400 INDIVIDUALS PARTICIPATED IN EMPLOYMENT SERVICES, WITH 1,600 COMPLETING VOCATIONAL TRAINING AND ALMOST 3,000 PLACED IN JOBS. PATHWAYS TO WORK ENGAGED FORTY PROGRAM PARTNERS, INCLUDING TRAINING PROVIDERS, EMPLOYERS AND INDUSTRY ASSOCIATIONS TO DRIVE IMPROVEMENTS IN LOCAL WORKFORCE OUTCOMES.

3. DIGITAL CONNECTIONS IS AN INITIATIVE TO BRIDGE THE DIGITAL DIVIDE BY PROVIDING THOUSANDS OF FREE DEVICES, TECH SUPPORT, AND DIGITAL LITERACY TO RESIDENTS IN SOUTHERN DALLAS. THE GOAL OF THE PROGRAM IS TO HELP STUDENTS IN DALLAS NEIGHBORHOODS ENGAGE IN ONLINE LEARNING AND SET THEM UP FOR SUCCESS IN TODAY'S DIGITAL SCHOOL AND JOB ENVIRONMENTS, WHILE ALSO PROVIDING FAMILIES WITH ACCESS TO ESSENTIAL RESOURCES, LIKE ONLINE JOB PORTALS, TELEMEDICINE, ONLINE BANKING, AND MORE. UNITED WAY OF METROPOLITAN DALLAS PARTNERED WITH AT&T, COMPUDOPT, AND CARDBOARD PROJECT TO PROVIDE MORE THAN 2,000 REFURBISHED LAPTOPS, DIGITAL LITERACY CLASSES, AND TECHNOLOGY SUPPORT TO K-12 STUDENTS, YOUNG ADULTS, AND FAMILIES ACROSS VARIOUS LOCATIONS IN SOUTHERN DALLAS.

4. SOUTHERN DALLAS THRIVES IS A TARGETED INITIATIVE ADVANCING OUR MISSION AND IMPACT WITH A FOCUS ON PROVIDING CRITICAL SERVICES, RESOURCES, AND SUPPORTS IN COMMUNITIES THAT HAVE BEEN UNDER-RESOURCED, UNDER-SERVED, AND DISPROPORTIONATELY IMPACTED BY LONG-TERM SYSTEMIC AND SYSTEMATIC RACISM. THROUGH THE SOUTHERN DALLAS THRIVES INITIATIVE, UNITED WAY OF METROPOLITAN DALLAS AIMS TO BRING RESIDENTS, CORPORATIONS, SERVICE PROVIDERS, EDUCATORS, FUNDERS, AND CIVIC LEADERS TOGETHER TO CONTINUOUSLY IDENTIFY AND ASSESS ASSETS AND NEEDS AND LEVERAGE RESOURCES TO BUILD AN INCLUSIVE ECONOMY IN SOUTHERN DALLAS.

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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OUR GOAL IS TO ADVANCE LONG TERM, SUSTAINABLE ECONOMIC MOBILITY WITHIN TARGETED COMMUNITIES FOR FAMILIES.

5. UNITED WAY SOCIAL INNOVATION LAB IS A CONTINUUM OF CAPACITY BUILDING PROGRAMS FOR SOCIAL ENTREPRENEURS IN EDUCATION, INCOME AND HEALTH. THE LAB CURRENTLY INCLUDES THE INCUBATOR (EARLY-STAGE), ACCELERATOR (MID-STAGE) AND ALUMNI PROGRAMS (SERVING GRADUATES OF THE INCUBATOR AND ACCELERATOR). BOTH THE INCUBATOR AND ACCELERATOR ARE MENTOR-DRIVEN PROGRAMS THAT INVEST IN ORGANIZATIONS THAT ARE FOCUSED ON IMPLEMENTING NOVEL SOLUTIONS TO COMMUNITY CHALLENGES THROUGH SEED FUNDING, INTENSIVE PROFESSIONAL DEVELOPMENT, MENTORSHIP AND COACHING, AND INCREASED VISIBILITY OPPORTUNITIES. THE ALUMNI PROGRAM, WHICH IS JUST LAUNCHING THIS YEAR, WILL FEATURE OPPORTUNITIES FOR ADDITIONAL INVESTMENTS OF FINANCIAL CAPITAL, HUMAN CAPITAL, AND SOCIAL CAPITAL AND OPPORTUNITIES FOR NETWORKING, CROSS-POLLINATION, AND COMMUNITY-BUILDING. IN FISCAL YEAR 2021-2022 THE PROGRAMS SUPPORTED 19 INCUBATOR FELLOWS GIVING \$57,500 IN PROGRAM PAYMENTS AND AWARDS IN ADDITION TO 10 ACCELERATOR FELLOWS GIVING \$520,000 IN PROGRAM PAYMENTS AND AWARDS.

6. THE TEXAS HOME VISITING PROGRAM, FUNDED BY THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS), HELPS GOOD PEOPLE BECOME GREAT PARENTS. THIS PROGRAM MATCHES DALLAS COUNTY AND COLLIN COUNTY FAMILIES WITH A TRAINED HOME VISITOR, A NURSE, EXPERIENCED PARENT, TRAINED PROFESSIONAL OR VOLUNTEER TO ANSWER QUESTIONS, OFFER ADVICE, PROVIDE SUPPORT, AND TEACH PARENTS HOW TO PREPARE THEIR KIDS FOR KINDERGARTEN. IN 2020-2021, 816 FAMILIES RECEIVED HOME VISIT PROGRAM SERVICES.

7. THE HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY INTERVENTION

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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SUPPORT (HOPES) PROGRAM, FUNDED BY THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS), HELPS DALLAS COUNTY PARENTS CREATE HOME ENVIRONMENTS IN WHICH YOUNG CHILDREN CAN THRIVE. WORKING WITH CLINICS, ORGANIZATIONS, AND GOVERNMENT AGENCIES, THE PROGRAM'S STAFF HELPS FAMILIES RECEIVE INSTRUCTION, SUPPORT, AND COMMUNITY RESOURCES. APPROXIMATELY 523 FAMILIES RECEIVED DIRECT PARENT EDUCATION PROGRAM SERVICES DURING FISCAL YEAR 2020-2021. ADDITIONALLY, 967 FAMILIES RECEIVED SERVICE SUPPORT REFERRALS THROUGH THE HOPES PROGRAM.

8. NORTH TEXAS SUMMER AND SUPPER COUNCIL, A MEMBER-LED COALITION OF NORTH TEXAS ORGANIZATIONS WORKING TO BUILD CAPACITY AND INCREASE AWARENESS OF THE ISSUE OF CHILD HUNGER INSECURITY AND ACCESS. THE GOAL OF THE COUNCIL IS TO PROVIDE A SUPPORTIVE COLLABORATIVE AIMED AT INCREASING THE CAPACITY AND RESOURCES AVAILABLE TO ORGANIZATIONS WHO PROVIDE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS WITHIN LOCAL COMMUNITIES. THE COUNCIL DRAWS UPON A MYRIAD OF BEST PRACTICES AND IMPLEMENTATION TECHNIQUES TO BETTER EQUIP CONTRACTING ENTITIES IN HIGH NEED AREAS WITH TOOLS FOR SUCCESS, WHILE OFFERING A COLLABORATIVE ENVIRONMENT FOR OPEN DIALOGUE.

9. THE NONPROFIT SUCCESS INSTITUTE STRENGTHENS AND SUPPORTS ORGANIZATIONS AND NONPROFITS AT DIFFERENT STAGES OF GROWTH IN COLLIN COUNTY. IN PARTNERSHIP WITH COMMUNITIES FOUNDATION OF TEXAS AND TOYOTA OF NORTH AMERICA, THIS PROGRAM PROVIDES TRAINING AND RESOURCES TO ENABLE SMALL AND MEDIUM SIZED NONPROFITS, CHURCHES, AND ORGANIZATIONS TO OPERATE MORE EFFICIENTLY, INCREASE THEIR IMPACT, AND GAIN ACCESS TO CAPITAL. IN FISCAL YEAR 2021-2022 THE PROGRAM SUPPORTED AND INVESTED IN NINE ORGANIZATIONS.

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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10. THE DALLAS RENTAL ASSISTANCE COLLABORATIVE (DRAC) IS FUNDED WITH THE TREASURY DEPARTMENT'S EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) AND SERVES HOUSEHOLDS WITHIN THE CITY OF DALLAS WHO HAVE BEEN AFFECTED BY COVID IN SOME FORM, FINANCIALLY. IN PARTNERSHIP WITH 15 NONPROFIT ORGANIZATIONS UNITED WAY HAS SERVED 7,239 HOUSEHOLDS AND DISTRIBUTED \$31,044,555.49 FROM JUNE 2020 - DECEMBER 2022. IN ADDITION TO DISTRIBUTING FUNDS, UNITED WAY HAS ALSO ESTABLISHED AN EXTENSIVE RENTAL ASSISTANCE NAVIGATION SYSTEM WITHIN DRAC TO ALLOW THE MOST VULNERABLE HOUSEHOLDS IN NEED, THOSE EVICTED WITH A COURT ORDER, TO RECEIVE FAST AND EFFECTIVE SERVICES TO AVOID EVICTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN FISCAL YEAR 2021-2022, UNITED WAY OF METROPOLITAN DALLAS CREATED POSITIVE IMPACT ON THE LIVES OF MORE THAN 1.5 MILLION NORTH TEXANS AND INVESTED IN 118 EXCEPTIONAL EDUCATION, INCOME, AND HEALTH ORGANIZATIONS THROUGH OUR COMMUNITY IMPACT GRANTS.

EDUCATION

840,000 STUDENTS LAID THE GROUNDWORK FOR CONTINUED EDUCATIONAL SUCCESS.

INCOME

265,000 NORTH TEXANS RECEIVED ASSISTANCE TO GET AND KEEP BETTER JOBS AND BUILD SAVINGS FOR THE FUTURE.

HEALTH

385,000 NEIGHBORS GAINED ACCESS TO THE HEALTH AND WELLNESS RESOURCES THEY NEED TO LIVE LONGER, HEALTHIER LIVES.

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE

THE EXECUTIVE COMMITTEE IS CHAIRED BY THE BOARD CHAIR AND COMPRISED OF THE BOARD OFFICERS AND THE PRESIDENT AND CEO. THE BOARD CHAIR MAY ELECT TO INCLUDE ADDITIONAL MEMBERS. THE EXECUTIVE COMMITTEE MEETS REGULARLY WITH THE PRESIDENT AND CEO AND MONITORS AND OVERSEES GOVERNANCE AND ORGANIZATIONAL ISSUES ON BEHALF OF THE BOARD.

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

FORM 990 REVIEW PROCESS

AN INDEPENDENT CPA FIRM SPECIALIZING IN TAX PREPARATION SERVICES PREPARED THE FORM 990 USING INFORMATION FROM AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY UWMD STAFF. UWMD STAFF REVIEWED THE COMPLETED FORM 990. THE RETURN IS DELIVERED TO MEMBERS OF THE AUDIT AND ETHICS COMMITTEE AND BOARD FOR REVIEW AND COMMENTS. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

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

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

THE CODE OF BUSINESS CONDUCT, ETHICS AND CONFLICT OF INTEREST IS DISTRIBUTED TO DIRECTORS, OFFICERS, STANDING COMMITTEE MEMBERS, AND EMPLOYEES ON AN ANNUAL BASIS. DIRECTORS, OFFICERS, STANDING COMMITTEE MEMBERS, AND EMPLOYEES ARE REQUIRED TO SIGN AN AFFIRMATIVE ACTION STATEMENT OF COMPLIANCE AND TO DISCLOSE TO UWMD ANY FINANCIAL OR OTHER RELATIONSHIPS THAT COULD POTENTIALLY GIVE RISE TO A CONFLICT OF INTEREST ALONG WITH THE REASONS, IF ANY, THEY BELIEVE SUCH RELATIONSHIPS WOULD NOT VIOLATE THE CONFLICT OF INTEREST DEFINITIONS PER THE IRS INSTRUCTIONS TO THE FORM 990.

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
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BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSIONS AND DECISIONS IMPACTING POTENTIAL CONFLICT OF INTERESTS. COMPLETED CODE OF BUSINESS CONDUCT, ETHICS AND CONFLICT OF INTEREST FORMS ARE REVIEWED BY THE LEADERSHIP TEAM TO DETERMINE IF FURTHER ACTIONS ARE REQUIRED.

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

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION COMMITTEE IS A COMMITTEE OF THE BOARD. THE COMMITTEE HAS THE RESPONSIBILITY OF DETERMINING AND RECOMMENDING, TO THE BOARD FOR APPROVAL, THE CEO'S COMPENSATION. UWMD'S HUMAN RESOURCES PROVIDES FACTUAL, SUPPORTIVE, AND COMPARITIVE INFORMATION, AS REQUESTED. THE COMMITTEE REVIEWS AND APPROVES UWMD'S GOALS AND OBJECTIVES RELEVANT TO CEO COMPENSATION AND EVALUATES THE PERFORMANCE OF THE CEO ANNUALLY AGAINST THOSE GOALS AND OBJECTIVES. THE CEO'S COMPENSATION PACKAGE IS BASED ON THIS EVALUATION. THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN CONTEMPORANEOUS SUBSTANTIATION.

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

UWMD'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS MAY BE SENT TO UWMD ACCOUNTING AND FINANCE, 1800 N. LAMAR STREET, DALLAS, TX 75202. REQUESTS CAN ALSO BE MADE BY CALLING THE ACCOUNTING AND FINANCE DEPARTMENT AT (214) 978-0000. AUDITED FINANCIAL STATEMENTS AND FILED 990 FORMS ARE AVAILABLE BY ACCESSING UWMD'S WEBSITE AT WWW.UNITEDWAYDALLAS.ORG. AFTER REACHING THE WEBSITE, GO TO "ABOUT" THEN "FINANCIALS" TO OBTAIN THE NECESSARY INFORMATION.

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

Name of the organization UNITED WAY OF METROPOLITAN DALLAS, INC	Employer identification number 75-6005352
--	--

SAME AS LINE 18 ABOVE.

FORM 990, PARTS VIII & IX

DONOR DESIGNATED FUNDS

THE AMOUNTS REPORTED IN THESE SECTIONS INCLUDE \$5,682,964 OF DONOR DESIGNATED REVENUE AND \$3,672,220 OF DONOR DESIGNATED GRANTS. \$145,000 OF THE DONOR DESIGNATED FUNDS WAS GRANTED TO UNITED WAY FOUNDATION OF METROPOLITAN DALLAS, A RELATED ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE OF INTEREST HELD IN TRUSTS	-1,210,632.
NET OF DESIGNATIONS TO AGENCIES	-2,010,744.
TOTAL TO FORM 990, PART XI, LINE 9	-3,221,376.

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY FOUNDATION OF METROPOLITAN DALLAS	C	2,645,000.FMV	
(2)	UNITED WAY FOUNDATION OF METROPOLITAN DALLAS	O	467,648.FMV	
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.